

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 16:38 (SGT) Date of Accident 22/12/2021 18:40 (SGT) Exact Location of Accident 3 Ang Mo Kio Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ3770K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JIANG HUI NRIC No. SXXXX023C

Email Address JAYSONJH1975@HOTMAIL.COM Mobile Phone No

(Phone) +65-91728358

Private use

Private car

Yes

Auto

1984

Alternative Phone No +65-91728358

VEHICLE PARTICULARS

Manufacturer Audi Model Α6 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? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 2100237541-11

Cover Note Number

DRIVER

Name of Driver WONG POH CHOO NRIC No. SXXXX533H

Date Of Birth 12/09/1966 Occupation Indoor Date Of Driving Pass 09/03/1989 Driving experience 32 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-91728358 Alt. Phone Number Email Address VALERIEWONGPC@HOTMAIL.COM Address 25 YIO CHU KANG DRIVE Address complement Postcode 786291 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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? Yes Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No FOREIGN VEHICLE 1 Vehicle Registration Number PJP9116 Vehicle Category Commercial vehicle PASSENGER 1 Name JIANG WEN XI Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Kebun Baru Neighbourhood Police Post Police Station Address Blk 111 Ang Mo Kio Avenue 4 Singapore 560111 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? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

No

No

Was there any audio recorded?

Vehicle Registration Number	PJP9116
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KENG CHEE KONG
Contact Number	(Phone) +65-94452327
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 4. Please report-correctly the details of the accident to speed up the claims process.
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- e Gulaformation 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.
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 - 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 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 :

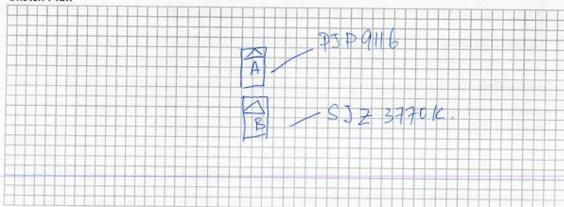
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 agen (including their law yers/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



Rease refer to Police report attacked. Inserts the measurements and the second	Describe C	ircumstance	es of th	e Accident					
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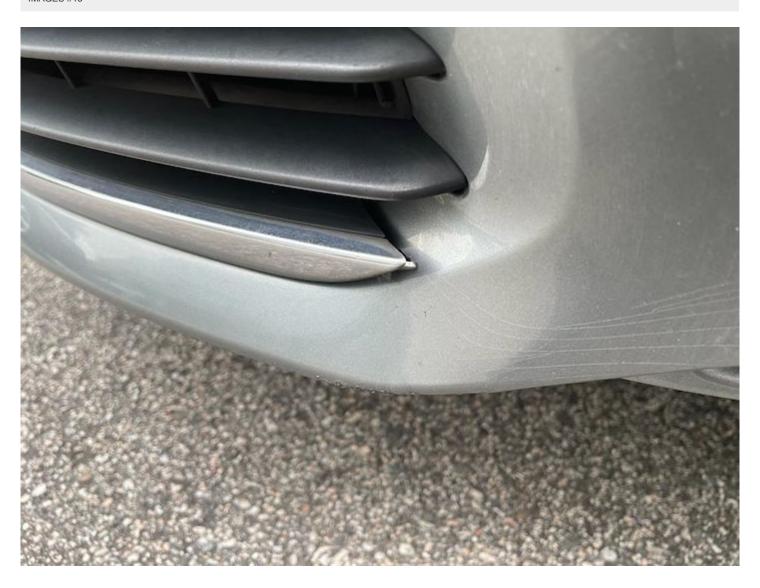










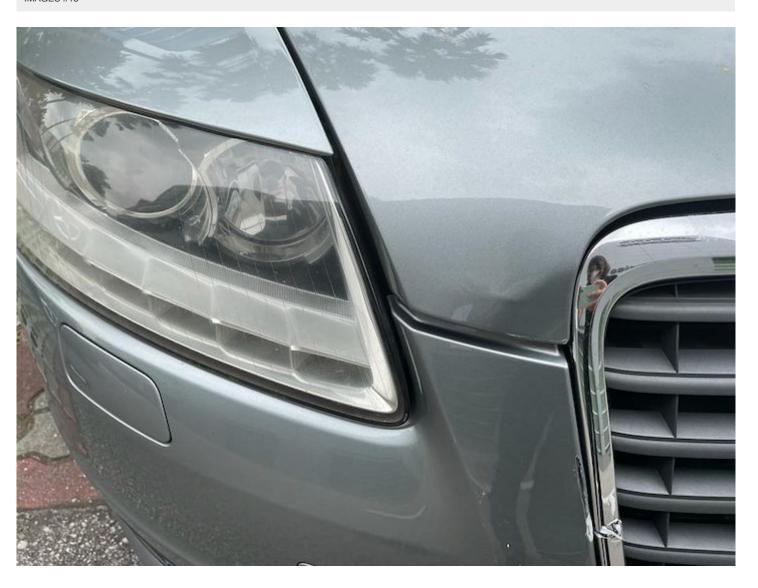


















Date of Expiry:

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

1 of 4 Report No. T/20211222/2098

Tel No: 1800-4589999

Occupation:

Homemaker

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2021 21:21			Vide Report No.: F/20211222/0186	Station Diary No.: 24		
Informar	t's Partic	ulars				
이 발표되었다면 무슨 무슨 (5명)이	Informant: OH CHOO		Address: 25 YIO CHU KANG DRIVE SINGAPORE 786291			
ID Type / ID No.: NRIC NO / S1767533H			Contact No.: Home/Office: Mobile: 91728358			
Nationality: SINGAPORE CITIZEN			Email: valeriewongpc@hotma	ail.com		
Sex: Female	Age: 55	Date of Birth: 12/09/1966	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			

Driving Licence Information:

Class: 3

General Infor	mation of the Acciden	t			
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/12/2021 18:40	Type of Location Straight Road	
Location: ANG MO KIO Weather: Clear	AVENUE 3	Road Surface:		Road Speed Limit:	
Traffic Flow; One Way		Traffic Control: Traffic Light - Wo	1.00000	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PJP9116	Van					0
SJZ3770K	Car				Slightly Damaged	1

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



T/20211222/2088

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999

2 of 4 Report No. T/20211222/2098

CONTINUATION OF REPORT

Name	KENG CHEE KONG			1.00		
rianic	KENG CHEE KONG				0.	F8032748P
Related Vehicle	PJP9116 (Van)		1 1 -	Contact No.		94452327
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	- True - United	Date Dis		•	
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver			- Jogico C	or mijury	INIL	
Name	WONG POH CHO)		ID No.		S1767533H
Related Vehicle	SJZ3770K (Car)				ect No.	91728358
Hospital/Clinic	NIL		Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of Injury NIL			
Passenger			- 3.00	· mju.y	1411	
Name	JIANG WEN XI			ID No.		T0490698A
Related Vehicle	SJZ3770K (Car)			Contact No.		NIL
Hospital/Clinic	NIL	Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc		NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On the 22/12/2021 at around 1841hrs, I was driving my vehicle SJZ3770K with my daughter with me. I had just turned out of Ang Mo Kio Central 1, turning right onto Ang Mo Kio Avenue 3. I kept to the right most lane and approached the junction, intending to go right onto Ang Mo Kio Avenue 6. I had stopped behind vehicle PJP9116 as the traffic light was red. Once the traffic light turned green, I started moving forward, I did not realize that the vehicle in front of me was still stationary. As such, I jammed the brakes however could not stop in time, hitting the vehicle in front of me.

The other driver and myself came out of our vehicles, I made a check on my vehicle. 2 uniformed officers approached us and advised to take photographs of the whole incident. They advised both of us to move somewhere else due to heavy traffic. We moved to outside the McDonalds along Ang Mo Kio Avenue 6 to continue talking. There, both of us could not come to an agreement on how to settle the accident. As





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999

3 of 4 Report No. T/20211222/2098

CONTINUATION OF REPORT

such, I called for Police.

After the arrival of Traffic Police(TP), I spoke to the TP officer and he advised me to lodge an accident report. Once speaking to TP, I exchanged particulars with the other driver. My daughter and myself did not suffer any injuries. My vehicles front license plate and front grille were dented.





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999

4 of 4 Report No. T/20211222/2098

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 F / Sgt 2 TAN YAN ZHI DANIEL	SN 85 Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2021 21:21
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp	