

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 27/04/2021 18:00 (SGT)
Date of Accident 27/04/2021 07:58 (SGT)
Exact Location of Accident Loyang Dr, Singapore
Additional Location Information Loyang Drive towards Loyang Lane
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV3381G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chew Wing Seng
NRIC No S0057718I
Email Address rogerchew.ws@gmail.com
Mobile Phone No (Phone) +65-92233611
Alternative Phone No +65-92233611

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1497

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100026035-13
Cover Note Number -

DRIVER

Name of Driver Chew Wing Seng
NRIC No S0057718I

Date Of Birth	18/09/1954
Occupation	Indoor
Date Of Driving Pass	11/12/1980
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92233611
Alt. Phone Number	+65-92233611
Email Address	rogerchew.ws@gmail.com
Address	255 Pasir Ris Street 21 #08-257
Address complement	-
Postcode	510255
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

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 material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Jennifer Pang
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan / police report no: T/20210427/7011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD9895E
Vehicle Manufacturer	Yamaha

Vehicle Model	YBR125
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD9895E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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.
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.

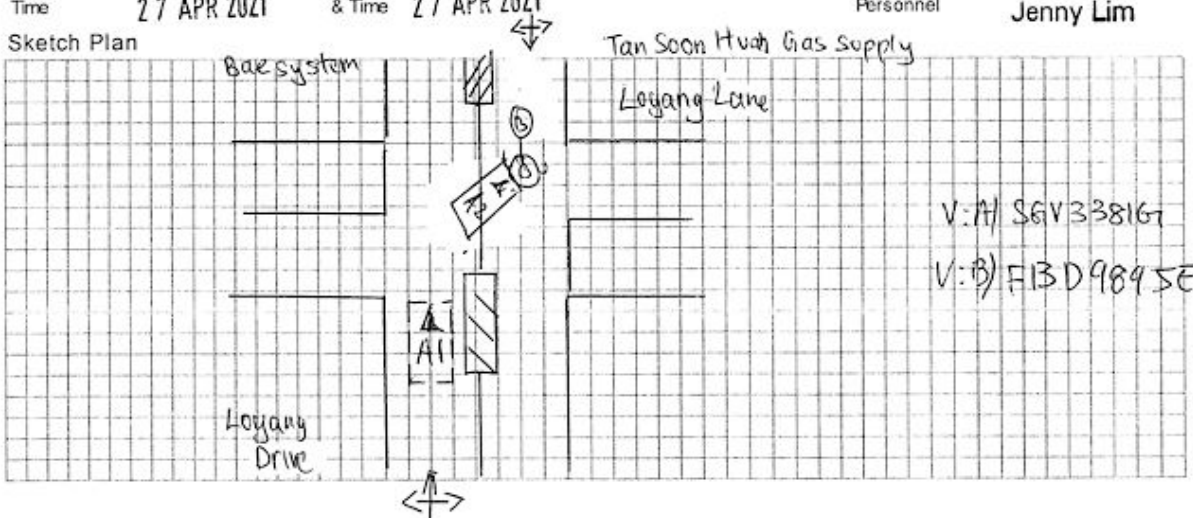
(collectively the "Purposes")

(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.

 Policyholder's Signature / Date & Time 27 APR 2021	 Driver's Signature (if driver is not the policyholder) / Date & Time 27 APR 2021	 Witnessed by Reporting Centre Personnel Jenny Lim
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Sketch Plan



V: A) SGV3381G
V: B) F13D9895E

Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was travelling
 On the stated venue. I was travelling straight in my lane,
 signal my intention to turn right towards Loyang Lane.
 I check traffic was clear hence I proceed to turn,
 suddenly a motorbike from the opposite lane came at a
 very fast speed had collided against my vehicle front portion.
 After the collision I quickly got out of my vehicle and
 ambulance arrived at the scene and motorist was conveyed to
 Changi hospital.

Declaration

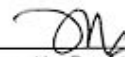
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
 Time 27 APR 2021



Driver's Signature (If driver is not the policyholder) / Date
 & Time 27 APR 2021



Witnessed by Reporting Centre
 Personnel Jenny Lim















**SINGAPORE
POLICE FORCE**



T/20210427/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210427/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2021 10:55		Vide Report No.: G/20210424/0061		Station Diary No.:	
Name of Informant: CHEW WING SENG					
Address: 255 PASIR RIS STREET 21 #08-257 SINGAPORE 510255					
ID Type / ID No.: NRIC NO / S00577181		Contact No.: Home/Office: Mobile: 92233611			
Nationality: SINGAPORE CITIZEN		Email: ROGERCHEW.WS@GMAIL.COM			
Sex: Male	Age: 66	Date of Birth: 18/09/1954	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: others		Driving Licence Information: Class:		Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/04/2021 07:55	Type of Location: CROSS JUNCTION
Location: LOYANG LANE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

FBD9895E	Motorcycle	YAMAHA	YBR125	Red	0
SGV3381G	Car	TOYOTA	VIOS E AUTO	Silver	1



**SINGAPORE
POLICE FORCE**



T/20210427/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210427/7011

CONTINUATION OF REPORT

SGV3381G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100026035-13	12/06/2020	11/06/2021
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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBD9895E (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Name	CHEW WING SENG	ID No.	S00577181
Related Vehicle	SGV3381G (Car)	Contact No.	92233611
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Name	JENNIFER PANG	ID No.	NIL
Related Vehicle	SGV3381G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210427/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210427/7011

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE SGV3381G ALONG LOYANG DRIVE. I WAS DRIVING STRAIGHT IN MY LANE, SIGNAL MY INTENTION TO TURN RIGHT TOWARDS LOYANG LANE. I CHECKED TRAFFIC IS CLEAR HENCE I PROCEED TO TURN. SUDDENLY A MOTORBIKE FROM THE OPPOSITE LANE CAME AT A VERY FAST SPEED HAD COLLIDED AGAINST MY VEHICLE FRONT PORTION. AFTER THE COLLISION I QUICKLY GOT OUT OF MY VEHICLE AND AMBULANCE ARRIVED AT THE SCENE AND THE MOTORIST WAS CONVETED TO CHANGI HOSPITAL. THE TRAFFIC POLICE ALSO CAME TO THE SCENE AND PROVIDED ME A CASE CARD NUMBER : G/20210424/0061. I WAS TOLD TO FILE AN ACCIDENT REPORT AND ALSO CONTACTED MY TOW TRUCK TO TOW AWAY MY VEHICLE.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210427/7011

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Report No. T/20210427/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476904

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/04/2021 10:55

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chew Wing Seng
 Period of Insurance : 12 Jun 2020 To 11 Jun 2021
 Engine No. : 1NZX557839
 Chassis No. : MR053HY9305004956

Vehicle No. : SGV3381G
 Policy No. : 2100026035-13
 Endorsement No. :
 Issued Date : 20 Apr 2020

ABOUT THE COVER

Make/Model : TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$500

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chew Wing Seng - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency helpline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: CITIBANK SINGAPORE

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0030210209

AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

18, Shenton Way #18-18 AIG Building 0479420 | T: 65 6415 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.