

# 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 ..... 10/01/2022 13:02 (SGT)  
Date of Accident ..... 07/01/2022 16:55 (SGT)  
Exact Location of Accident ..... Seletar North Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH7182X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NEW ERA CYCLE LLP  
Company Reg No ..... TXXXXX197D  
Email Address ..... zell8955@gmail.com  
Mobile Phone No ..... (Phone) +65-97277924  
Alternative Phone No ..... +65-97277924

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... Commercial vehicle  
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 ..... 1800103310-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEW JING MING  
NRIC No ..... SXXXX823F

Date Of Birth .....	23/05/1989
Occupation .....	Indoor
Date Of Driving Pass .....	19/08/2008
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97277924
Alt. Phone Number .....	-
Email Address .....	zell8955@gmail.com
Address .....	BLK 460D BUKIT BATOK WEST AVENUE 9 #11-83
Address complement .....	-
Postcode .....	654460
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 - Cross Junction
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? .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/7024

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GN6138R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	CHEW JING MING
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBH7182X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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  5. Any false reporting may be referred to the Police for investigation.
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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.

NEW ERA New Era Cycle LLP  
14 Arumugam Road  
Tel: 6758 8645 Email: info@neweracycle.com

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

Sketch Plan

10/01/2022  
Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

As per police report. 7/20210107/2024

Declaration

We declare the foregoing particulars are true in every respect.

NEW ZEALAND  
LIC Building C  
14 Aramoho Road

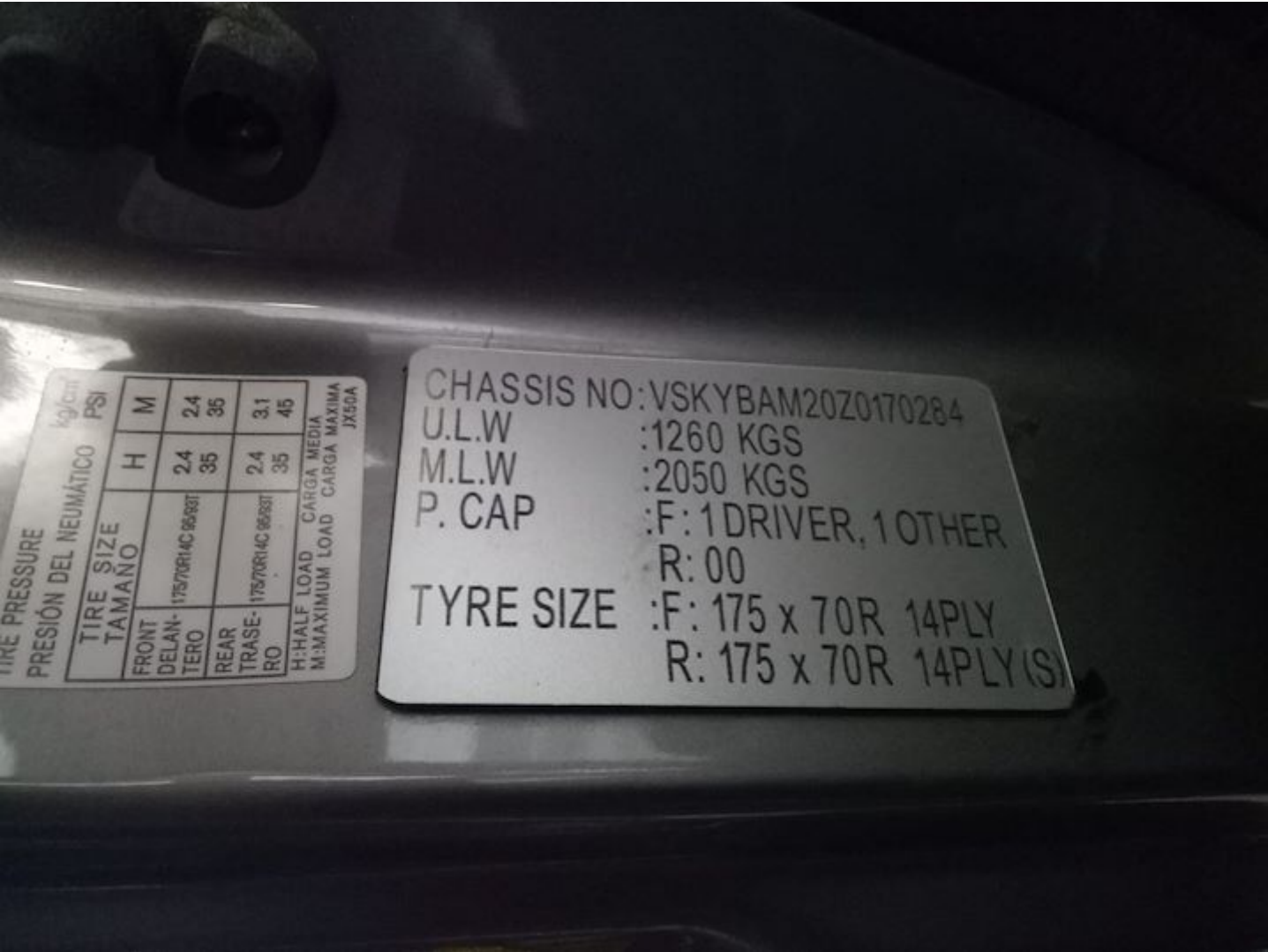
Policyholder's Signature / Date:  10/01/2022  
Driver's Signature (If driver is not the policyholder) / Date  
Time: 8:00 PM  
Tel: +65 6102 8645 Email: policy@newzealand.com  
www.newzealand.com

Witnessed by Reporting Centre  
Personnel
























**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220107/7024

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Report No. T/20220107/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/01/2022 19:13		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEW JING MING		Address: 460D BUKIT BATOK WEST AVENUE 9 #11-83 SINGAPORE 654460			
ID Type / ID No.: NRIC NO / S8916823F		Contact No.: Home/Office:		Mobile: 97277924	
Nationality: SINGAPORE CITIZEN		Email: ZELL8955@GMAIL.COM			
Sex: Male	Age: 32	Date of Birth: 23/05/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Self employed		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2022 16:55	Type of Location: X-Junction
Location:  SELETAR NORTH LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
GBH7182X	Van					0
GN6138R	Van					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20220107/7024

**CONTINUATION OF REPORT**

Driver			
Name	CHEW JING MING	ID No.	S8916823F
Related Vehicle	GBH7182X (Van)	Contact No.	97277924
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/01/2022	Date	07/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a). As the traffic light was in my favour i then proceed to go straight. Vehicle (b) from the opposite direction did not wait to give way and proceed to make a right turn hence resulting in a collusion with my vehicle (a) causing damages to my vehicle (a).

I felt pain on my neck and lower back and my hand so I went to our family physician clinic to seek consultation and was given 5days mc.

Vehicle (a) gbh7182x

Vehicle(b) gn6138r



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220107/7024

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Report No. T/20220107/7024

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
07/01/2022 19:13

Classification Of Case: