

# 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 ..... 25/10/2021 15:04 (SGT)  
Date of Accident ..... 24/10/2021 14:00 (SGT)  
Exact Location of Accident ..... Near CTE, Singapore  
Additional Location Information ..... CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF2132R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ALCANTARA ROSETTE NICOLAS  
NRIC No ..... S7983889F  
Email Address ..... rosette.nicolas@gmail.com  
Mobile Phone No ..... (Phone) +65-82821423  
Alternative Phone No ..... +65-82821423

### 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 ..... 2100479053-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ALCANTARA RICHARD VILLALON  
NRIC No ..... S7885682C

Date Of Birth .....	26/03/1978
Occupation .....	Indoor
Date Of Driving Pass .....	21/08/2013
Driving experience .....	8 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96749360
Alt. Phone Number .....	-
Email Address .....	richard.alcantara@gmail.com
Address .....	BLK 587 WOODLANDS DRIVE 16 #04-54
Address complement .....	-
Postcode .....	730587
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	3
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	1
Gender .....	Male

#### PASSENGER 2

Name .....	1
Gender .....	Female

#### PASSENGER 3

Name .....	1
Gender .....	Female

#### PASSENGER 4

Name .....	1
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

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 .....	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	-
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 .....	-
Details of property damaged in accident .....	-
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? .....	SLF2132R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## INJURED 2


Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLF2132R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-


## Describe Circumstances of the Accident


I was driving in CTE towards PIE (Changi) Exit 8B at around 80 km/h from Woodlands when approaching in front of the Australian International school the blue Mitsubishi Lancer in front of me jammed brake. This cause me to stepped on the brake and swerve to the right knowing its clear just to avoid impact. Unfortunately, I hit the rear right bumper of the blue Mitsubishi sedan. Then, a few seconds the motorcycle sideswipe the rear right passenger and driver side of my car including its side view mirror, which also punctured my right tire. The motorcycle lost its balance which throws off the motorcycle driver and its passenger.

## Declaration

We declare the foregoing particulars are true in every respect.

 25 OCT 2021  
12:20 pm  
Policyholder's Signature / Date & Time

 25 OCT. 2021  
12:20 pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel



## SKETCH PLAN

### 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. The 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.
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

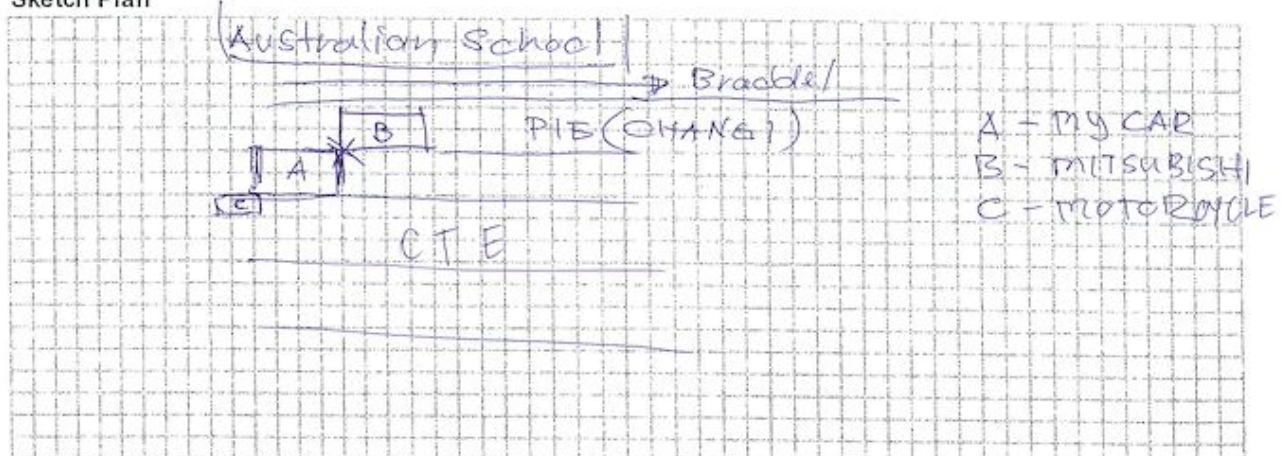
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

PH 2509 2021  
12:20pm  
Policyholder's Signature / Date & Time

alut 2509 2021  
12:20pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

Ann  
Witnessed by Reporting Centre Personnel

### Sketch Plan



















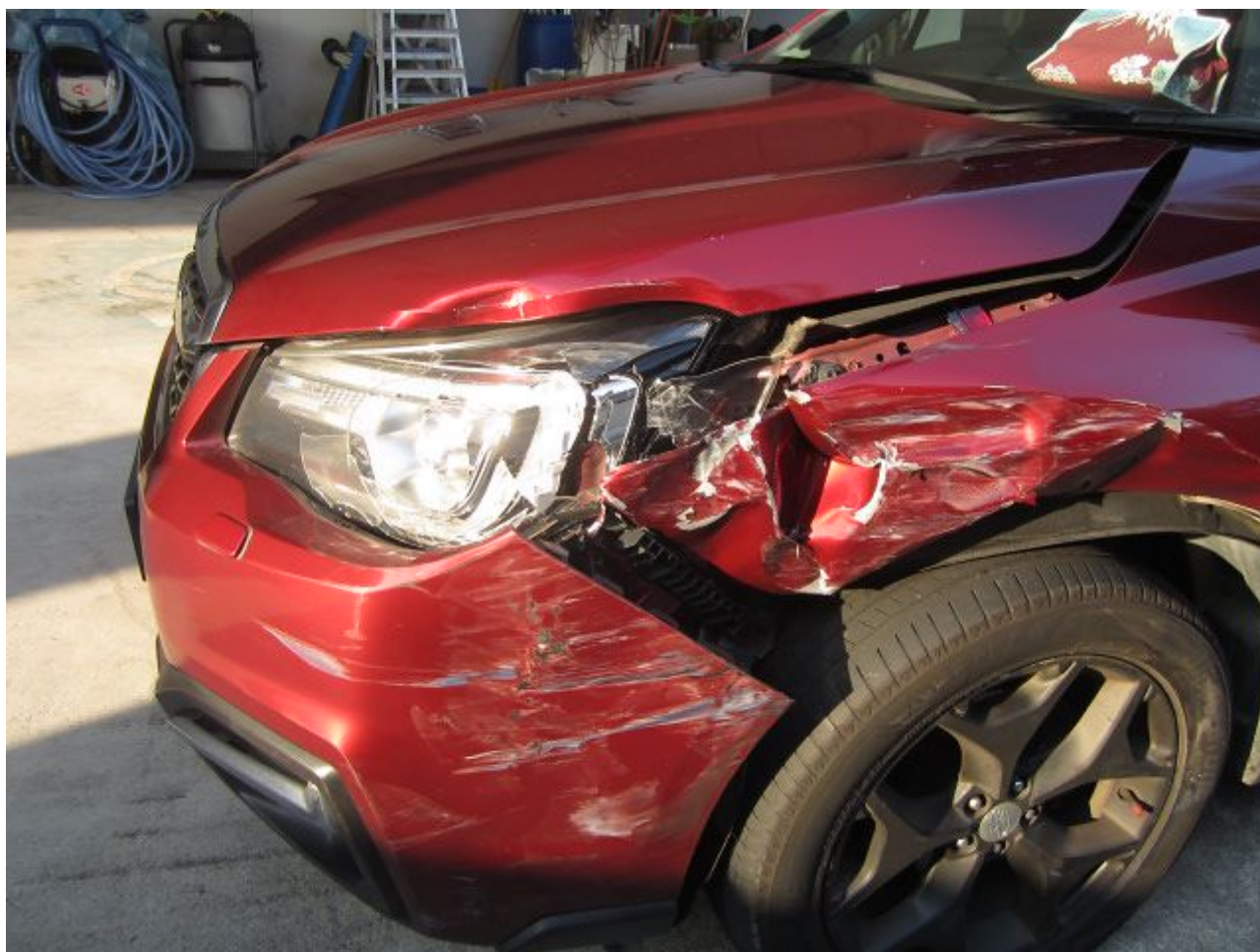












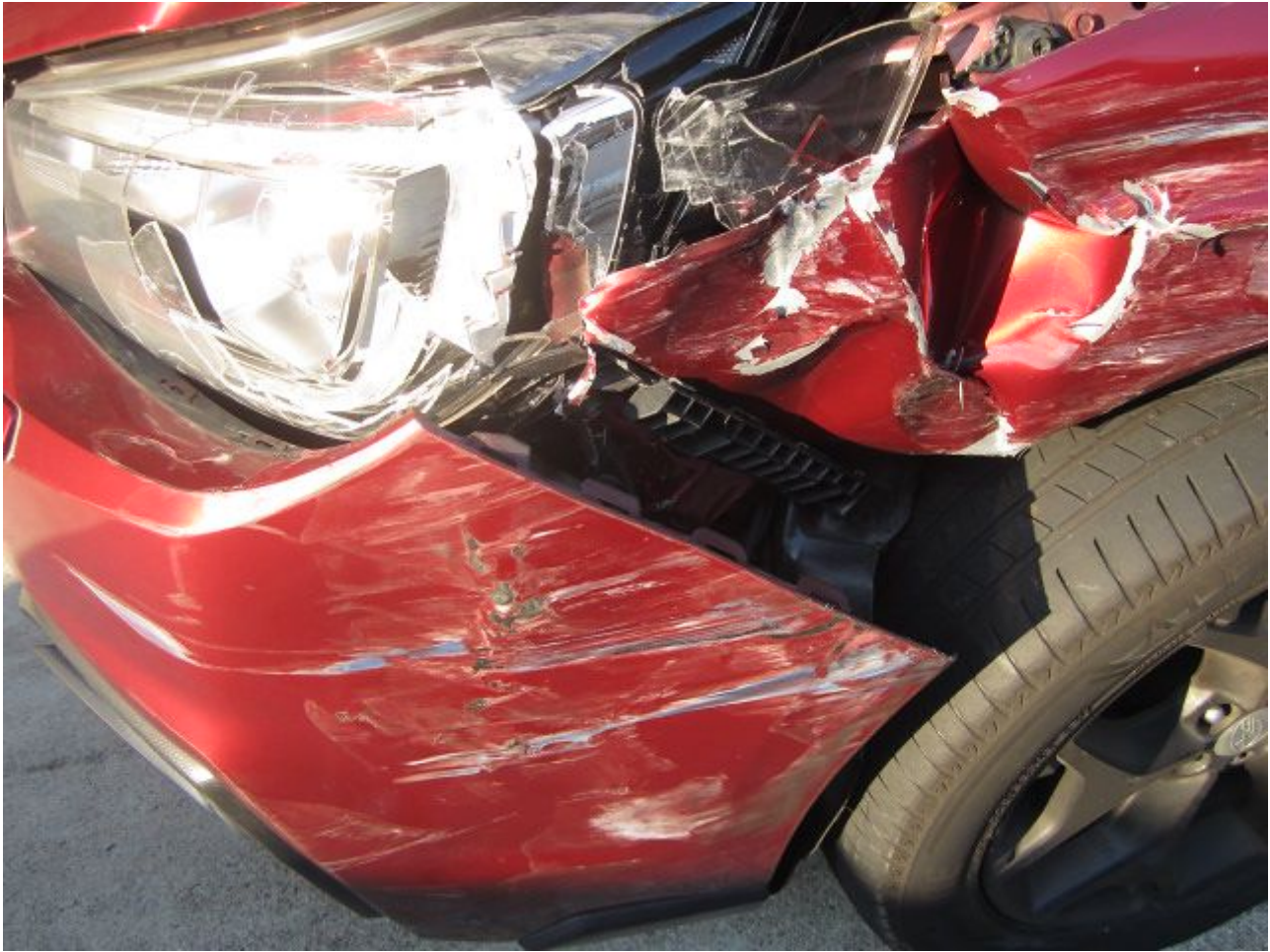




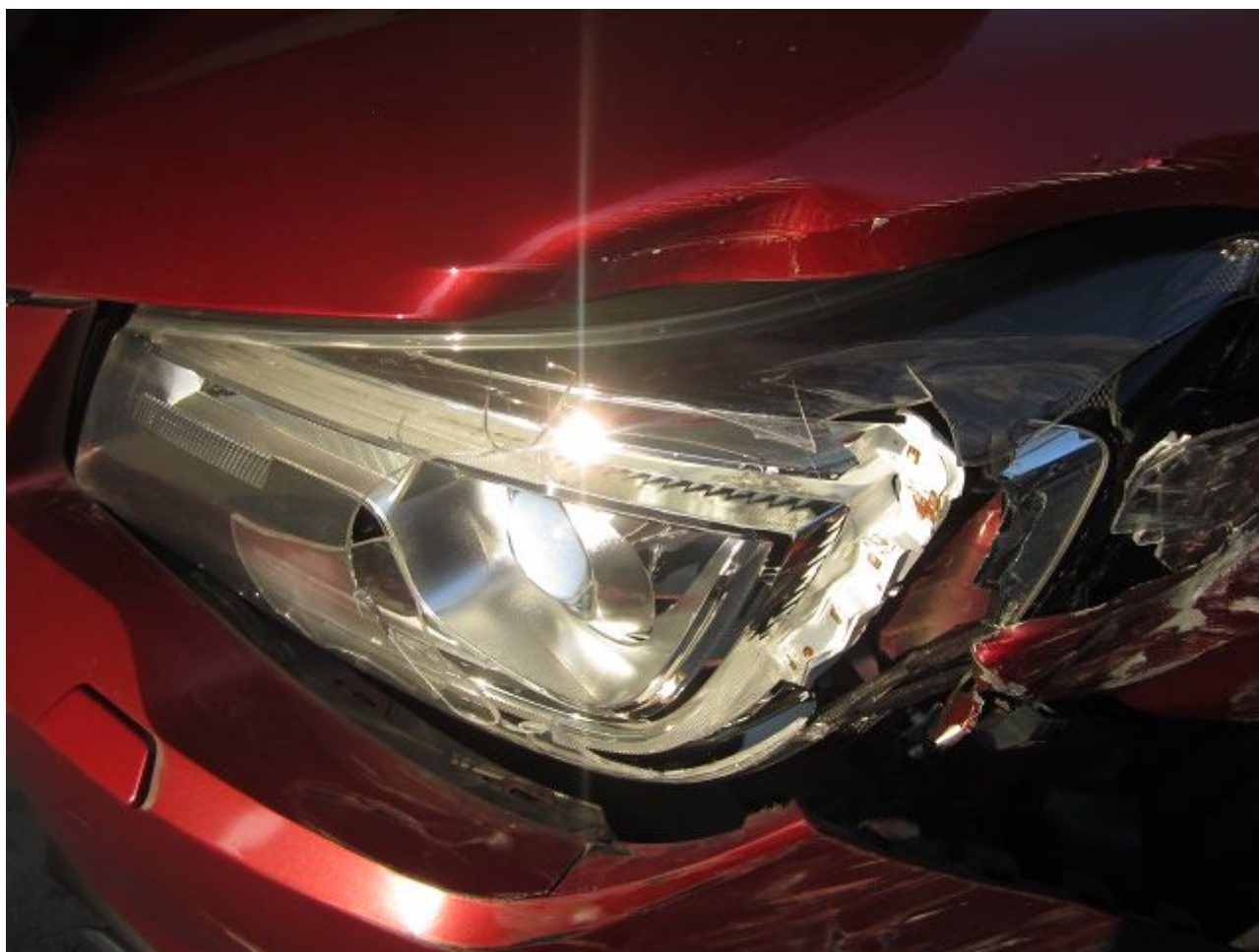




















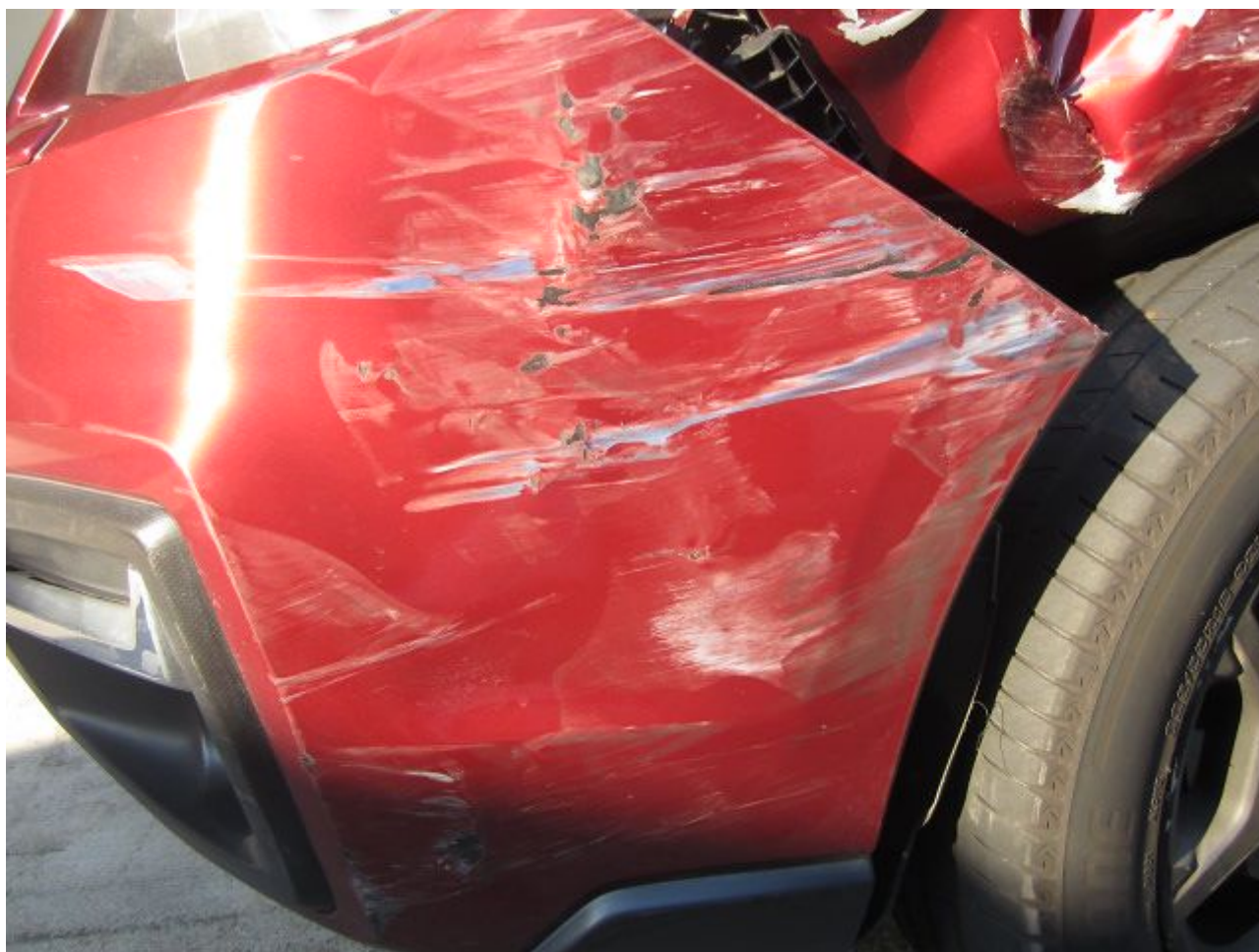




























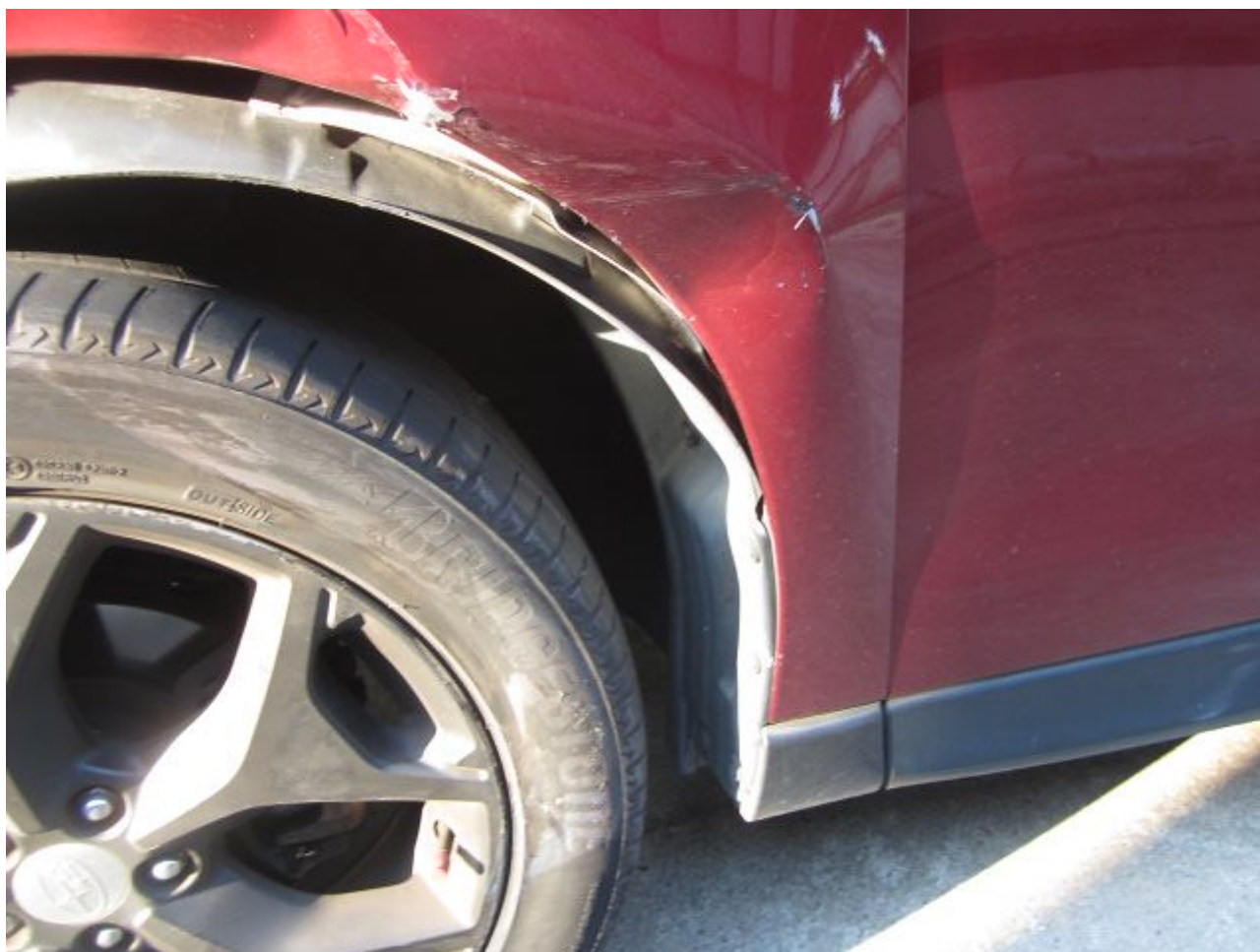








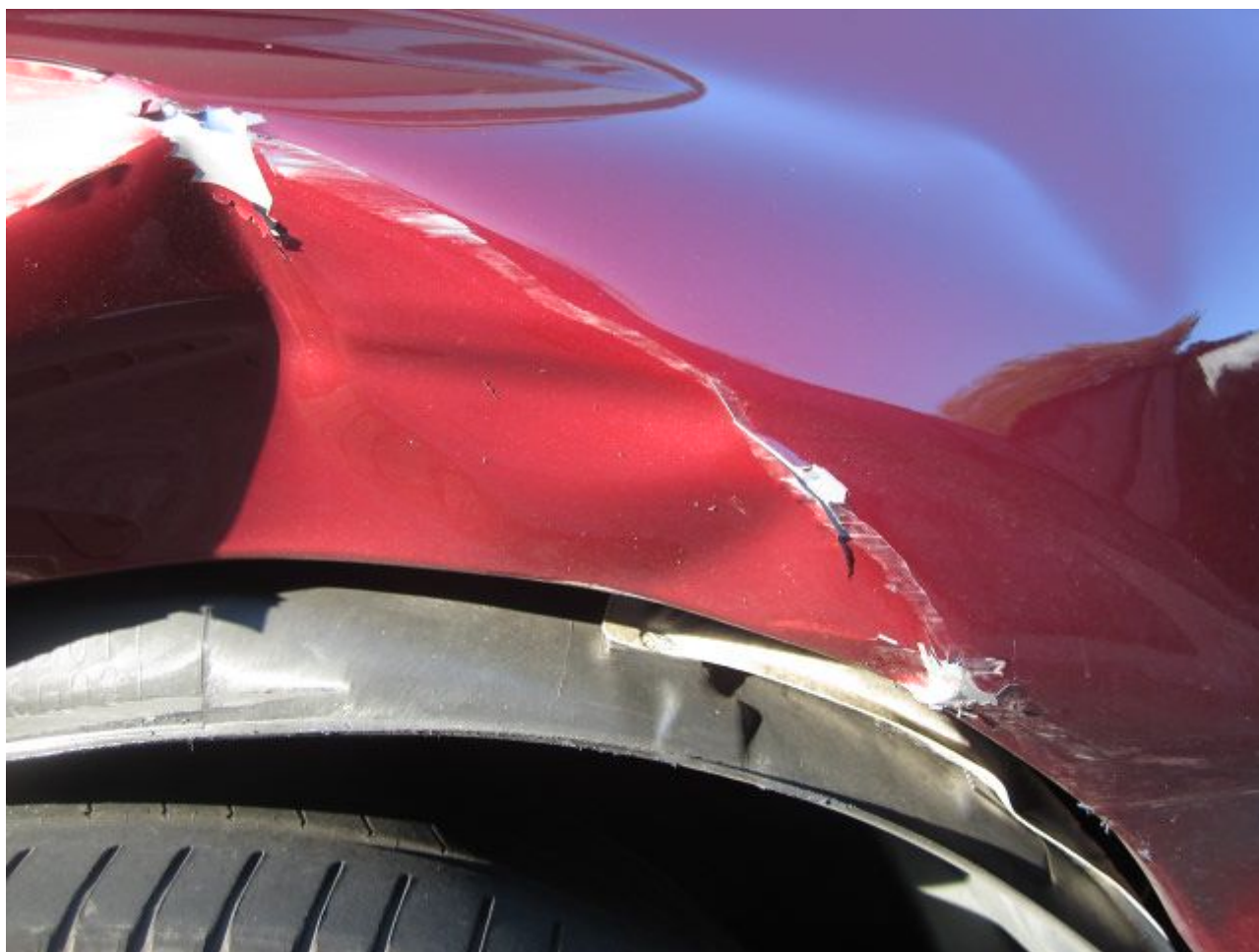












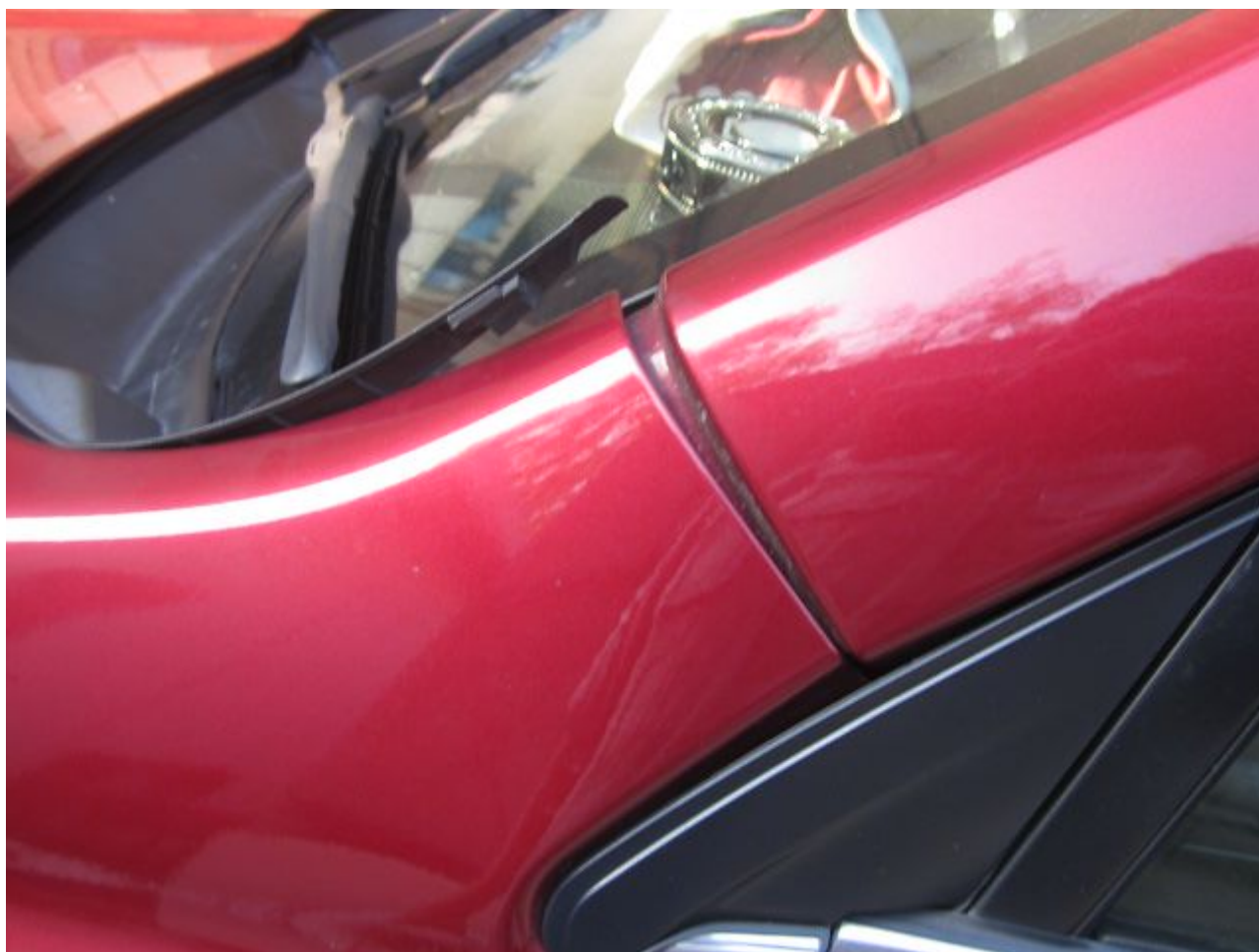
















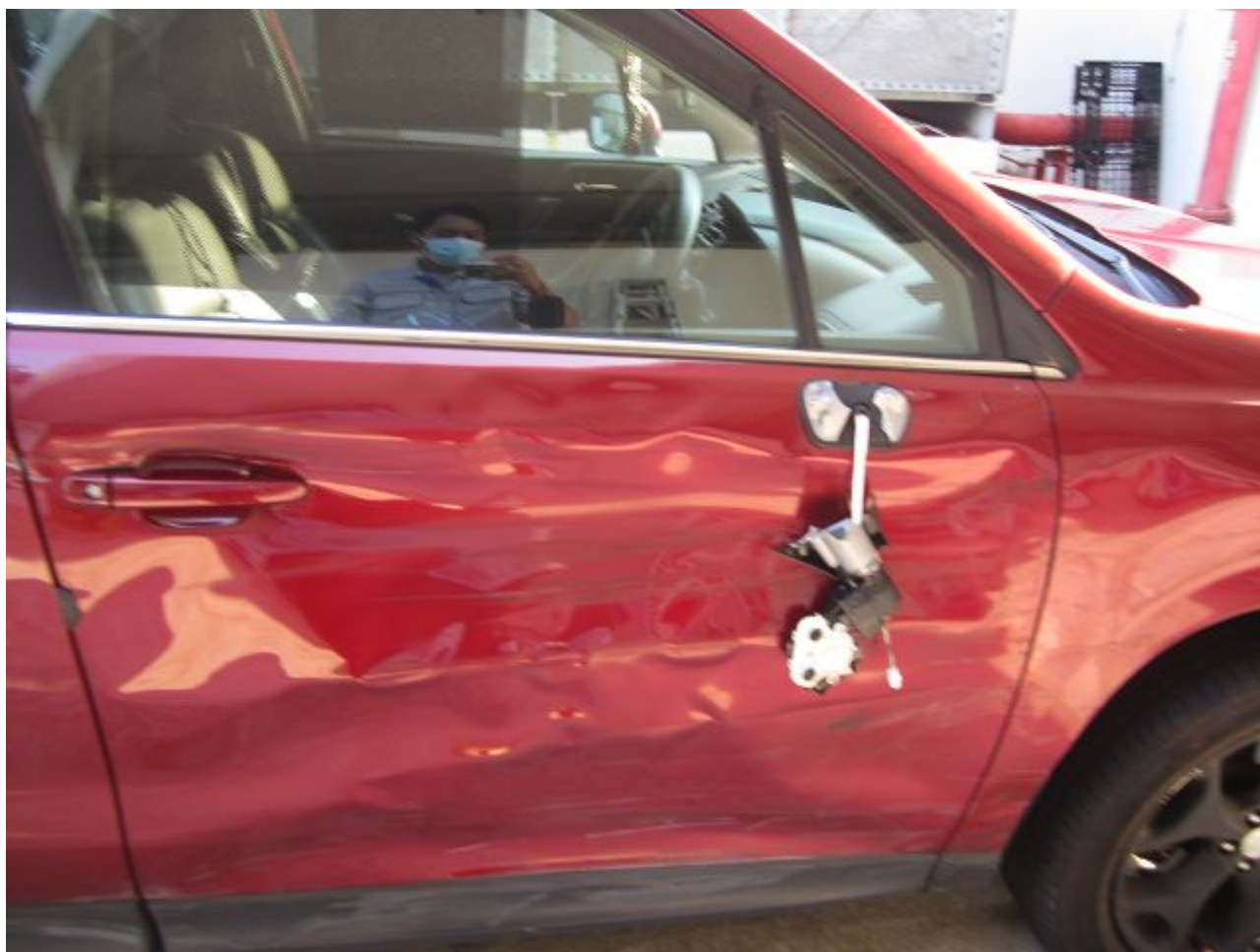


































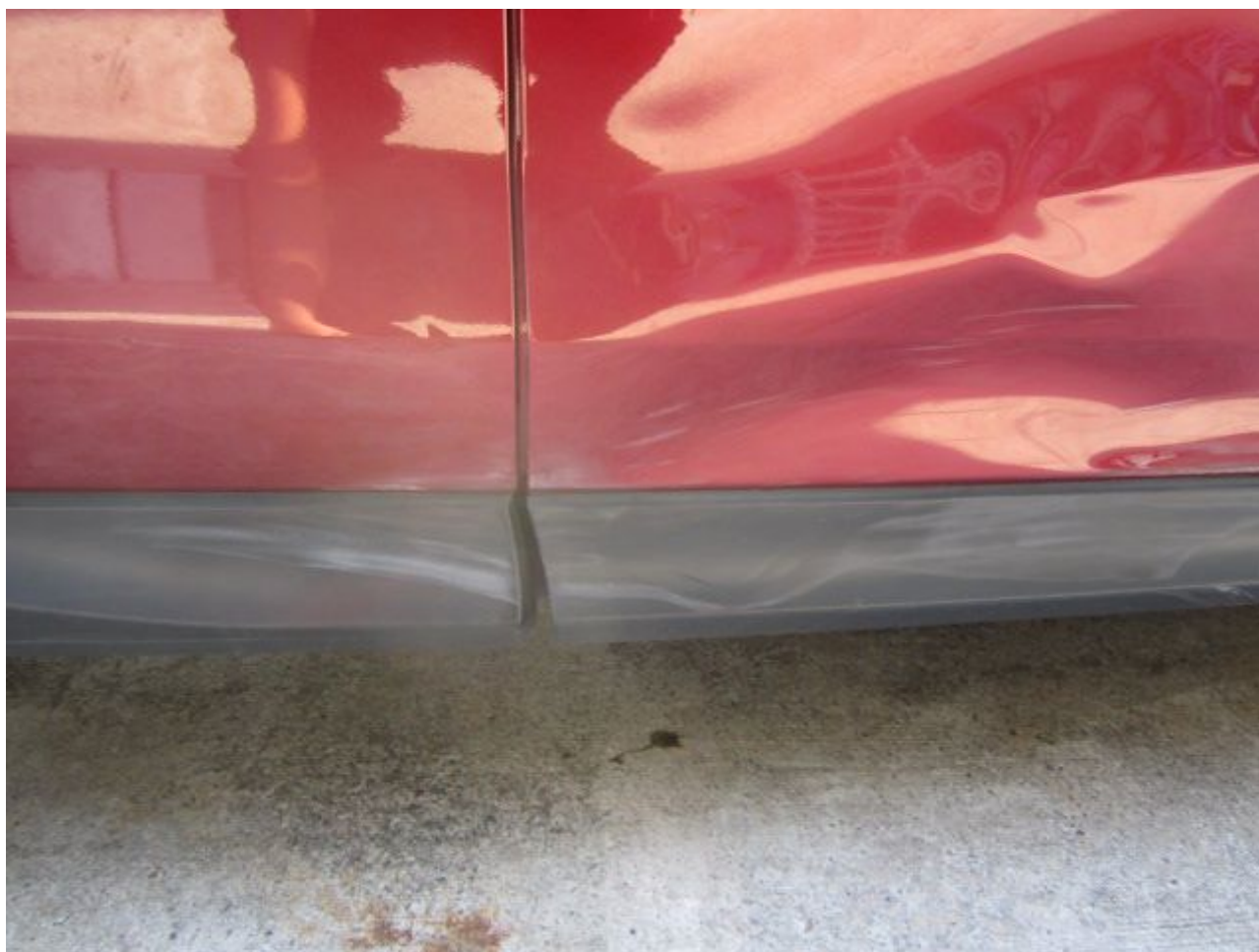




















**SINGAPORE  
POLICE FORCE**



T/20211024/7013

1 of 4

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

Report No. T/20211024/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2021 18:39		Vide Report No.: F/20211024/0163		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ALCANTARA RICHARD VILLALON			Address: 587 WOODLANDS DRIVE 16 #04-54 SINGAPORE 730587		
ID Type / ID No.: NRIC NO / S7885682C			Contact No.: Home/Office: Mobile: 96749360		
Nationality: FILIPINO			Email: RICHARD.ALCANTARA@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 26/03/1978	Type of Informant: Driver		
Race: Filipino			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2021 14:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDW2908A	Car	MITSUBISHI	Lancer	Blue	Slightly Damaged	2
SLF2132R	Car					0
	Motorcycle				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211024/7013

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

2 of 4

Report No. T/20211024/7013

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LLEWYN HO ZHAN HUI	ID No.	S9135100E
Related Vehicle	SDW2908A (Car)	Contact No.	96851482
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
<b>Driver</b>			
Name	ALCANTARA RICHARD VILLALON	ID No.	S7885682C
Related Vehicle	SLF2132R (Car)	Contact No.	96749360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Pillion</b>			
Name	Unknown Pillion	ID No.	NIL
Related Vehicle	(Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/10/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight





**SINGAPORE  
POLICE FORCE**



T/20211024/7013

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

3 of 4

Report No. T/20211024/7013

**CONTINUATION OF REPORT**

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/10/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving in CTE towards PIE ( Changi) exit (8B) at 80km/h from Woodlands when approaching infant of the Australian International school the blue Mitsubishi Lancer in front of me jammed brake. This cause me to stepped on the brake and swerve to the right knowing its clear just to avoid impact. Unfortunately I hit the rear right bumper of the blue Mazda sedan. Then, a few seconds the motorcycle sideswipe the rear right passenger and driver side of my car including its side view mirror, which also punctured my right tire. The motorcycle lost its balance which throws off the motorcycle driver and its passenger.

Please refer to traffic police report no. F/20211024/0163 by Sgt. T170218 Ameer

\* I submitted the micro sd card of my in-dash car camera



SINGAPORE  
POLICE FORCE



T/20211024/7013

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

4 of 4

Report No. T/20211024/7013

## 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 /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
24/10/2021 18:39

Classification Of Case: