

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 18/08/2021 17:56 (SGT)  
Date of Accident ..... 18/08/2021 08:40 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... AYE TOWARDS TUAS NEAR LAMP POST 51  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKL3889P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUNG CHWEE BOON  
NRIC No ..... S7823201C  
Email Address ..... louis\_1838@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96633838  
Alternative Phone No ..... +65-96633838

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
Variant ..... 2.0I-L AWD CVT  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800030805-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHUNG CHWEE BOON  
NRIC No ..... S7823201C

Date Of Birth .....	13/08/1978
Occupation .....	Indoor
Date Of Driving Pass .....	16/10/2003
Driving experience .....	17 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96633838
Alt. Phone Number .....	+65-96633838
Email Address .....	louis_1838@yahoo.com.sg
Address .....	APT BLK 61 TELOK BLANGAH HEIGHTS #04-115
Address complement .....	-
Postcode .....	100061
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBH2342J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

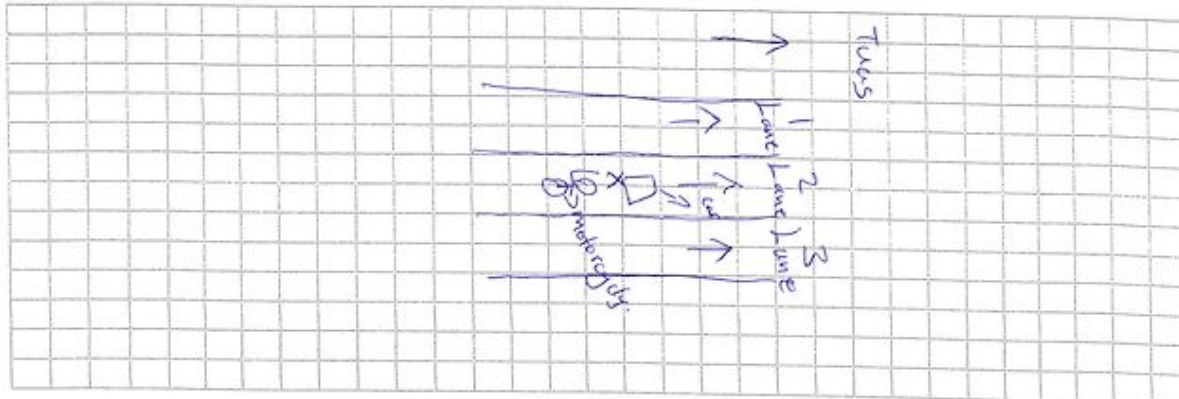
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	SLIGHT DAMAGE
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBH2342J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

Driver's Signature  
If driver is not the individual at

  
Reporting Centre Personnel's Signature

## SKETCH PLAN

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## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: DANIEL  
 NRIC/PIN NO.: SXXX X578D

























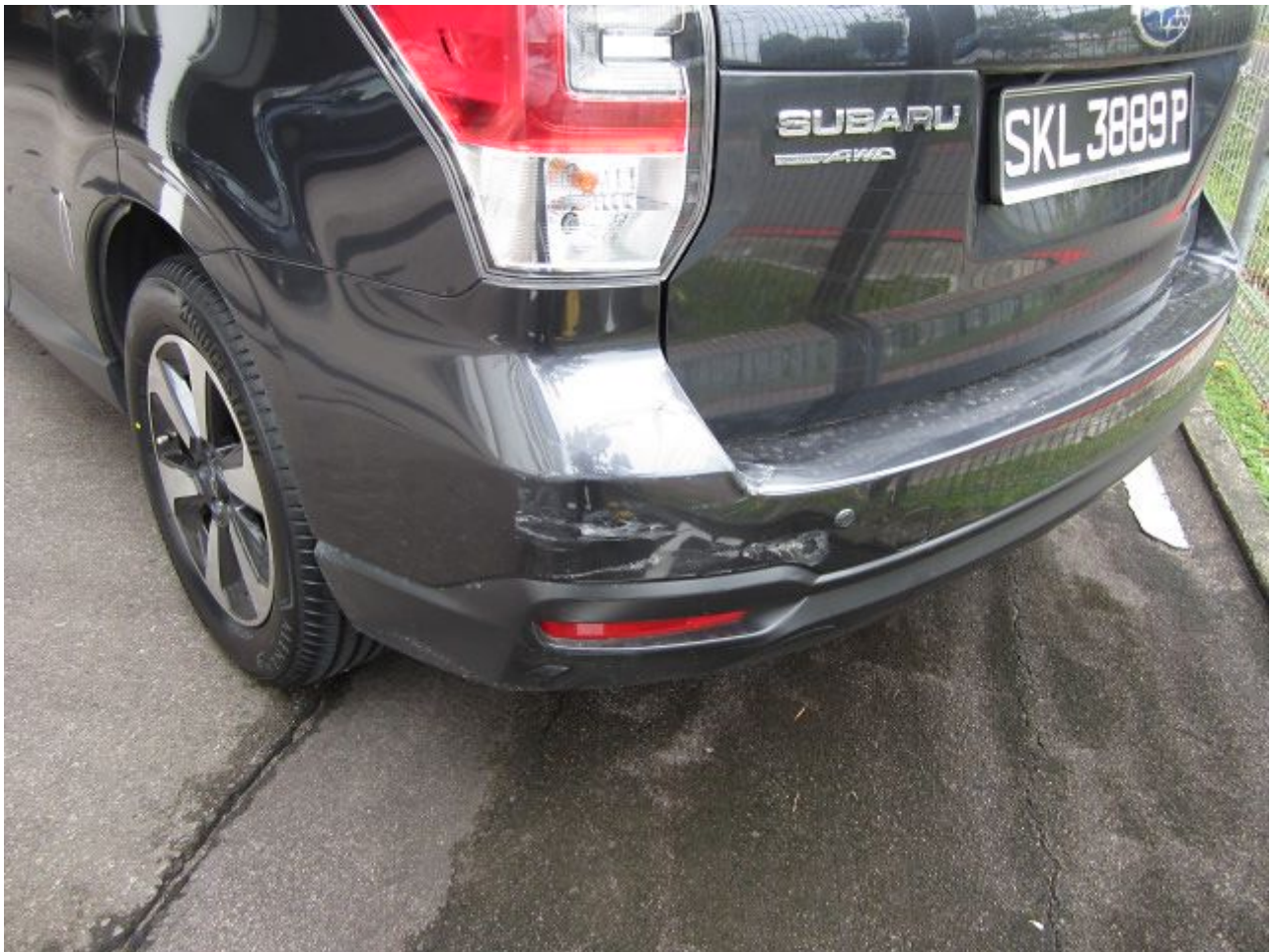
































**SINGAPORE  
POLICE FORCE**



T/20210818/2035

1 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20210818/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2021 13:11	Vide Report No.: D/20210818/0040	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: CHUNG CHWEE BOON			Address: APT BLK 61 TELOK BLANGAH HEIGHTS #04-115 SINGAPORE 100061	
ID Type / ID No.: NRIC NO / S7823201C			Contact No.:	Mobile: 96633838
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 43	Date of Birth: 13/08/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2021 08:40	Type of Location: Expressway
Location:  AYER RAJAH EXPRESSWAY				
Lamp Post Number: 51				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2342J	Motorcycle				Slightly Damaged	0
SKL3889P	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210818/2035

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 4

Report No. T/20210818/2035

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL3889P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800030805-03	26/03/2021	25/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUNG CHWEE BOON	ID No.	S7823201C
Related Vehicle	SKL3889P (Car)	Contact No.	96633838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/08/2021 at about 0840hrs, I was driving my car bearing registration plate SKL3889P along AYE towards Tuas near to L/P 51. I was driving on the most right lane of the 3 lane road. My speed at that point of time was about 70 - 90km/h. There was another vehicle which was in front of my car. Suddenly, the vehicle in front of my car e-braked. As such, I also slowed down. I then wanted to filter left, into the center lane. I switched on my left signal and I checked my mirrors and blindspot s and to make sure that it was safe for me to filter into the center lane. When I was checking my mirrors, I wish to state that I saw the motorcycle bearing registration plate FBH2342J. I noticed that the motorcycle was riding on the dotted line, in between the most right lane and the center lane. However, based on my judgement, the distance between the motorcycle and my car was still far enough for me to safely filter left, into the center lane.

After I filtered into the center lane, I continued driving and suddenly I felt an impact from my rear. I stopped my vehicle and I got out of my vehicle. I saw the motorcycle lying on the road and the rider was sitting on the road. I then realized that the said motorcycle had hit the rear of my car. I also went to assist the rider. I asked the rider if he was alright. I also assisted to call for Ambulance. Another stranger also came forward and he asked for the rider and my contact number. I gave my name card to the stranger and the stranger told me to let the rider claim insurance against me. I also took photos of the accident.

Subsequently, Ambulance, LTA officers and Traffic Police arrived. The Paramedics conveyed the rider to hospital. I only shifted my vehicle to the roadside after the LTA officer told me to do so. I also provided the memory card of my in car camera to the Traffic Police Officer. I did not suffer any injuries. I do not know what injuries the rider has suffered as there was some communication barrier between the rider and I. There are dents and scratches on my rear bumper. The motorcycle's right mirror and front right headlight was damaged.

I am making this report as instructed by the Traffic Police Officer.



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T/20210818/2035

3 of 4

Report No. T/20210818/2035

CONTINUATION OF REPORT

Vide report: D/20210818/0040





**SINGAPORE  
POLICE FORCE**



T/20210818/2035

Police Station Of Origin:  
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2 Jurong West Avenue 5 SINGAPORE  
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4 of 4

Report No. T/20210818/2035

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 3 WU JIALEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2021 13:11
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	