

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 01/03/2022 17:45 (SGT)
Date of Accident 27/02/2022 15:55 (SGT)
Exact Location of Accident Penang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU1082S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CAI WEIQIANG
NRIC No SXXXX583Z
Email Address jimchua23@gmail.com
Mobile Phone No (Phone) +65-97760227
Alternative Phone No +65-97760227

VEHICLE PARTICULARS

Manufacturer Kia
Model Stonic
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 998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070110453
Cover Note Number -

DRIVER

Name of Driver CAI WEIQIANG
NRIC No SXXXX583Z

Date Of Birth	23/05/1982
Occupation	Indoor
Date Of Driving Pass	07/04/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97760227
Alt. Phone Number	+65-97760227
Email Address	jimchua23@gmail.com
Address	BLK 312A CLEMENTI AVENUE 4 #10-163
Address complement	-
Postcode	121312
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	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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEN QI TING
Gender	Female

PASSENGER 2

Name	ZANE CHUA ANZIE
Gender	Male

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/20220228/7006 (TYPE OF COLLISION IS HEAD TO SIDE)

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ7253A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAU
NRIC No	SXXXX341J
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	CAI WEIQIANG
Gender	Male
Phone No	(Phone) +65-97760227
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU1082S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEN QI TING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU1082S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

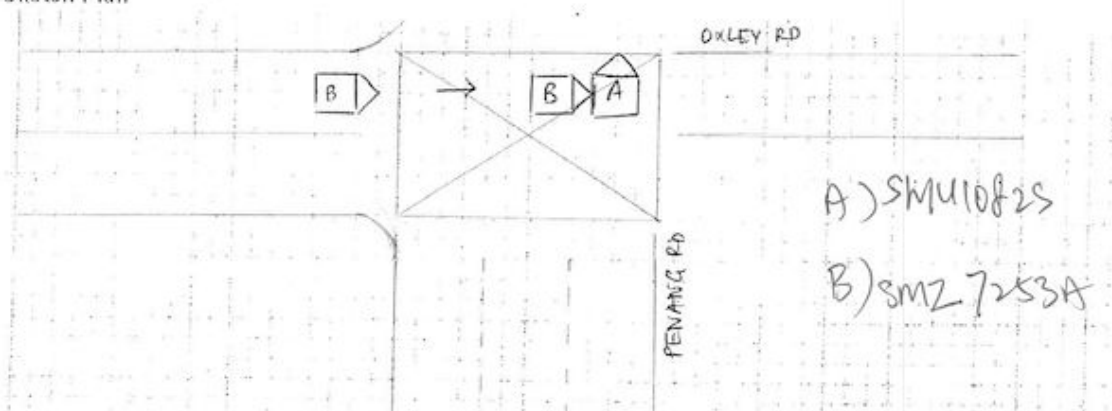
1. Please report correctly the details of the accident to speed up the claims process.
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

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

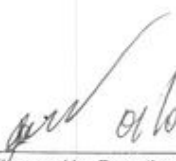
REFER TO POLICE REPORT 7/20220228/7006

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

 01/03/2022
Witnessed by Reporting Centre Personnel


















**SINGAPORE
POLICE FORCE**

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



T/20220228/7006

1 of 4

Report No. T/20220228/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2022 10:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CAI WEIQIANG			Address: 312A CLEMENTI AVENUE 4 #10-163 SINGAPORE 121312		
ID Type / ID No.: NRIC NO / S8215583Z			Contact No.: Home/Office: Mobile: 97760227		
Nationality: SINGAPORE CITIZEN			Email: JIMCHUA23@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 23/05/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FACILITIES MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2022 15:55	Type of Location: T-Junction
Location: PENANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SMU1082S	Car	KIA	STONIC 1.0 DCT SR	Yellow	Seriously Damaged	2
SMZ7253A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

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



T/20220228/7006

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Report No. T/20220228/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU1082S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070110453	29/07/2020	28/07/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CAI WEIQIANG		ID No.	S8215583Z
Related Vehicle	SMU1082S (Car)		Contact No.	97760227
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/02/2022		Date	28/02/2022
No. of Days granted Medical Leave	04		Degree of	Slight
Passenger				
Name	ZANE CHUA ANZHE		ID No.	NIL
Related Vehicle	SMU1082S (Car)		Contact No.	NIL
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	Slight
Passenger				
Name	CHEN QI TING		ID No.	NIL
Related Vehicle	SMU1082S (Car)		Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/02/2022		Date	27/02/2022
No. of Days granted Medical Leave	01		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220228/7006

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

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Report No. T/20220228/7006

CONTINUATION OF REPORT

Brief Details.

I was travelling along Penang Rd.

At the junction of Penang Rd and Oxley Rd, I was travelling straight when suddenly I felt an impact from the left.

The impact caused my car to swerve and moved to the side of the road.

I had 2 passengers with me at the point of the accident.

My wife was conveyed to SGH hospital via ambulance and was transferred to NUH after that and 1 day MC was given to her.

I visited NUH Hospital and was given 4 days MC (28.02.2022-03.03.2022).

**SINGAPORE
POLICE FORCE**

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



T/20220228/7006

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Report No. T/20220228/7006

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 /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

NP168

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

Date/Time:
28/02/2022 10:07

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: S66500206 / 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 : SN0822310005 Vehicle Registration No: SMU1082S
Name (as shown in NRIC): CAI WEIQIANG NRIC/FIN/Passport No : S8215583Z
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 312A CLEMENTI AVENUE 4 #10-163 Singapore (121312)
Contact (Tel) : _____ Mobile No. : 9776 0227
Email Address : UIMCHUA23@GMAIL.COM
Date of Accident : 27.02.2022 Time of Accident : 15:55
Place of Accident : PENANG ROAD
Insurance Company: AIG

(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:

AMENDMENT : CLAIM OWN INSURANCE INSTEAD OF OTHER VEHICLE

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature] 02/03/2022
Reporting Centre Personnel's Signature
Name: Raddi
NRIC/FIN No.: _____
Date: _____