

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 03/01/2022 19:27 (SGT)
Date of Accident 02/01/2022 01:35 (SGT)
Exact Location of Accident 141 Serangoon North Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK30B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAY KENG MOI
NRIC No SXXXX254J
Email Address autohub325@gmail.com
Mobile Phone No (Phone) +65-91771415
Alternative Phone No +65-91771415

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800135219-03
Cover Note Number -

DRIVER

Name of Driver ALICE YEH YUAN FENG
NRIC No SXXXX176H

Date Of Birth	22/09/1988
Occupation	Indoor
Date Of Driving Pass	06/11/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91771415
Alt. Phone Number	-
Email Address	aliceyeh1988@gmail.com
Address	BLK 141 SERANGOON NORTH AVE 2
Address complement	#02-02
Postcode	550141
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	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?	No
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	ALAN YEH YUAN KWEI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220102/2015, AND T/20220103/2070

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6446H
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	ALICE YEH YUAN FENG
Gender	Female
Phone No	(Phone) +65-91771415
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INFLAMMATION AND MUSCLE INJURY AT CHEST, LOWER BACK AND NECK AREA (SLIGHT)
Injured person in which vehicle?	SMK30B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ALAN YEH YUAN KWEI
Gender	Male
Phone No	(Phone) +65-97280732
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UPPER BODY ACHE (SLIGHT)
Injured person in which vehicle?	SMK30B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	ALAN YEH YUAN KWEI
Phone	(Phone) +65-97280732
Email	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may lead insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- I consent under the Personal Data Protection Act (PDPA) to the following, acknowledge, agree and consent that:
 - I agree that my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal data/personal information set out in this [form] and any other personal information provided by me or disclosed 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - collectively the "Purposes")
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - 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 &

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

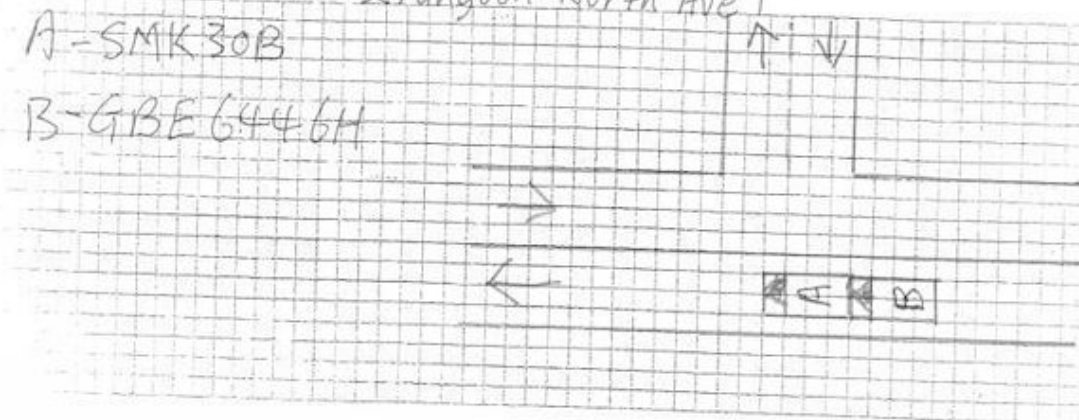
Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 141 Serangoon North Ave 1

A-SMK30B

B-GBE6446H



Describe Circumstances of the Accident

— Pls refer to the police report : T/20220102/2015 & T/20220103/2070.

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























**SINGAPORE
POLICE FORCE**



T/20220102/2015

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220102/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2022 03:39		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: ALICE YEH YUAN FENG			Address: APT BLK 141 SERANGOON NORTH AVENUE 2 #02-02 SINGAPORE 550141		
ID Type / ID No.: NRIC NO / S8836176H			Contact No.: Home/Office: Mobile: 91771415		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LAB MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2022 01:35	Type of Location: T-Junction
Location: SERANGOON NORTH AVENUE 1				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Collision to rear of car				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6446H	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black		0
SMK30B	Car	MERCEDES BENZ	E250 AVG (R18 LED)	Silver	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220102/2015

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20220102/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown	ID No.	NIL
Related Vehicle	GBE6446H (Van)	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
Driver			
Name	ALICE YEH YUAN FENG	ID No.	S8836176H
Related Vehicle	SMK30B (Car)	Contact No.	91771415
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2/1/22, I was driving vehicle (SMK30B) along Serangoon North Ave 1. I then stopped to wait to turn right into Serangoon North Ave 2.

As I was stationary(waiting for 2 taxis to go off) and waiting to turn, suddenly another van collided onto the rear of my car. I then slowly made my turn and stopped at Serangoon North Ave 2 and expected the said Van to stop. However, the van did not stop and drove away along Serangoon North Ave 2. I then tried to follow the van and my passengers managed to take a photo of his car plate number (GBE6446H).

During that time, I had 1 passenger in my car and he had witnessed the incident. I have in car video recording of the incident.

I then proceeded to lodge a Traffic Accident report. No one was injured in the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20220102/2015

3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220102/2015

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 /
Staff Sgt LOW JIANGHAN,
JEFFREY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/01/2022 03:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220103/2070

1 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220103/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 15:37	Vide Report No.: T/20220102/2015	Station Diary No.: 39
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: ALICE YEH YUAN FENG			Address: APT BLK 141 SERANGOON NORTH AVENUE 2 #02-02 SINGAPORE 550141	
ID Type / ID No.: NRIC NO / S8836176H			Contact No.: Home/Office:	Mobile: 91771415
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Lab manager			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2022 01:35	Type of Location: T-Junction
Location: SERANGOON NORTH AVENUE 1				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Collision to rear of car			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6446H	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black		0
SMK30B	Car	MERCEDES BENZ	E250 AVG (R18 LED)	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220103/2070

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No. T/20220103/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBE6446H (Van)	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
Driver			
Name	ALICE YEH YUAN FENG	ID No.	S8836176H
Related Vehicle	SMK30B (Car)	Contact No.	91771415
Hospital/Clinic	T H CHIA MEDICAL PRACTICE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Alan Yeh Yuan Kwei	ID No.	S8836174A
Related Vehicle	SMK30B (Car)	Contact No.	97280732
Hospital/Clinic	T H CHIA MEDICAL PRACTICE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 2/1/2022 at about 0135hrs, I got into a traffic accident and I lodged a traffic accident police report on the same day. The traffic accident report number is T/20220102/2015. I am now lodging this report to further inform on the passenger's details.

Details of passenger in my vehicle:
Alan Yeh Yuan Kwei
S8836174A
DOB: 22/9/1988



**SINGAPORE
POLICE FORCE**



T/20220103/2070

3 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220103/2070

CONTINUATION OF REPORT

Add: 141 Serangoon North Ave 2 #02-02
HP: 97280732

I would also like to state that when the incident happened, my passenger and I did not feel any injury being sustained. However later at night, I felt some strain at my chest, lower back and neck area while my passenger felt soreness at his shoulder and neck area. Hence on 3/1/2022, we went to see a doctor at a clinic (T H Chia Medical Practice Pte Ltd, Add: 151 Serangoon North Ave 2 #01-19). We were each given a Medical Certificate (MC) for 3 days (3/1/2022 - 5/1/2022). My injury sustained was inflammation and muscle injury at chest, lower back and neck areas caused by the traffic accident, while the injury that my passenger sustained was upper body ache.

Hence, I am lodging this report to provide the further information for the case.



**SINGAPORE
POLICE FORCE**



T/20220103/2070

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

4 of 4

Report No. T/20220103/2070

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 POH WAN XUAN, GLORIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/01/2022 15:37

Classification Of Case: