

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	18/10/2021 14:46 (SGT)
Date of Accident	16/10/2021 20:55 (SGT)
Exact Location of Accident	3 Teck Whye Ave, Singapore 680003
Additional Location Information	TECK WHYE AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME903P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAMES TAN KENG CHEW
NRIC No	S7124573Z
Email Address	JAMES@GEORG-GROTJAHN.COM.SG
Mobile Phone No	(Phone) +65-98364595
Alternative Phone No	+65-98364595

VEHICLE PARTICULARS

Manufacturer	Mini
Model	COOPER COUNTRYMAN
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

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

DRIVER

Name of Driver	JAMES TAN KENG CHEW
NRIC No	S7124573Z

Date Of Birth	21/07/1971
Occupation	Indoor
Date Of Driving Pass	23/11/1992
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98364595
Alt. Phone Number	+65-98364595
Email Address	JAMES@GEORG-GROTJAHN.COM.SG
Address	57 WEST COAST WAY
Address complement	#08-11
Postcode	127018
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FZ61R
Insurance Company of Other Vehicle Owned by Driver	Auto & General Insurance (Singapore) Pte. Limited.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on 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	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	10 UBI AVE 3
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED POLICE REPORT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP4200E
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 UNKNOWN
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBP4200E
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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

I was travelling along Teck Whye Ave waiting to turn into Teck Whye Lane. There were oncoming traffic, with light beams directly at me. I intended to turn right after the cars passed me. After the cars went past me, I proceeded to move forward to turn right into Teck Whye Lane. I was 1/3 into the lane when I saw a motorbike behind the cars and stopped my vehicle (SME903P). My vehicle has stopped completely. The motorbike could not stop in time and hit the front of my vehicle diagonally. The bike fell on its left directly in front of my car and both the rider and the pillion rider fell on the road on the right side of the bike. I immediately got out of the car and assist to lift the bike up and park it with another bystander. I then proceeded to call an ambulance immediately. The ambulance arrived within minutes followed by the traffic police.

Declaration

We declare the foregoing particulars are true in every respect.

 18/10/21
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/20211017/7014

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

1 of 4

Report No. T/20211017/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2021 13:05	Vide Report No.: J/20211016/0172	Station Diary No.:
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Informant's Particulars

Name of Informant: JAMES TAN KENG CHEW			Address: 57 WEST COAST WAY #08-11 SINGAPORE 127018		
ID Type / ID No.: NRIC NO / S7124573Z			Contact No.: Home/Office: Mobile: 98364595		
Nationality: SINGAPORE CITIZEN			Email: james@georg-grotjahn.com.sg		
Sex: Male	Age: 50	Date of Birth: 21/07/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business consultant			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2021 20:55	Type of Location: T-Junction
Location: Teck Whye Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicle against a stopped vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP4200E	Motorcycle	SYM		Black	Slightly Damaged	1
SME903P	Car	MINI	Countryman	Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211017/7014

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

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Report No. T/20211017/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME903P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210014016	05/02/2021	26/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Pillion				
Name	Unknown Pillion	ID No.	NIL	
Related Vehicle	FBP4200E (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	NIL	
Driver				
Name	JAMES TAN KENG CHEW	ID No.	S7124573Z	
Related Vehicle	SME903P (Car)	Contact No.	98364595	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Rider				
Name	ZAINI BIN KAMSAN	ID No.	S1810363Z	
Related Vehicle	NIL	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/20211017/7014

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

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Report No. T/20211017/7014

CONTINUATION OF REPORT

Brief Details.

I am travelling along Teck Whye Ave waiting to turn into Teck Whye Lane. There were oncoming traffic will light beams directly at me. I intended to turn right after the cars passes me. After the cars went pass me, I proceeded to move forward and turn right into Teck Whye Lane. I was 1/3 into the lane when I saw a motorbike behind the cars and stopped my vehicle(SME903P). My vehicle has stopped completely. The motorbike could not stop in time and hit the front of my vehicle diagonally. The bike fell on it's left directly in front of my car and both the rider and the pilion rider fell on the road on the right side of the bike. I immediately got out of the car and assist to lift the bike up and park it with another bystander. I then proceeded to call an ambulance immediately. The ambulance arrived within minutes followed by the traffic police.



**SINGAPORE
POLICE FORCE**

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



T/20211017/7014

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Report No. T/20211017/7014

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 /
SUFYAN BIN KHAIRI
Contact No.: 65476390

This report is lodged at Pasir Panjang NPP Kiosk
NP168

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

Date/Time:
17/10/2021 13:05

Classification Of Case: