

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 24/09/2021 10:43 (SGT)
Date of Accident 23/09/2021 18:20 (SGT)
Exact Location of Accident Near 50 Tampines North Drive 2, Singapore 528766
Additional Location Information Onwards to SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFU3733S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOO WENG YEW ALAN
NRIC No SXXXX343E
Email Address alankoowy@singnet.com.sg
Mobile Phone No (Phone) +65-98334784
Alternative Phone No +65-98334784

VEHICLE PARTICULARS

Manufacturer BMW
Model X6
Variant -
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 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900199316-01
Cover Note Number -

DRIVER

Name of Driver KOO WENG YEW ALAN
NRIC No SXXXX343E

Date Of Birth	03/04/1969
Occupation	Indoor
Date Of Driving Pass	25/04/1991
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98334784
Alt. Phone Number	+65-98334784
Email Address	alankoowy@singnet.com.sg
Address	61 CHOA CHU KANG LOOP #08-06
Address complement	-
Postcode	689668
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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?	Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
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

REFER TO SKETCH PLAN & POLICE REPORT

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	NONE BMW SD CARD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH9669Y
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ7190E
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMM7052G
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4


Vehicle Registration Number	SMD5517
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

Please refer to Police Report No: J/20210923/7076.

Declaration

We declare the foregoing particulars are true in every respect.

 24/9/21 @ 9.40am.
Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel



SKETCH PLAN**IMPORTANT NOTICE**

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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.


24/7/21 9:35am

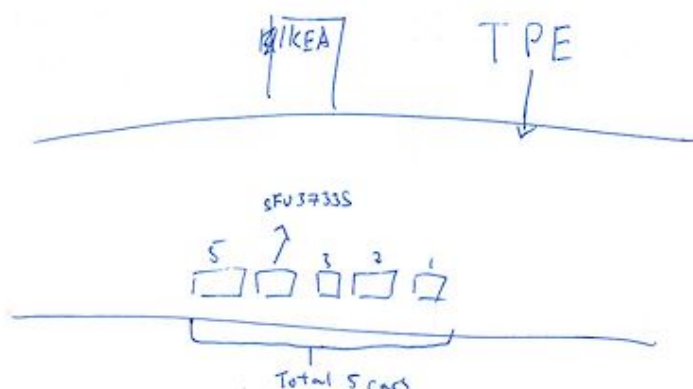
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time





Witnessed by Reporting Centre Personnel

Sketch Plan





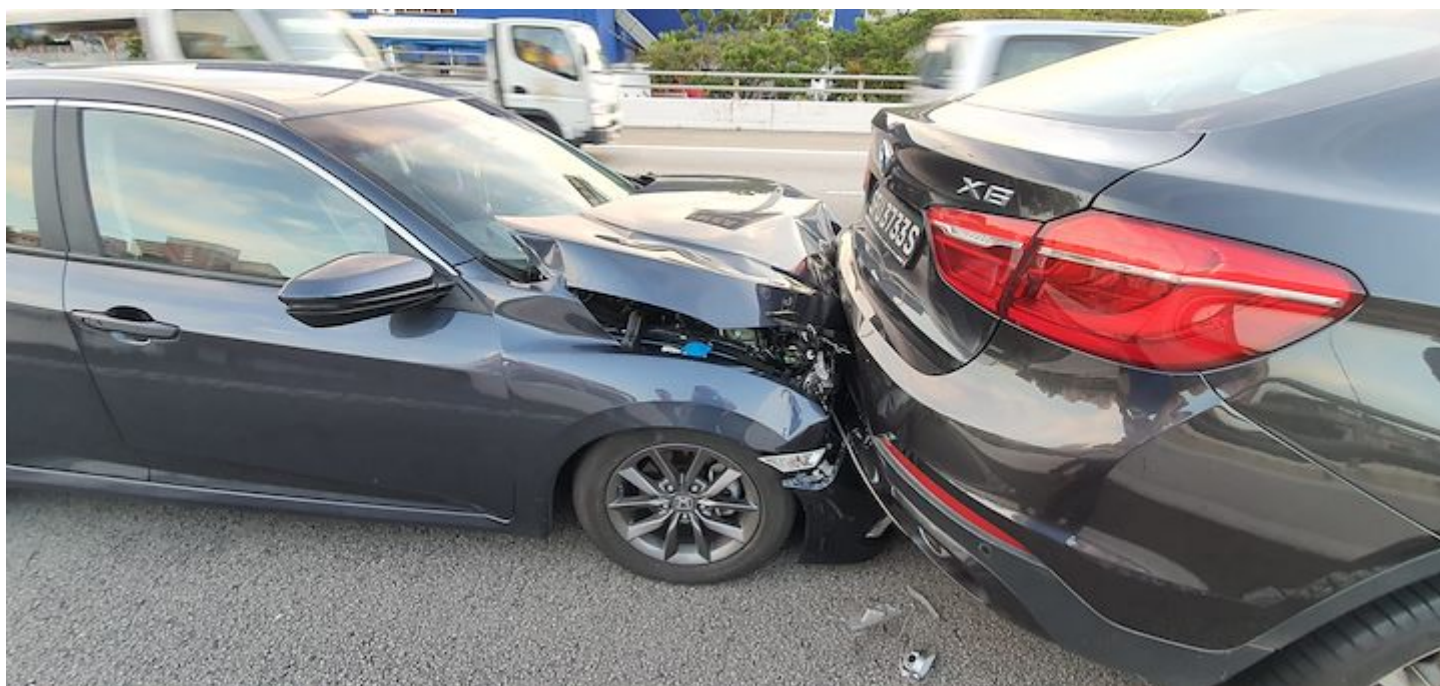
















**SINGAPORE
POLICE FORCE**



J/20210923/7076

1 of 2

POLICE REPORT (NP299)

Report No. J/20210923/7076

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 23/09/2021 23:59		Vide Report No.		Station Diary No.	
Name Of Informant KOO WENG YEW ALAN		Address 61 CHOA CHU KANG LOOP #08-06 SINGAPORE 689668			
ID Type / ID No. NRIC NO / S6911343E		Contact No. Home/Office: Mobile: 98334784			
Nationality SINGAPORE CITIZEN		Email Address alankoowy@singnet.com.sg			
Occupation ICA		Sex Male	Age 52	Date of Birth 03/04/1969	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 23/09/2021 18:20 - 23/09/2021 20:30		Location Of Incident 61 CHOA CHU KANG LOOP #08-06 SINGAPORE 689668			

Brief details.

On 23 Sep 2021 at about 6.20 pm, I was involved in a car accident involving 4 other cars at TPE towards SLE somewhere near the landmark of IKEA. The car in front of me jam brake and I braked my car but did not stop in time. As a result, my car hit the car in front. At the same time, the car that was behind me did not manage to stop and subsequently hit my car. There was no injury to me as well as the other 4 drivers. The Police came and advised all of us to settle within ourselves as there is no injury at all.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2021 23:59
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20210923/7076

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210923/7076

Subjects Involved			
Suspect			
Person Name	Chung Woel Chyang		
ID Type	NRIC NO	ID No	S1730443G
Gender	Male	Age	56-56
Race	Chinese	Language	English
Occupation	Worker not reporting any occupation	Address	192 Pasir Ris Street 12 #13-14 SINGAPORE 510192
Mobile No	97501667	Complexion	Fair
Build	Slim	Height About	170cm
Attire Last Worn	Shirt	Hair Colour	Black
Hair Style	Short-Straight	Relation To Informant	Nil

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2021 23:59
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SFW3733S
 Name (as shown in NRIC): KOO WENG YEW ALAN NRIC/FIN/Passport No: S6911343E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 61 Choa Chu Kang Loop, #08-06 Singapore (689668)
 Contact (Tel): _____ Mobile No.: 98334784
 Email Address: ALANKOOWY@SINGNET.COM.SG
 Date of Accident: 23/9/21 Time of Accident: 6.20pm
 Place of Accident: TPE
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Driving license Pass date.
Sketch Plan with drawing



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Ben
NRIC/FIN No.: 007B
Date: 24/9/2021

