

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 17/01/2022 14:45 (SGT)
Date of Accident 16/01/2022 14:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS BKE BEFORE ADAM ROAD FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN9624Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POH JUN WEN. GERALD
NRIC No SXXXX453E
Email Address geraldpojunwen@hotmail.com
Mobile Phone No (Phone) +65-92710036
Alternative Phone No +65-92710036

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 1497

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900058220-02
Cover Note Number -

DRIVER

Name of Driver POH JUN WEN. GERALD
NRIC No SXXXX453E

Date Of Birth	06/12/1989
Occupation	Indoor
Date Of Driving Pass	23/06/2009
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92710036
Alt. Phone Number	+65-92710036
Email Address	geraldpohjunwen@hotmail.com
Address	BLK 443A BUKIT BATOK WEST AVENUE 8 #08-831
Address complement	-
Postcode	651443
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	LEOW YUAN XIU
Gender	Female

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/20220116/7021

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	SMP2637L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG ZI YANG
NRIC No	SXXXX469A
Contact Number	(Phone) +65-82991832
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKR7G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA KOK LEONG
NRIC No	SXXXX046B
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	POH JUN WEN. GERALD
Gender	Male
Phone No	(Phone) +65-92710036
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN9624Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEOW YUAN XIU
Gender	Female
Phone No	(Phone) +65-81894886
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN9624Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Flt Towards BKE before Adam Road Flyover

* Veh A : SJN 9624 Z

* Veh B : SMP 2637 L

* Veh C : SKR 7 G


Describe Circumstances of the Accident

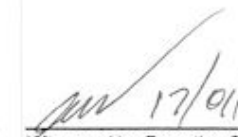
Ref to police report : T/20220116/7021

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

 17/01/2022
 Witnessed by Reporting Centre Personnel











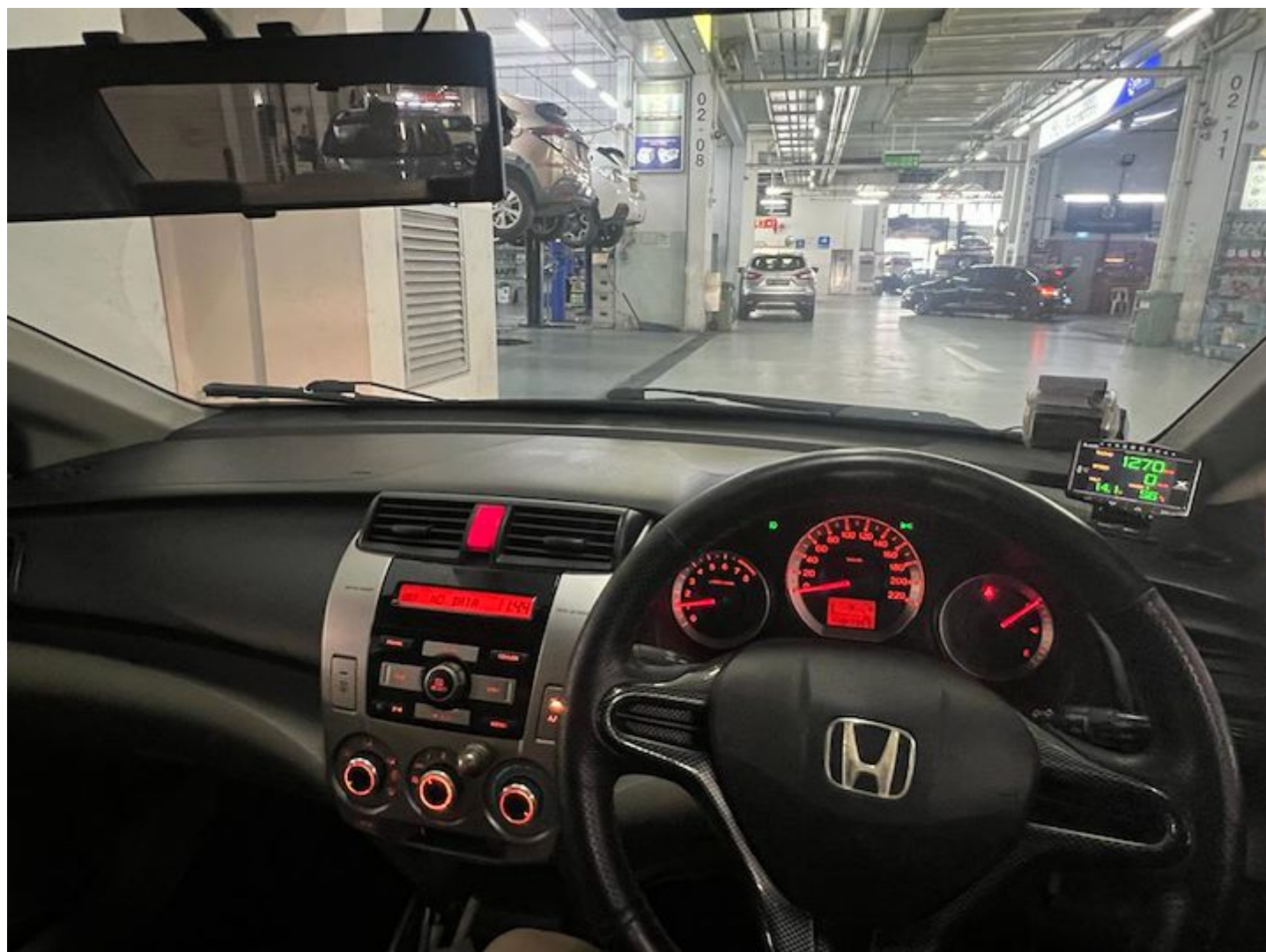




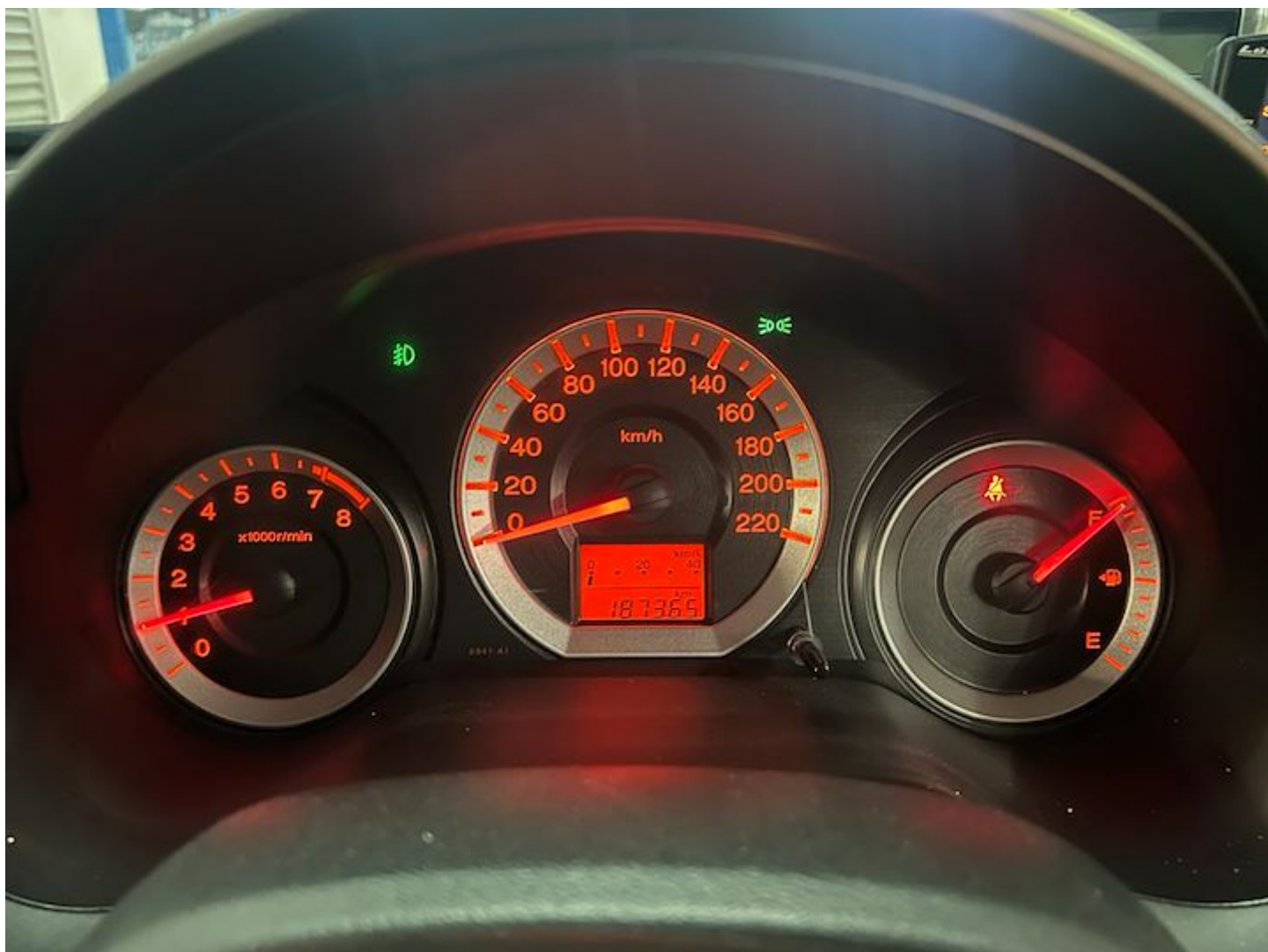














**SINGAPORE
POLICE FORCE**

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



T/20220116/7021

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Report No. T/20220116/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2022 18:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: POH JUN WEN, GERALD			Address: 443A BUKIT BATOK WEST AVENUE 8 #08-831 SINGAPORE 651443		
ID Type / ID No.: NRIC NO / S8944453E			Contact No.: Home/Office:		Mobile: 92710036
Nationality: SINGAPORE CITIZEN			Email: GERALDPOHJUNWEN@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 06/12/1989	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2022 14:30	Type of Location: PIE - Expressway
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN9624Z	Car	HONDA	City	Red		2
SMP2637L	Car		BlueSG Vehicle	White		2



**SINGAPORE
POLICE FORCE**



T/20220116/7021

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

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Report No. T/20220116/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	POH JUN WEN, GERALD	ID No.	S8944453E
Related Vehicle	SJN9624Z (Car)	Contact No.	92710036
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/01/2022	Date	16/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LEOW YUAN XIU	ID No.	S9040530F
Related Vehicle	SJN9624Z (Car)	Contact No.	81894886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/01/2022	Date	16/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ENG ZI YANG	ID No.	S9709469A
Related Vehicle	SMP2637L (Car)	Contact No.	82991832
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I have videos and pictures exceeding 2MB.
Landmark - The flyover of Adam Road to Lornie Highway if in front of me
Road Travelling - PIE (Tuas) towards BKE
Accident did not take place at a pedestrian Crossing.

My vehicle number - SJN9624Z
Rear vehicle Number - SMP2637L (BlueSG)



**SINGAPORE
POLICE FORCE**



T/20220116/7021

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

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Report No. T/20220116/7021

CONTINUATION OF REPORT

There were road works on lane 1, most drivers were cutting in at the last minute, ample space was given however one of the cars changed at the very last minute way ahead, causing all other cars ahead to hit the brakes and into a full stop.

There were about 8-10 cars ahead of me.

I had applied my brakes and managed to avoid hitting the car in front of me, however, the vehicle(SMP2637L) behind me was unable to stop in time and rear ended mine.

The vehicle behind me was then rear ended by another vehicle.

**SINGAPORE
POLICE FORCE**

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



T/20220116/7021

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Report No. T/20220116/7021

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
16/01/2022 18:00

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08221 H0002 Vehicle Registration No: 8JN 96242
Name(as shown in NRIC) : Poh Jun Wen, Gerald NRIC/FIN/Passport No : S2944453E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 445A Bukit Batok West Ave 8 #02-831 Singapore(651443)
Contact (Tel) : 9271 0036 Mobile No. : 92710036
Email Address : geraldpohjunwen@hotmail.com
Date of Accident : 16/01/2022 Time of Accident : 14:30
Place of Accident : Towards BKE Before Adam Road Flyover
Insurance Company: AIG Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to change and amend the current email address "geraldpohjunwen@hotmail.com 92710036" to "geraldpohjunwen@hotmail.com".

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No.:
Date: 23/02/2022