

## 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 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  
Alternative Phone No ..... +65-91728358

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A6  
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 ..... 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? .....	No
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 .....	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) .....	2
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? .....	Yes
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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**

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**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 agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

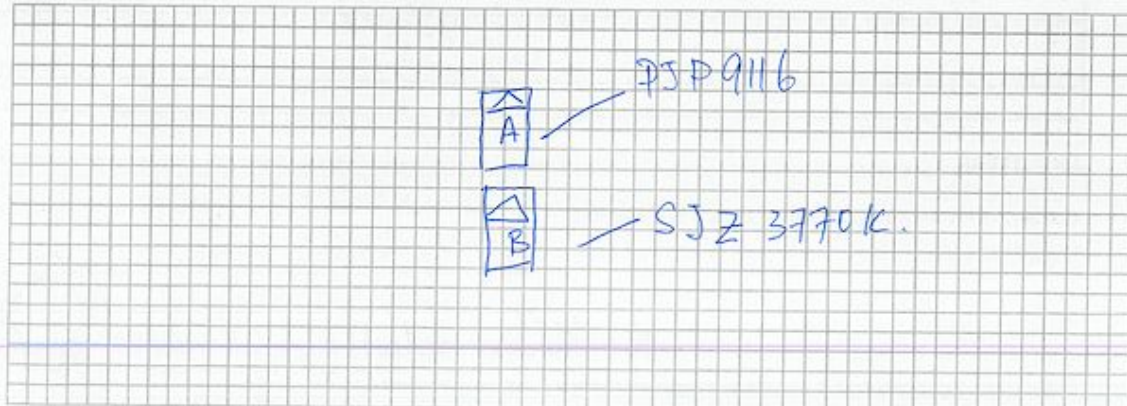


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





## Describe Circumstances of the Accident

Please refer to Police report attached.

## 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

Wang Hui Chao 22/12/21  
1520 hrs





























































**SINGAPORE  
POLICE FORCE**



T/20211222/2098

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

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Report No. T/20211222/2098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/12/2021 21:21	Vide Report No.: F/20211222/0186	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: WONG POH 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@hotmail.com		
Sex: Female	Age: 55	Date of Birth: 12/09/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Homemaker			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

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 AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
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





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T/20211222/2098

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Report No. T/20211222/2098

**CONTINUATION OF REPORT**

Name	KENG CHEE KONG		ID No.	F8032748P
Related Vehicle	PJP9116 (Van)		Contact No.	94452327
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
<b>Driver</b>				
Name	WONG POH CHOO		ID No.	S1767533H
Related Vehicle	SJZ3770K (Car)		Contact No.	91728358
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
<b>Passenger</b>				
Name	JIANG WEN XI		ID No.	T0490698A
Related Vehicle	SJZ3770K (Car)		Contact No.	NIL
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 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





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T/20211222/2098

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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.



**SINGAPORE  
POLICE FORCE**



T/20211222/2098

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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  
NP168