

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 18/12/2021 08:42 (SGT)
Date of Accident 09/12/2021 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CROSS JUNC OF COMMONWEALTH AVE WEST TWDS
CLEMENTI AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY2140B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOR CHIN KEONG
NRIC No S1627447Z
Email Address nicolekhor18@gmail.com
Mobile Phone No (Phone) +65-91015633
Alternative Phone No +65-91015633

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
Variant 1.6I 4D AWD 4AT
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 2070164220-01
Cover Note Number -

DRIVER

Name of Driver KHOR CHIN KEONG

NRIC No	S1627447Z
Date Of Birth	28/12/1995
Occupation	Indoor
Date Of Driving Pass	30/01/2020
Driving experience	1 YEAR AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91015633
Alt. Phone Number	+65-91015633
Email Address	nicolekhor18@gmail.com
Address	BLK 283 CHOA CHU KANG AVENUE 3 #08-408
Address complement	-
Postcode	680283
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?	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?	No

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3758Z
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	KELVIN
Contact Number	(Phone) +65-92708862
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT DAMAGE
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

Emotionally refer to police report as attached.

Police Report No. T/2021/209/2019

Declaration

I/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

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

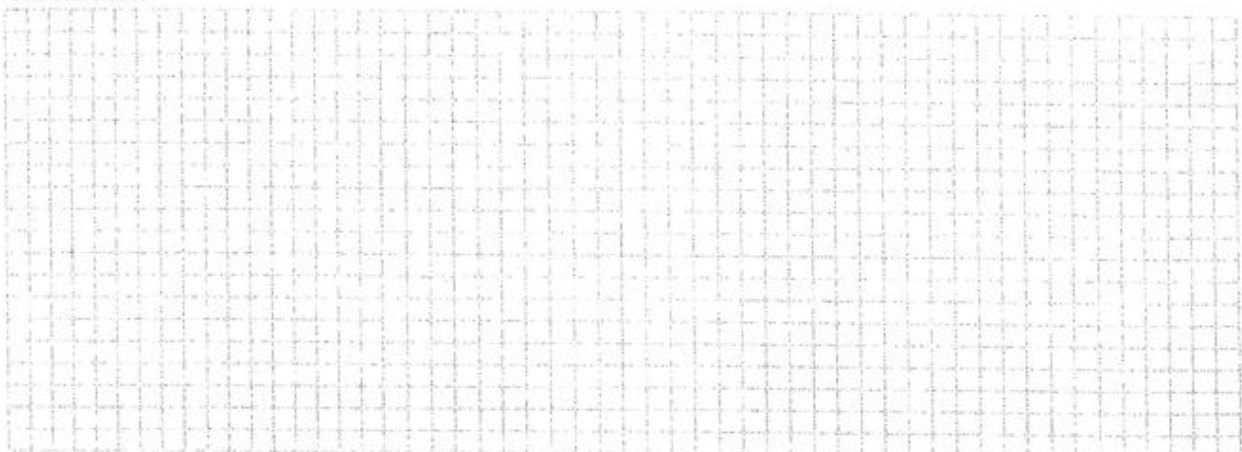


Driver's Signature (if driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan

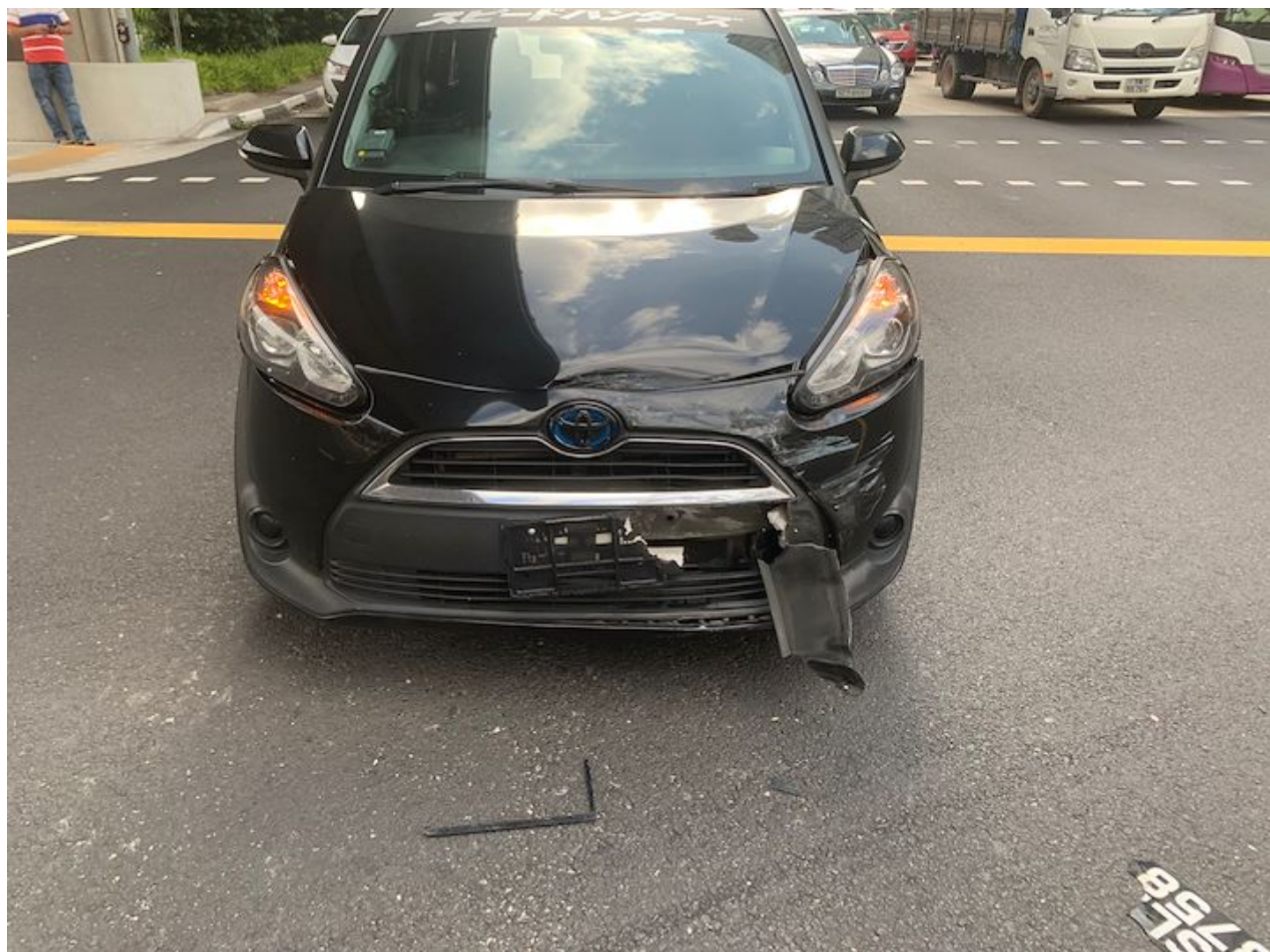




















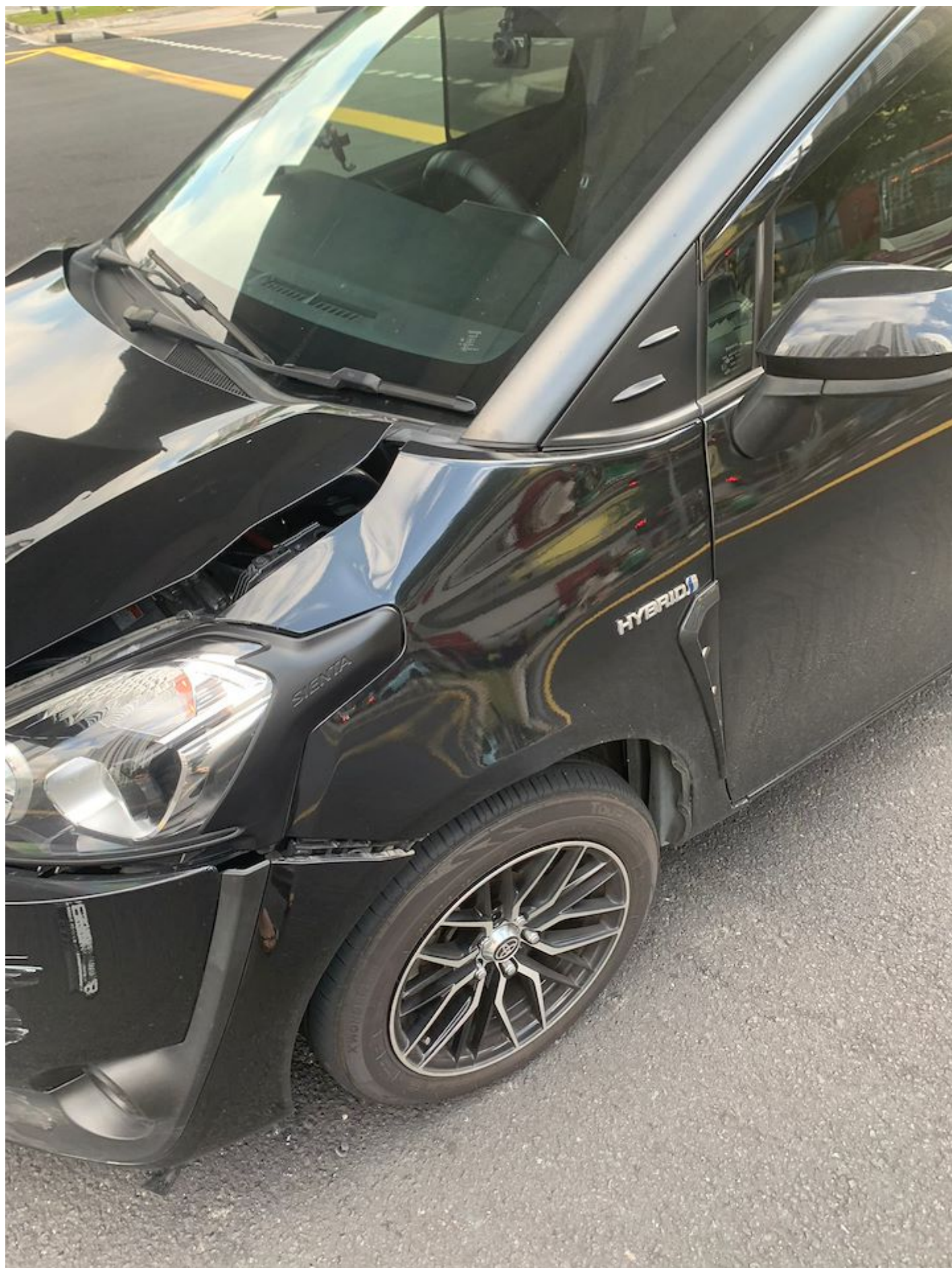


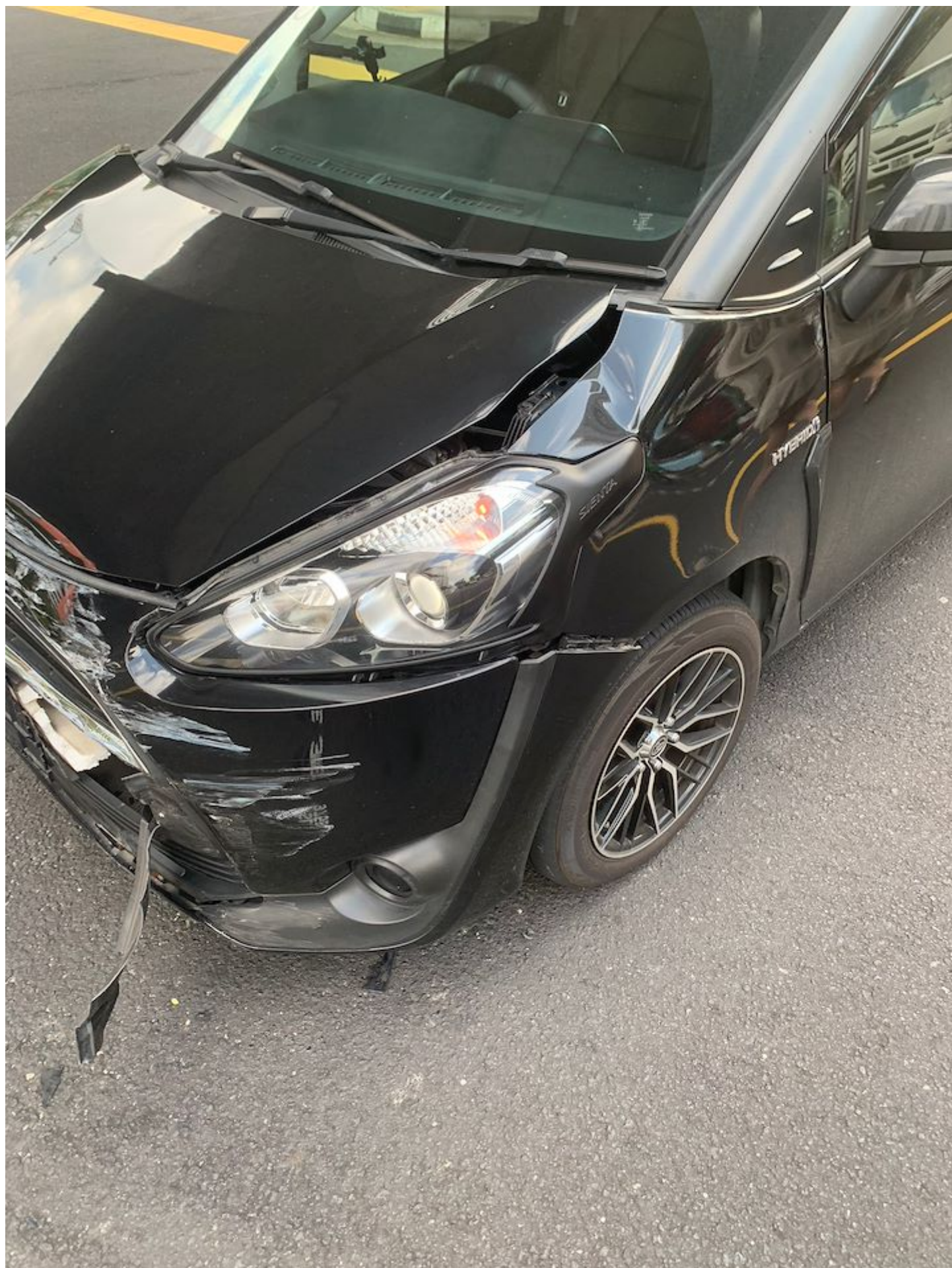


























**SINGAPORE
POLICE FORCE**



T/20211209/2019

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

1 of 3

Report No. T/20211209/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2021 10:43		Vide Report No.: D/20211209/0039		Station Diary No.:	
Informant's Particulars					
Name of Informant: KHOR TING			Address: APT BLK 283 CHOA CHU KANG AVENUE 3 #08-408 SINGAPORE 680283		
ID Type / ID No.: NRIC NO / S9547801H			Contact No.: Home/Office: Mobile: 92284782		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 28/12/1995	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2021 08:20	Type of Location: X-Junction
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY2140B	Car					0
SLZ3758Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211209/2019

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

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Report No, T/20211209/2019

CONTINUATION OF REPORT

Driver			
Name	KHOR TING	ID No.	S9547801H
Related Vehicle	NIL	Contact No.	92284782
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE LOCATION, DATE AND TIME, I WAS ALONG COMMONWEALTH AVE WEST, ON THE RIGHT LANE OF 2, AT THE JUNCTION TURNING TO CLEMENTI AVE 2. I WAS FOLLOWING THE CAR INFRONT OF ME. WHILE STILL ON THE MOVE, I SUDDENLY REALISED THERE WAS A CAR APPROACHING FROM THE OPPOSITE DIRECTION, I TRIED TO BRAKE HOWEVER THE BRAKE DOES NOT SEEM TO BE WORKING AT THAT TIME. THE CAR THEN COLLIDED WITH MY LEFT-BACK-DOOR. AFTER THE COLLISION, MY VEHICLE WAS ACCELERATED AND HIT ON THE CONTRUCTION SITE'S PILLAR. THE POLICE CAME DOWN AND INFORMED ME TO COME DOWN TO TPHQ TO MEET THE IN-CHARGE IO.



**SINGAPORE
POLICE FORCE**



T/20211209/2019

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

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Report No. T/20211209/2019

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
TP /
SCCPL MUHAMMAD ZAIM BIN
MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Signature Of Informant:

Date/Time:
09/12/2021 10:43

Classification Of Case:

Signature: