

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	21/12/2021 13:57 (SGT)
Date of Accident	20/12/2021 18:15 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	KJE TWDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7307D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEE YAP AIK
NRIC No	S1821990E
Email Address	peeya2447@gmail.com
Mobile Phone No	(Phone) +65-93855092
Alternative Phone No	+65-93855092

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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?	No - Claiming third party
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	1900009646-02
Cover Note Number	-

DRIVER

Name of Driver	PEE YAP AIK
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Date Of Birth	03/05/1967
Occupation	Indoor
Date Of Driving Pass	28/08/1990
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93855092
Alt. Phone Number	+65-93855092
Email Address	peeya2447@gmail.com
Address	BLK 173 BISHAN ST 13 #18-103
Address complement	-
Postcode	570173
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	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	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLU7906M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	GOH BOON PING
NRIC No	S7931715B
Contact Number	(Phone) +65-81829298
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBV35K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY CHEE HOW
NRIC No	S7931715B
Contact Number	(Phone) +65-93361035
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMT5884Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN GANGJIE
NRIC No	S9037382Z
Contact Number	(Phone) +65-97559761
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLU6581Y
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	-

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? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

IMPORTANT NOTICE

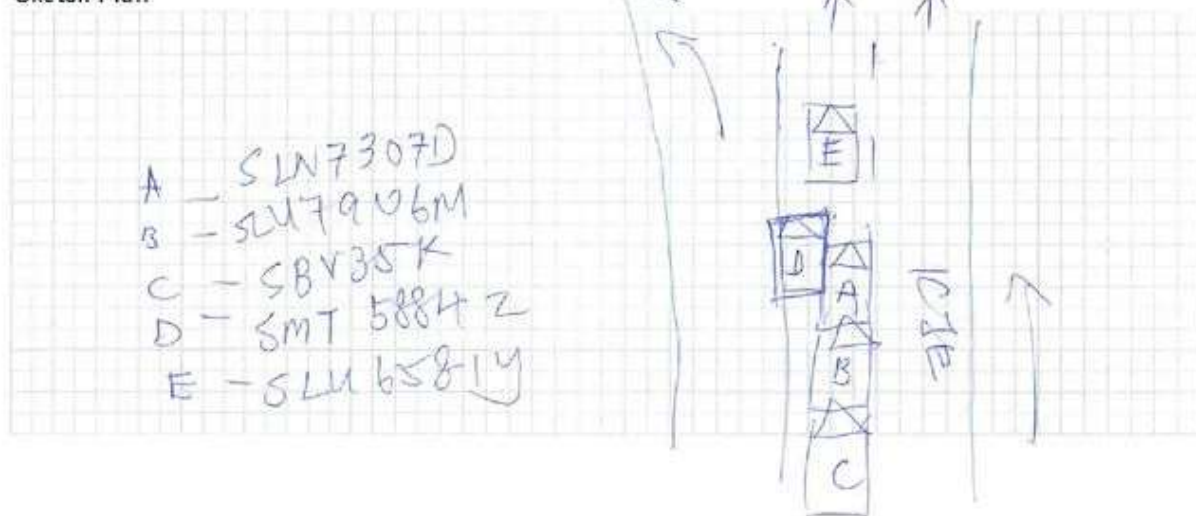
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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


While driving along RTE towards BKE, vehicles in front of me slowed down and stop. I followed suite and did not hit onto the front car. Suddenly vehicle (C) came from behind hit onto vehicle (B) and the great impact caused vehicle (B) to hit me & pushed me forward to hit vehicle (D) in front of me. vehicle D tried to swerve to his left but the impact still resulted me to graze against vehicle (D) right portion and also hit the rear of vehicle (E). My vehicle front, rear and whole left portion were badly damaged.

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



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : PEE YAP AIK
 Period of Insurance : 22 Feb 2021 To 21 Feb 2022
 Engine No. : HR16948363B
 Chassis No. : MNTBBAB17Z0019768

Vehicle No. : SLN7307D
 Policy No. : 1900009646-02
 Endorsement No. :
 Issued Date : 26 Jan 2021

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
 Engine Capacity/Tonnage : 1,598.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age conditions.

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2014
 Insuring with COE/PARF : Yes

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

This policy is for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving test, driving test, racing, pace-making, rally, or speed, or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Transport.

* Limitations rendered operative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2012, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0, Own Damage - \$600, Theft - \$0, Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

PEE YAP AIK - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour toll-free emergency hotline at +65 6335 6203. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that this policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2012 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

6501296000
 INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 CT Hub S(339407)
 Off : 6444 4644
 Fax: 6444 0040

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

Print Date: 26 Jan 2021























**SINGAPORE
POLICE FORCE**



T/20211221/2014

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20211221/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2021 11:21		Vide Report No.:		Station Diary No.: 37
Informant's Particulars				
Name of Informant: PEE YAP AIK		Address: APT BLK 173 BISHAN STREET 13 #18-103 SINGAPORE 570173		
ID Type / ID No.: NRIC NO / S1821990E		Contact No.: Home/Office: Mobile: 93855092		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 03/05/1967	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PROCUREMENT MANAGER		Driving Licence Information: Class: 2B.3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2021 18:15	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION INVOLVING 5 VEHICLES				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBV35K	Car					0
SLN7307D	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Seriously Damaged	0
SLU6581Y	Car					0
SLU7906M	Car					0



**SINGAPORE
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T/20211221/2014

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20211221/2014

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT5884Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN7307D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900009646-02	22/02/2021	21/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY CHEE HOW	ID No.	S7931715B
Related Vehicle	SBV35K (Car)	Contact No.	93361035
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
Driver			
Name	PEE YAP AIK	ID No.	S1821990E
Related Vehicle	SLN7307D (Car)	Contact No.	93855092
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/12/2021	Date Discharge	21/12/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20211221/2014

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No: T/20211221/2014

CONTINUATION OF REPORT

Driver			
Name	NG GUET BENG		ID No. S1489201Z
Related Vehicle	SLU6581Y (Car)		Contact No. 97984384
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
Driver			
Name	GOH BOON PING		ID No. S7931715B
Related Vehicle	SLU7906M (Car)		Contact No. 81829298
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
Driver			
Name	CHEN GANGJIE		ID No. S9037382Z
Related Vehicle	SMT5884Z (Car)		Contact No. 97559761
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 the above mentioned date and time, I was driving my vehicle (SLN7307D) at KJE going towards BKE.

As the traffic was heavy, all the vehicles in front of me slowed down and moving slowly. As such, I also slow down my vehicle and moving slowly. Suddenly, I felt a collision coming from the left and rear of my vehicle. I discovered the vehicle behind me (SLU7906M) had collided to the rear of my vehicle causing my vehicle to move forward and collided to the vehicle in front of me (SLU6581Y). I exited my vehicle to make a check and discovered that I was involved in a chain collision involving 5 cars including myself. Another vehicle (SBV35K) had collided to the car SLU7906M causing it to move forward and hit my vehicle. When I exited my vehicle I observed that there was another vehicle on my left (SMT5884Z). However, I am unsure of how the vehicle SMT5884Z was involved in this accident. My vehicle suffered serious damages and had to be towed away.



SINGAPORE
POLICE FORCE



T/20211221/2014

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Report No. T/20211221/2014

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Tel No: 1800-5529999

CONTINUATION OF REPORT

On the morning of 21/12/2021, I went to see a doctor at Mount Alvernia Hospital as I felt pain on my neck and back. I received 7 days MC dated from 21/12/2021 until 27/12/2021.



**SINGAPORE
POLICE FORCE**



T/20211221/2014

Police Station Of Origin:
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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20211221/2014

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 E / Sgt 3 MUHAMMAD TAUFIQ BIN ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2021 11:21
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 061
Authentication Stamp NP163	SIGNATURE