

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 23/12/2021 19:22 (SGT)
Date of Accident 23/12/2021 01:30 (SGT)
Exact Location of Accident Near 103 Bukit Timah Rd, Singapore
Additional Location Information Bukit Timah Rd > Kg Java Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX946L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Muhammad Fairus Bin Muhamad Ali
NRIC No S8936732H
Email Address fairus.ali.1989@gmail.com
Mobile Phone No (Phone) +65-85330261
Alternative Phone No +65-85330261

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant CIVIC 1.6L VTI 5MT
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 - Reporting only
Vehicle Category Private car
Transmission Manual
CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210146184
Cover Note Number 30/11/2021-29/11/2022

DRIVER

Name of Driver Kwah Wei Jie
NRIC No S9816079E

Date Of Birth	22/05/1998
Occupation	Indoor
Date Of Driving Pass	14/09/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85330261
Alt. Phone Number	-
Email Address	weijie983@hotmail.sg
Address	Blk 536 Batok Batok St 52 #04-663
Address complement	-
Postcode	650536
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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	Police Headquarters
Police Station Phone No	(Phone) +65-18002520000
Police Station Address	New Phoenix Park 28 Irrawaddy Road Singapore 329560
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

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	SHB4316H
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Bee Tiong

NRIC No	S0732500B
Contact Number	(Phone) +65-92359889
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Passenger
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB4316H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Kwah Wei Jie
Gender	Male
Phone No	(Phone) +65-85330261
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGX946L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature
 Date & Time:

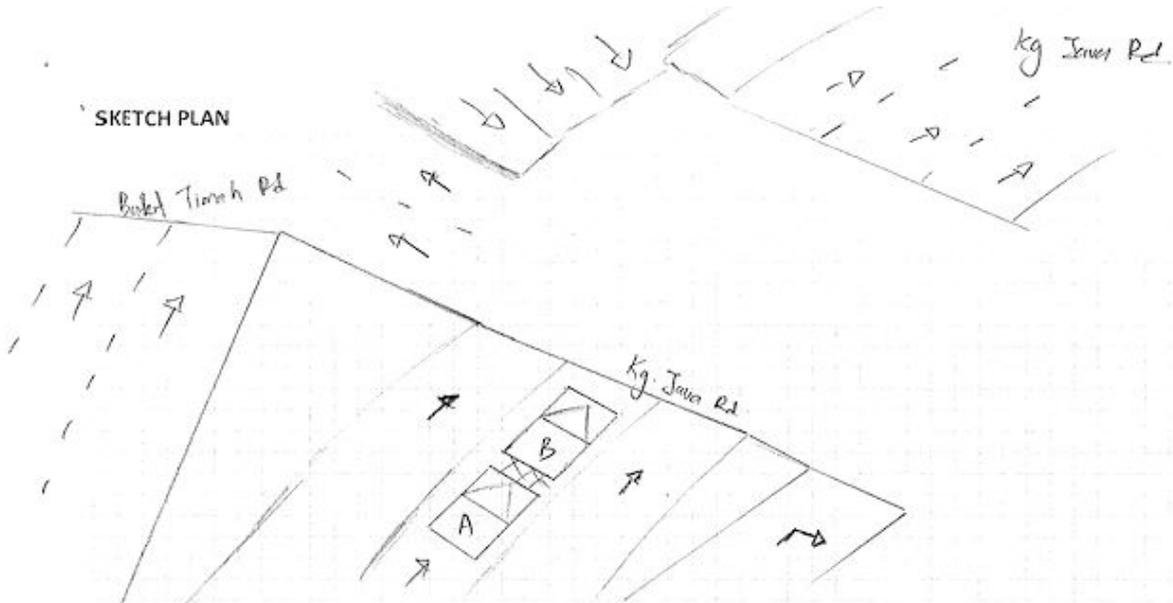


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



 Reporting Centre Personnel's Signature
 Name: *Rafael Lim Annal*
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the police report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input checked="" type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 Policyholder's Signature
 Date & Time:

VS

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature]

 Reporting Centre Personnel's Signature
 Name: *Rakeshram Arani*
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20211223/2061

1 of 4

Report No. T/20211223/2061

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2021 15:00	Vide Report No.:	Station Diary No.: 14
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KWAH WEI JIE		Address: APT BLK 536 BUKIT BATOK STREET 52 #04-663 SINGAPORE 650536	
ID Type / ID No.: NRIC NO / S9816079E		Contact No.: Home/Office: Mobile: 85330261	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 22/05/1998	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: National Service Full Time		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/12/2021 01:30	Type of Location: Y-Junction
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX946L	Car	HONDA		Grey	Seriously Damaged	0
SHB4316H	Car	HYUNDAI		Blue	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20211223/2061

2 of 4

Report No. T/20211223/2061

CONTINUATION OF REPORT

Driver			
Name	KWAH WEI JIE		ID No. S9816079E
Related Vehicle	SGX946L (Car)		Contact No. 85330261
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/12/2021	Date Discharge	23/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Lim Bee Tiong		ID No. S0732500B
Related Vehicle	SHB4316H (Car)		Contact No. 92359889
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 23th December 2021 at about 0130hr, I was driving my vehicle , SGX946L , along Bukit Timah Road towards Newton Flyer over, I was driving on the extreme right lane , It was a turn right only lane, I realized that I was on the wrong lane as I wanted to go straight. However, I decided that to proceed with making the right turn.

While making the right turn into Kampong Java Road, I had stepped on my brakes, However I saw that the traffic light along Kampong Java road had turned red, Therefore I stepped on my brakes even harder but my vehicle wobbled and was unable to stop in time and hit onto another taxi, SHB4316H , that was in front of me, along Kampong Java Road , The Taxi was waiting for the traffic light to turn in his favor.

The front portion of my vehicle hit on the rear right portion of the taxi. The rear right bonnet and number plate of the taxi was damaged while the front portion of my vehicle was damaged. After the collision, Both me and the taxi driver alighted from our vehicle and proceeded to exchange particulars and also take photos of the accident. Subsequently, The Traffic Police and Ambulance arrived. The passenger onboard the taxi was conveyed by the ambulance. There is no in- car camera inside my vehicle. I had also proceeded to Ng Teng Fong Hospital on the 23th December 2021 and was given three days of medical leave.

I was asked to lodge a traffic accident report for this accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20211223/2061

3 of 4

Report No. T/20211223/2061

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211223/2061

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

4 of 4

Report No. T/20211223/2061

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 /
Staff Sgt LEE JUN XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/12/2021 15:00

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Classification Of Case:



Authentication Stamp

NP158

SIGNATURE

































