

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 11/02/2022 11:19 (SGT)
Date of Accident 10/02/2022 19:42 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS CENTRE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC9459U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN KA WEE
NRIC No S9379541E
Email Address XFXKAWEE@GMAIL.COM
Mobile Phone No (Phone) +65-92255947
Alternative Phone No +65-92255947

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1597

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2466109
Cover Note Number -

DRIVER

Name of Driver CHEN KA WEE
NRIC No S9379541E

Date Of Birth	26/11/1993
Occupation	Indoor
Date Of Driving Pass	07/08/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92255947
Alt. Phone Number	+65-92255947
Email Address	XFXKAWEE@GMAIL.COM
Address	57 CHOA CHU KANG LOOP #04-44
Address complement	-
Postcode	689685
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	MBL9859
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	MBL9859
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	PUNITAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	MBL9859
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN**IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:

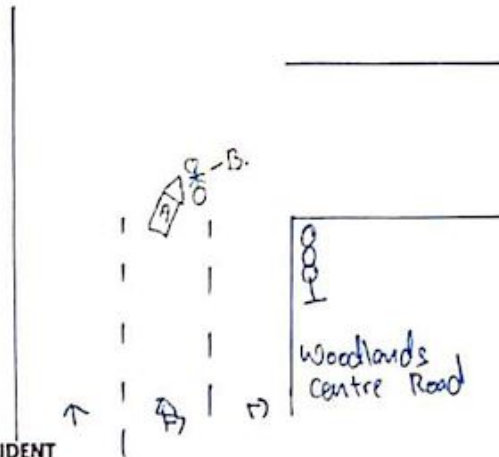

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

A-SNCL9459U.

B.-MBL 9859.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

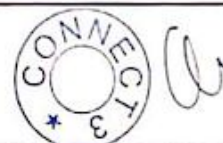
DECLARATION

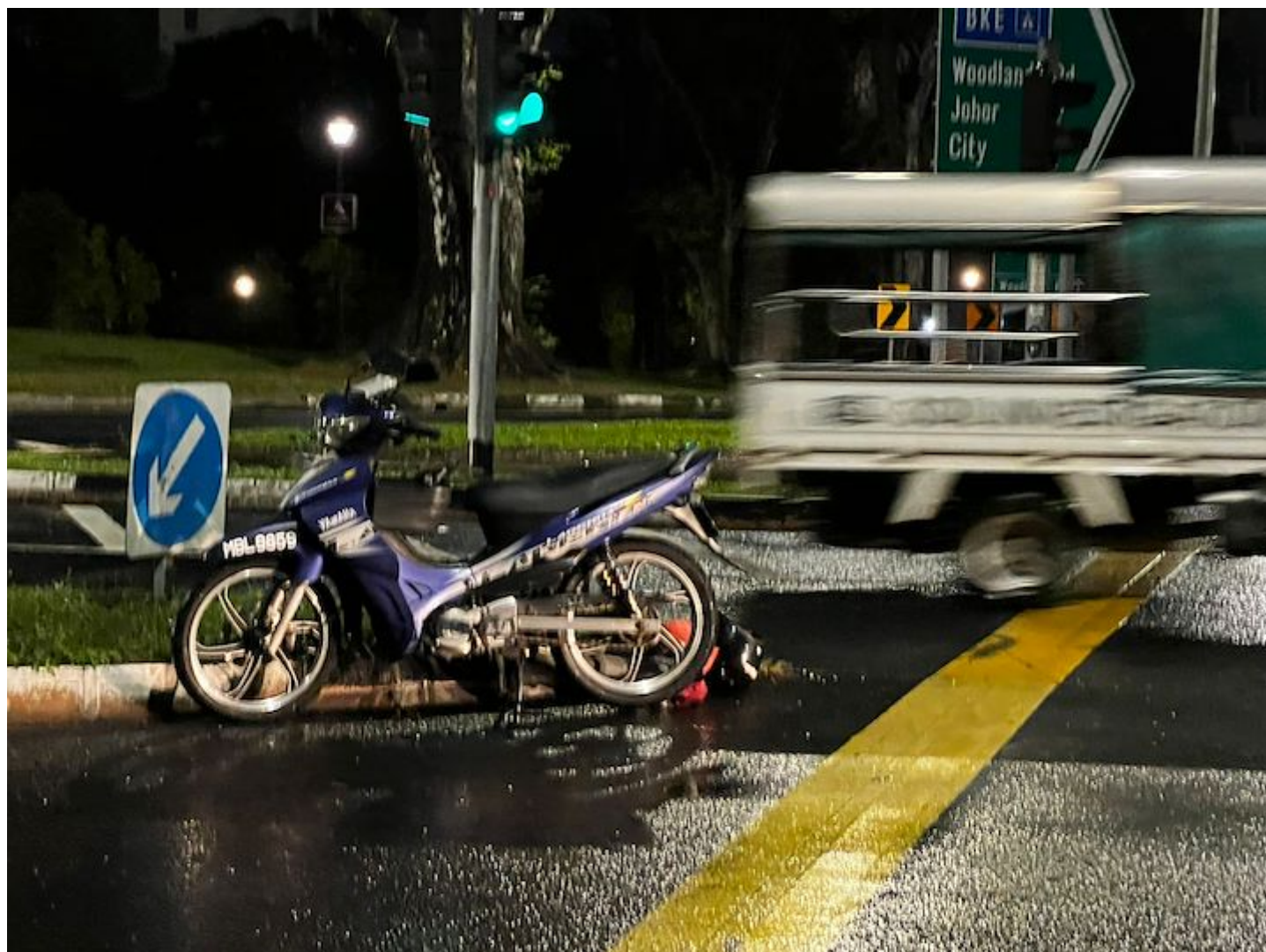
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/TIN No.: _____







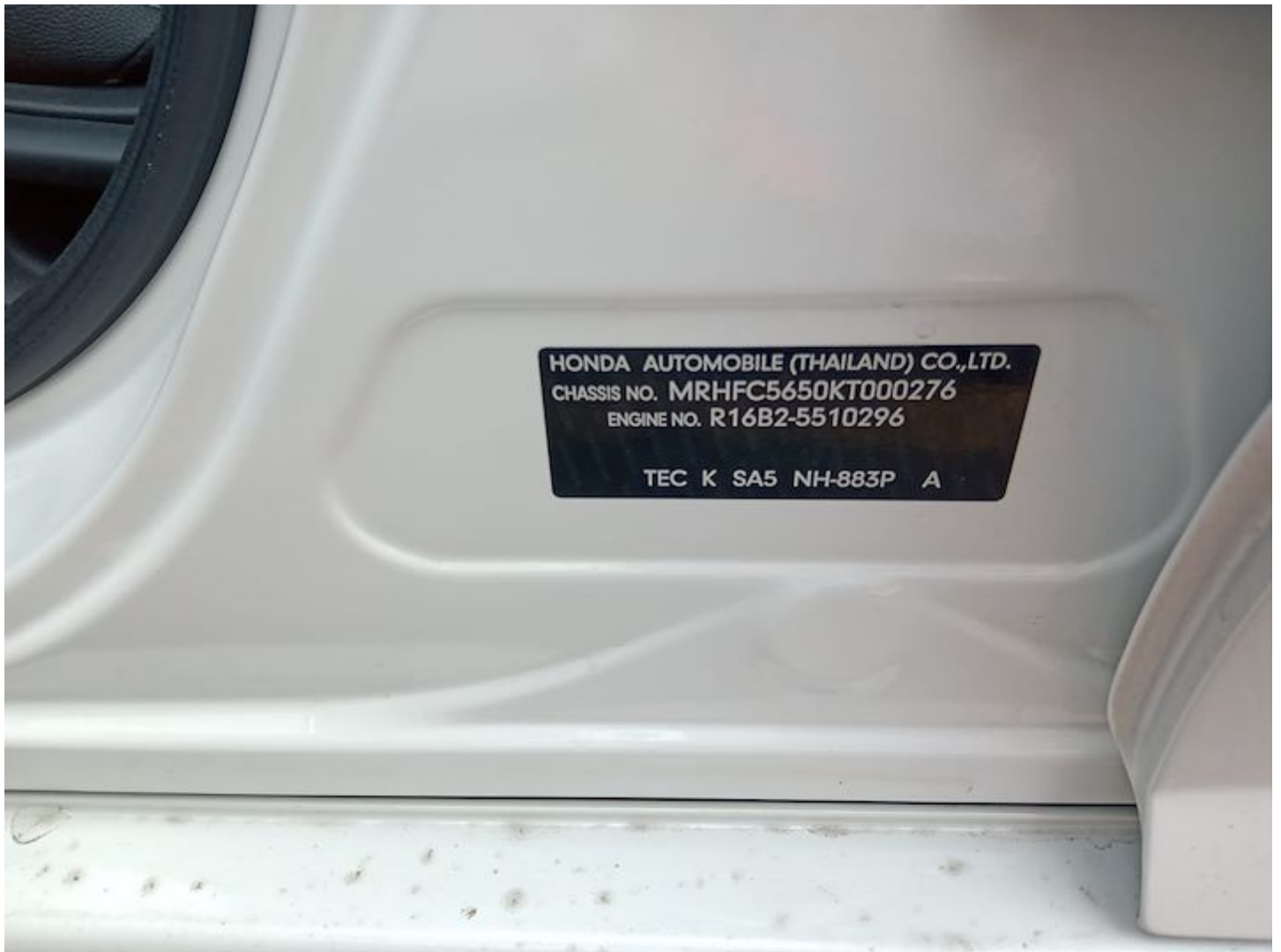
























**SINGAPORE
POLICE FORCE**



T/20220210/2112

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No: T/20220210/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2022 23:07		Vide Report No.: U/20220210/0094		Station Diary No.: 121	
Informant's Particulars					
Name of Informant: CHEN KA WEE			Address: 57 CHOA CHU KANG LOOP #04-44 SINGAPORE 689685		
ID Type / ID No.: NRIC NO / S9379541E			Contact No. Home/Office: Mobile: 92255947		
Nationality: MALAYSIAN			Email: xfkawe@ gmail.com		
Sex: Male	Age: 28	Date of Birth: 26/11/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Field Service Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2022 19:40	Type of Location: T-Junction
Location: WOODLANDS CENTRE ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MBL9859	Motorcycle					0
SNC9459U	Car	HONDA	CIVIC 1.6 VTI CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC9459U	AXA INSURANCE SINGAPORE PTE LTD	P2466109	14/01/2022	13/01/2023



**SINGAPORE
POLICE FORCE**



T/20220210/2112

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Report No. T/20220210/2112

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PUNITAN	ID No.	NIL
Related Vehicle	MBL9859 (Motorcycle)	Contact No.	84253921
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHEN KA WEE	ID No.	S9379541E
Related Vehicle	SNC9459U (Car)	Contact No.	92255947
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

Brief Details.

On 10th February 2022 at about 1942hrs, I was driving my car bearing registration number SNC9459U along Woodlands Centre Road. Upon reaching the T-Junction near to Marsiling Park, I need to make a right turn to enter BKE. I was on the second lane to turn right and there is a car in front of me. Once the light turns green, the car in front of me start moving off and turn to the right. I follow suit after checking that there is no oncoming vehicle from the opposite lane. Out of sudden, my car front bumper had collided onto a motorcycle tyre which happened to be in front of me. I did not noticed where he came from as I believed he was in the center lane.

I then stopped my car and assisted the motorcycle rider. I had also called for ambulance as the rider's ankle was bleeding. Traffic Police and ambulance came down to scene. The rider was conveyed by the ambulance however I am not sure to which hospital. I managed to exchange contact number with the rider.

My car front right bumper was dented due to the collision. I have a build in car camera installed in my car.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N P C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20220210/2112

3 of 3

Report No: T/20220210/2112

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
J /
SGT 2 NURUL HIDAYAH BINTE
ABD RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/02/2022 23:07

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: S465500206 / 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: SC0K222B0001 Vehicle Registration No: SOC 9459U
 Name (as shown in NRIC): Chen Ka Wee NRIC/FIN/Passport No: -
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: - Singapore ()
 Contact (Tel): - Mobile No.: -
 Email Address: -
 Date of Accident: 10/01/2022 Time of Accident: -
 Place of Accident: Woodland Central Road.
 Insurance Company: AxP 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:

Attached Police Report

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature: [Signature]
 Name:
 NRIC/FIN No.:
 Date:

