

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 15:48 (SGT)
Date of Accident 23/10/2021 19:15 (SGT)
Exact Location of Accident Choa Chu Kang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7456T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN CHEONG TECK
NRIC No SXXXX968F
Email Address DESM456@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96657552
Alternative Phone No +65-96657552

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
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 2070032301
Cover Note Number -

DRIVER

Name of Driver GAN CHEONG TECK
NRIC No SXXXX968F

Date Of Birth	10/07/1963
Occupation	Outdoor
Date Of Driving Pass	18/05/1989
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96657552
Alt. Phone Number	+65-96657552
Email Address	DESM456@YAHOO.COM.SG
Address	64 CHOA CHU KANG AVENUE 5
Address complement	#08-10
Postcode	688193
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	FORIS AN KAR SEEM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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	FBP9003A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	DANISH IMAN
Contact Number	(Phone) +65-86064366
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	DANISH IMAN
Gender	Male
Phone No	(Phone) +65-86064366
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

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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.

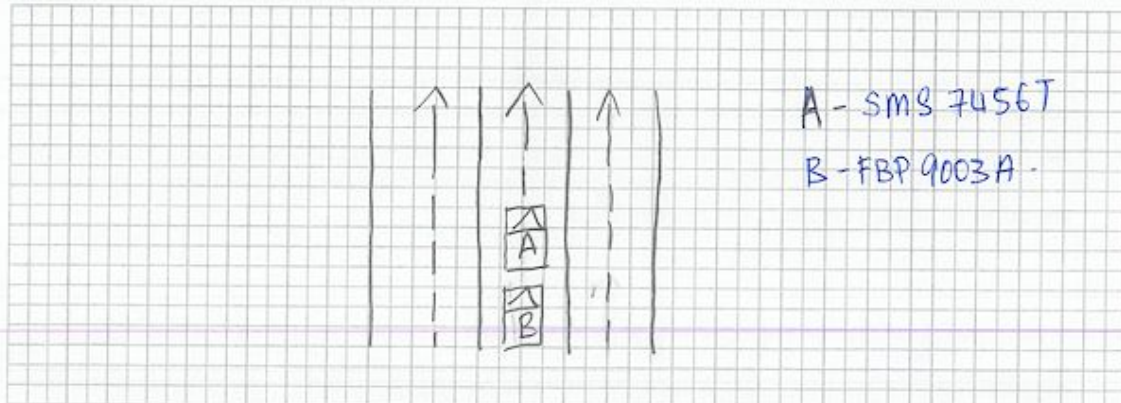


Policyholder's Signature / Date & Time

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 Traffic 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



25/10.
11:59pm.
2004 Kum



**SINGAPORE
POLICE FORCE**



T/20211023/2084

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20211023/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2021 21:39	Vide Report No.: J/20211023/0145	Station Diary No.: 109
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Informant's Particulars

Name of Informant: GAN CHEONG TECK			Address: 64 CHOA CHU KANG AVENUE 5 #08-10 SINGAPORE 688193		
ID Type / ID No.: NRIC NO / S1620968F			Contact No.: Home/Office: Mobile: 96657552		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 10/07/1963	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: TECHNICIAN			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: 23/10/2021 00:00	Type of Location: Straight Road
Location: CHOA CHU KANG WAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9003A	Motorcycle				Slightly Damaged	0
SMS7456T	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20211023/2084

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Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20211023/2084

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS7456T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070032301	12/03/2020	11/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN CHEONG TECK	ID No.	S1620968F
Related Vehicle	SMS7456T (Car)	Contact No.	96657552
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	DORIS AU KAR SEEM	ID No.	S1751258G
Related Vehicle	SMS7456T (Car)	Contact No.	93536679
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/10/2021 at about 1915hrs, I was driving along Choa Chu Kang Way at the middle lane with my vehicle bearing SMS7456T and there was a traffic light ahead of me. There was a car waiting at the queue at the traffic light at the right most lane and was signaling to go into my lane. As I continued driving straight, the vehicle insisted on cutting into my lane and I horned multiple time as I wanted to tell the vehicle to let me to go first. However, the vehicle cut into my lane and drove off. I then tap and slowly came to a stop.

Subsequently after stopping, I decided to continue driving straight. All of sudden, I heard a loud banging sound from behind. I went out of my vehicle to make a check. I saw a rider lying on the floor and the motorcycle bearing FBP9003A fell on the floor sideways. I immediately made a check on the rider to ensure that he is okay. I then noticed his friends was with him and was attending to him. My wife namely Doris Au Kar Seem (HP: 93536679) made a call for ambulance. I wished to state that my rear bumper sustained scratches and was also dented.



**SINGAPORE
POLICE FORCE**



T/20211023/2084

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No.: 1800-7659999

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Report No. T/20211023/2084

CONTINUATION OF REPORT

Traffic Police attended to me and the report number is J/20211023/0145.

I wished to state that I did not managed to see the vehicle car plate number that was at the traffic light as it happened too fast. I did not managed to get the rider particulars as he was injured. The rider was also conveyed to hospital via ambulance. I wished to state that my wife and I did not have any injuries.



**SINGAPORE
POLICE FORCE**



T/20211023/2084

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Report No. T/20211023/2084

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
J /
Sgt 1 Lim Jing Yi

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
23/10/2021 21:39

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236



Authentication Stamp
NP168

Classification Of Case:



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 : SP0R21AP0004 Vehicle Registration No: SMS 7456 T
Name (as shown in NRIC) : GAN CHEONG TECK NRIC/FIN/Passport No : SXXXX968F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 64 CHOACHU KANG AVENUE 5 #08-10 Singapore (688193)
Contact (Tel) : _____ Mobile No. : 96657552
Email Address : DESM456@GMAIL.COM
Date of Accident : 23/10/2021 Time of Accident : 19:15
Place of Accident : Choa Chu Kang
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:

Convert to Own Damage claim

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Zoey Kum
NRIC/FIN No.: FXXXX741R
Date: 07/12/2021