

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	04/04/2022 16:11 (SGT)
Date of Accident	01/04/2022 21:20 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	APPROACHING THE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7171Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH MIN TEONG TONY (WU MINZHONG TONY)
NRIC No	SXXXX807J
Email Address	tonygoh71@gmail.com
Mobile Phone No	(Phone) +65-86850088
Alternative Phone No	+65-86850088

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800101146-03
Cover Note Number	-

DRIVER

Name of Driver	GOH MIN TEONG TONY (WU MINZHONG TONY)
NRIC No	SXXXX807J

Date Of Birth	22/01/1971
Occupation	Indoor
Date Of Driving Pass	27/10/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86850088
Alt. Phone Number	+65-86850088
Email Address	tonygoh71@gmail.com
Address	BLK 210 SERANGOON CENTRAL #02-242
Address complement	-
Postcode	550210
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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/20220401/2099

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	FBS9160M
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)	-

IMPORTANT NOTICE

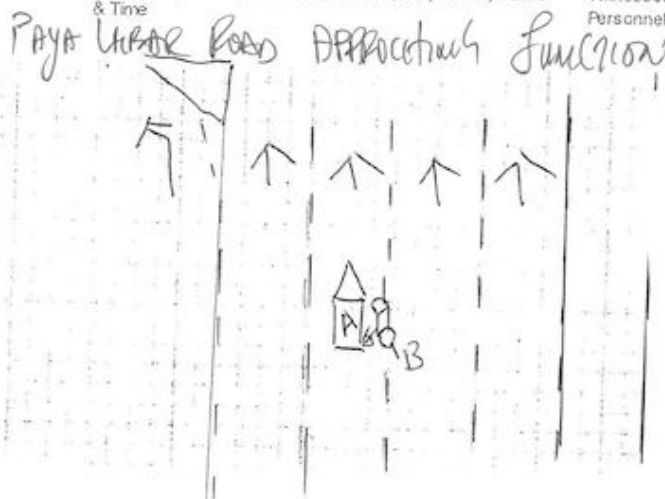
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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




① SMC 71717
② FBS 9160M


Describe Circumstances of the Accident

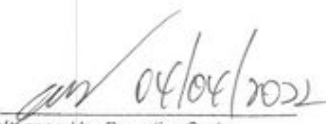
Refer to Police Report
1/20220401/2099

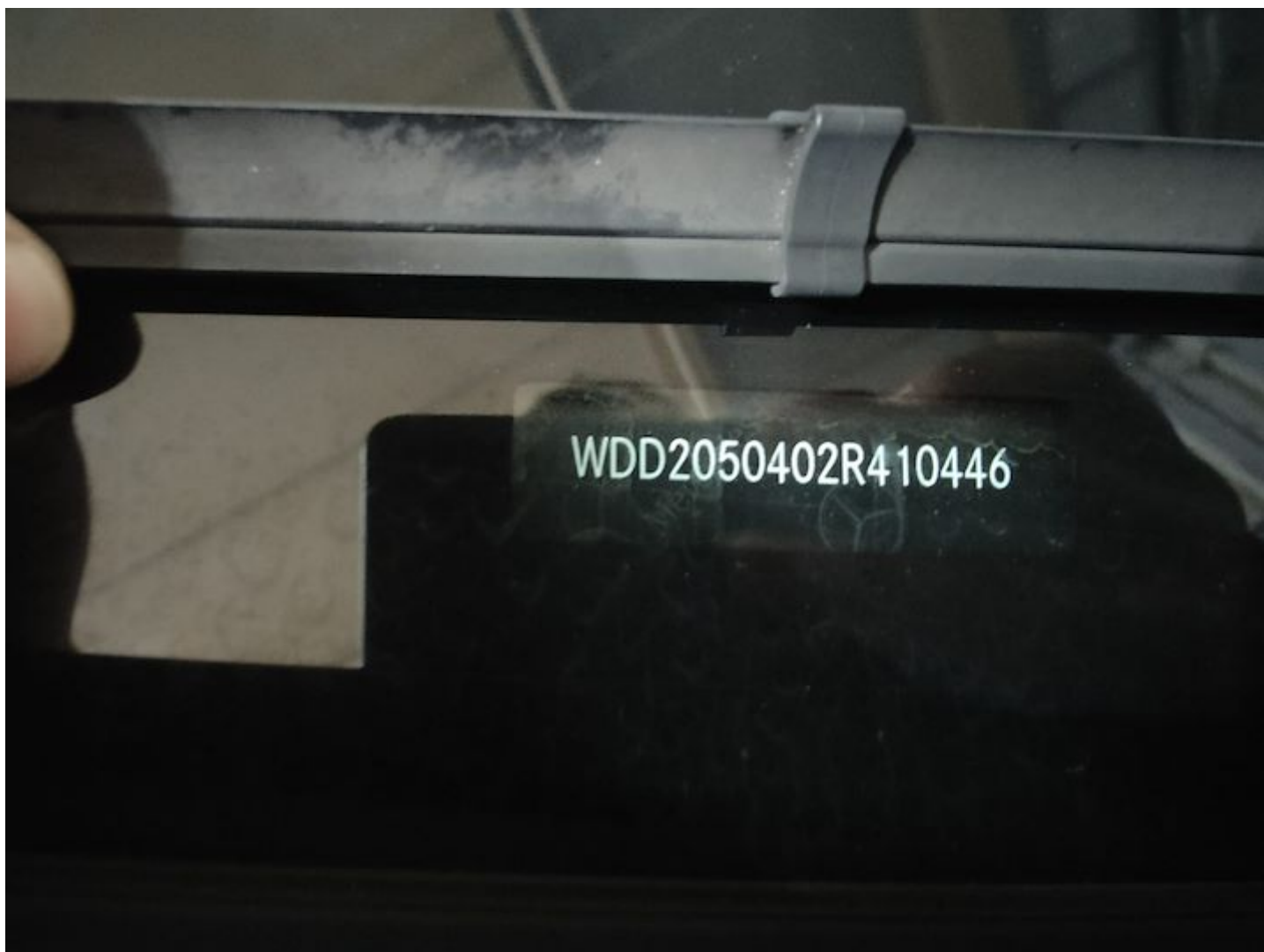
Declaration

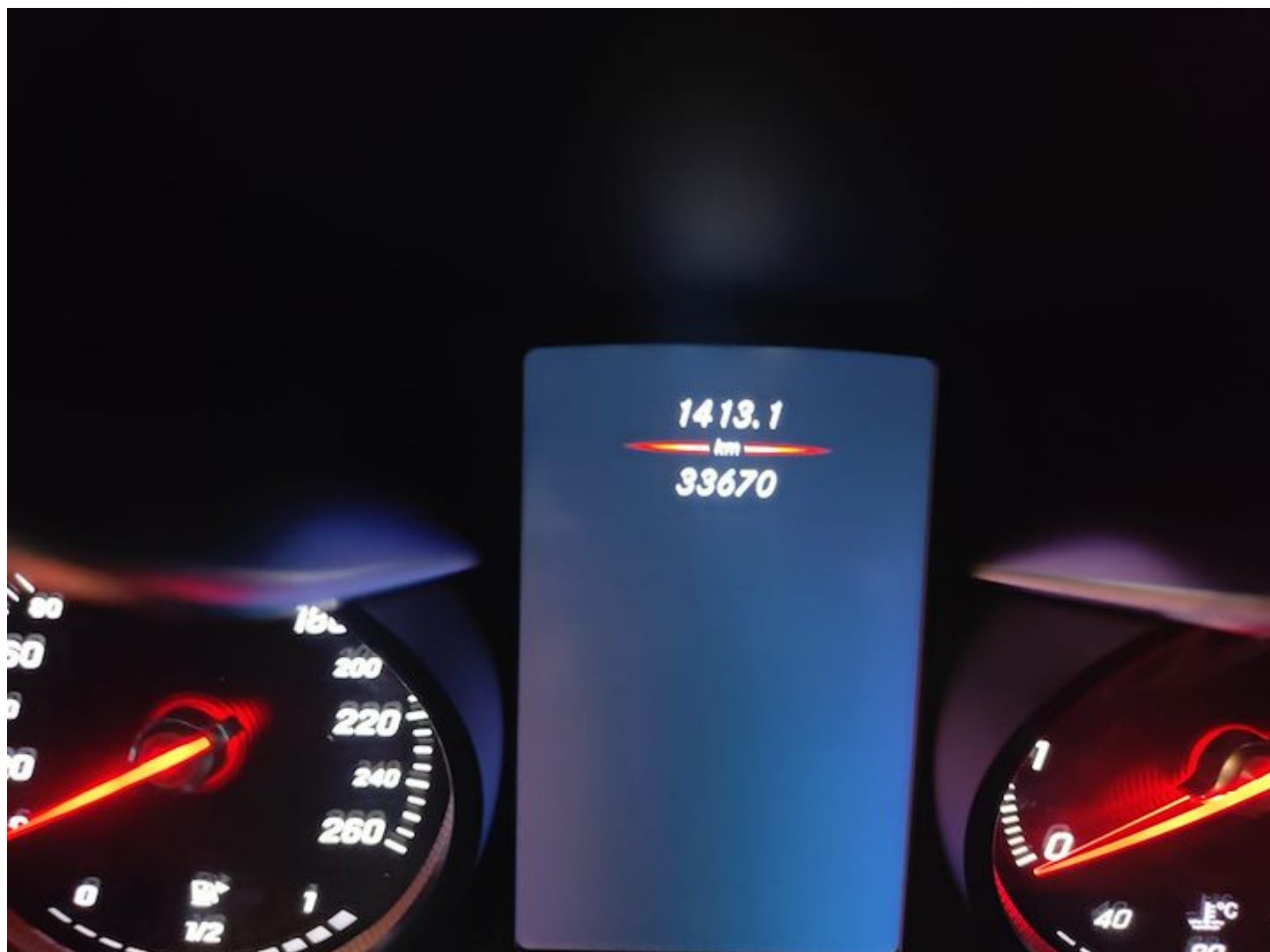
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel



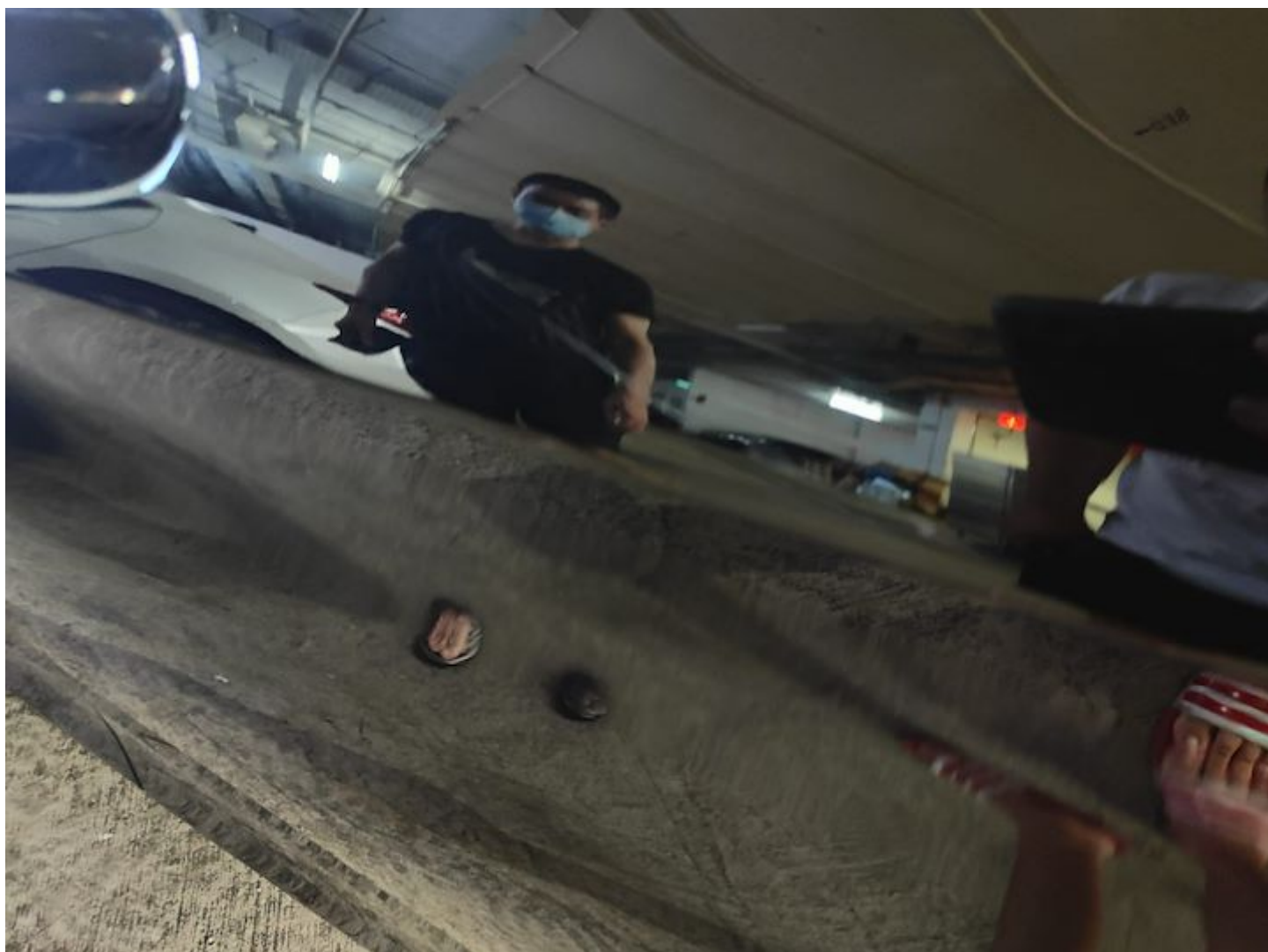























**SINGAPORE
POLICE FORCE**

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



T/20220401/2099

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Report No. T/20220401/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2022 23:06	Vide Report No.: G/20220401/0251	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH MIN TEONG TONY (WU MINZHONG TONY)			Address: APT BLK 210 SERANGOON CENTRAL #02-242 SINGAPORE 550210		
ID Type / ID No.: NRIC NO / S7102807J			Contact No.: Home/Office: Mobile: 86850068		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 22/01/1971	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2022 21:20	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS9160M	Motorcycle					0
SMC7171Z	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20220401/2099

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMC7171Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800101146-03	27/08/2021	26/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH MIN TEONG TONY (WU MINZHONG TONY)		ID No. S7102807J
Related Vehicle	SMC7171Z (Car)		Contact No. 86850088
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 1/4/2022 @2120HRS, I WAS DRIVING ALONG PAYA LEBAR RD APPROACHING THE JUNCTION WITH GEYLANG EAST, AT LAMP POST 81. I WAS ONE THE SECOND LANE OF 5 LANES. WHEN I WAS SLOWING DOWN AS THE VEHICLES INFRONT OF ME CAME TO A STOP UPON THE TRAFFIC LIGHT AT THE JUNCTION WAS RED, SUDDENLY, I FELT AN IMPACT ON MY RIGHT PASSENGER DOOR FOLLOWED BY MY RIGHT DRIVER DOOR AND THEN MY RIGHT SIDE MIRROR. WHEN I WENT TO CHECK, A RIDER HAD COLLIDED ONTO ME. DURING THE COLLISION, BEFORE THE LAST COLLISION WITH MY RIGHT SIDE MIRROR, I MADE AN ATTEMPT TO KEEP TO THE LEFT ABIT HOWEVER THE RIDER STILL COLLIDED ONTO MY SIDE MIRROR. I DID NOT KNOW WHERE DID THE RIDER COME FROM AS IT WAS TOO SUDDEN. I NOTICED THE RIDER HAD FAINTED HENCE I CALLED THE POLICE ABOUT THE ACCIDENT. THE AMBULANCE CAME WITH TRAFFIC POLICE AND CONVEYED THE RIDER. I DO NOT KNOW WHERE THE AMBULANCE CONVEYED HIM TO. I WAS INFORMED BY THE POLICE TO LODGE THE REPORT.



SINGAPORE POLICE FORCE

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



T/20220401/2099

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Report No. T/20220401/2099

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:
TP /
Other MUHAMMAD ZAIM BIN
MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Signature Of Informant:

Date/Time:
01/04/2022 23:06

Classification Of Case:

NP168



SINGAPORE POLICE FORCE

Signature: _____