

# 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 .....	04/10/2021 12:27 (SGT)
Date of Accident .....	02/10/2021 20:40 (SGT)
Exact Location of Accident .....	Near 272 E Coast Rd, Singapore 428941
Additional Location Information .....	JUNCTION OF EAST COAST ROAD AND STILL ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD6572M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TANG BUCK KIAU
NRIC No .....	S2562649D
Email Address .....	TANBK6572@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90031915
Alternative Phone No .....	+65-90031915

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A5
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 .....	1984

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210019767
Cover Note Number .....	-

### DRIVER

Name of Driver .....	PHUA CHUEN YEN
NRIC No .....	S9543437A

Date Of Birth .....	23/11/1995
Occupation .....	Indoor
Date Of Driving Pass .....	03/12/2016
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96637850
Alt. Phone Number .....	-
Email Address .....	PHUACHUAYE@GMAIL.COM
Address .....	2 KENSINGTON PARK DRIVE
Address complement .....	#02-04
Postcode .....	557320
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Major/Minor Rd
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 vehicle 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 .....	MIRANDA ONG SU QING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBN6687G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	MUHAMMAD SYAFIQ BIN KHAMARUDDIN
Gender .....	Male
Phone No .....	(Phone) +65-92398505
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

## IMPORTANT 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.

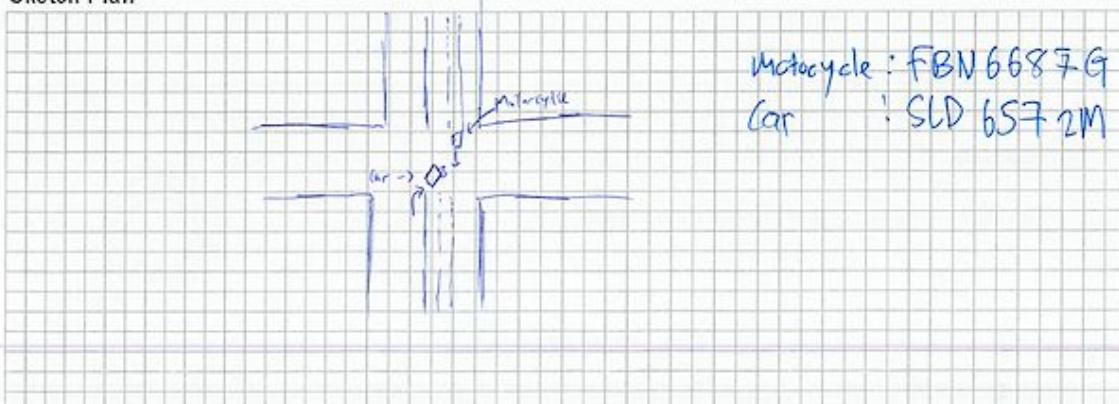


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

Refer to Police Report

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel











































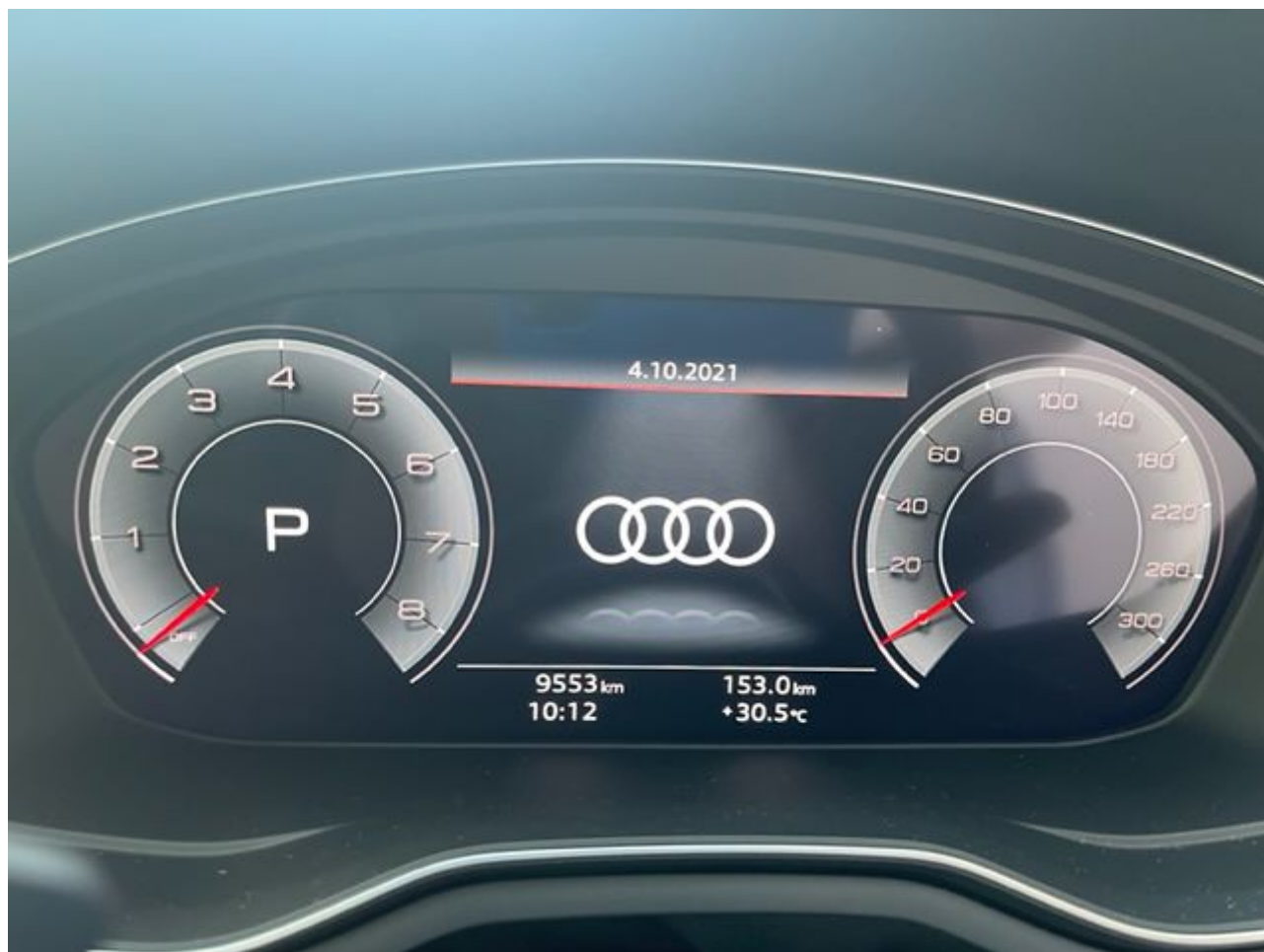














**SINGAPORE  
POLICE FORCE**



T/20211002/2096

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20211002/2096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2021 23:17		Vide Report No.: G/20211002/0259		Station Diary No.: 53	
<b>Informant's Particulars</b>					
Name of Informant: PHUA CHUEN YEN			Address: 2 KENSINGTON PARK DRIVE #02-04 SINGAPORE 557320		
ID Type / ID No.: NRIC NO / S9543437A			Contact No.: Home/Office: Mobile: 96637850		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 23/11/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/10/2021 20:40	Type of Location: T-Junction
Location:  EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6687G	Motorcycle					0
SLD6572M	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD6572M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210019767	25/02/2021	24/02/2022





**SINGAPORE  
POLICE FORCE**



T/20211002/2096

Station Of Origin:  
Anglo S. P. C.  
Anglo Avenue 2 #01-02 SINGAPORE  
129  
No: 1800-4880999

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Report No. T/20211002/2096

**CONTINUATION OF REPORT**

Details of Person Involved			
Pedestrian Involved: No			
Number of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Muhammad Syafie Bin Khamarudin	ID No.	S8513992D
Registered Vehicle	FBN6687G (Motorcycle)	Contact No.	92398505
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Medical Treatment	NIL	Date Discharge	NIL
Number of Days granted Medical Leave	NIL	Degree of Injury	Slight
Second Person			
Name	PHUA CHUEN YEN	ID No.	S9543437A
Registered Vehicle	SLD6572M (Car)	Contact No.	96637850
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Medical Treatment	NIL	Date Discharge	NIL
Number of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Details.**

On 02/10/2021 at about 2040hrs, I was driving my vehicle bearing registration number SLD6572M. I was driving along East Coast Road on lane one and came to a stop to make a right turn to Still Road (Marine Parade). After the vehicle that was in front of me made a U-turn, I moved my vehicle and drove forward to have a clearer view of the on coming traffic from the opposite direction. As I was inching my vehicle forward, a motorcycle bearing registration number FBN6687G from the opposite direction drove onto my vehicle front right portion. As a result, the rider fell on his left onto the road.

I immediately came out of my vehicle to render my assistance and helped to carry the motorcycle up to the rider. Both the rider and I then decided to shift our vehicle to the side of the road to avoid causing obstruction to the traffic. I then spoke with the rider who informed me that he was travelling straight along East Coast Road towards the junction of Still Road and as he was approaching the junction, a vehicle (232R) from the opposite direction had abruptly turned out to make a right turn. The rider had then braked to his right and braked to try to stop to avoid the vehicle and as a result collided onto my vehicle front right portion.



**SINGAPORE  
POLICE FORCE**



T/20211002/2096

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20211002/2096

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20211002/2096

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20211002/2096

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 F / Sr Staff Sgt SAIFFUDIN BIN ABDUL SATTAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2021 23:17
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168	SN 156
SIGNATURE	



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SP0R21A40002 Vehicle Registration No: SLD6572M  
Name(as shown in NRIC) : TANG BUCK KIAU NRIC/FIN/Passport No : S2562649D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 2 KENSINGTON PARK DRIVE Singapore (557320)  
Contact (Tel) : 90031915 Mobile No. : \_\_\_\_\_  
Email Address : TANGBK6572@GMAIL.COM  
Date of Accident : 2/10/21 Time of Accident : 2040  
Place of Accident : JUNCTION OF EAST COAST ROAD AND STILL ROAD  
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

**(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:

TO FILL IN POLICYHOLDER

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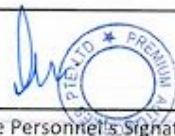
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Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: LIM KEE SIANG  
NRIC/FIN No.: GXXXX689M  
Date: 4/10/21

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