

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 07/03/2022 14:27 (SGT)
Date of Accident 05/03/2022 17:00 (SGT)
Exact Location of Accident 81 Alps Ave, Singapore 498803
Additional Location Information 81 ALPS AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE677D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG HUI XIN
NRIC No S8409375J
Email Address scknhx@yahoo.com.sg
Mobile Phone No (Phone) +65-98384137
Alternative Phone No +65-81219720

VEHICLE PARTICULARS

Manufacturer Subaru
Model Xv
Variant 2.0I-S EYESIGHT AWD CVT
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210009608-01
Cover Note Number -

DRIVER

Name of Driver SIM CHEE KEONG
NRIC No S8309476A

Date Of Birth	26/03/1983
Occupation	Indoor
Date Of Driving Pass	14/07/2005
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81219720
Alt. Phone Number	-
Email Address	scknhx@yahoo.com.sg
Address	BLK886A WOODLANDS DRIVE 50
Address complement	#15-527
Postcode	731886
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTN7027
Vehicle Category	Motorcycle

PASSENGER 1

Name	NG HUIXIN
Gender	Female

PASSENGER 2

Name	SIM JIAN HONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer Sketch Plan and 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	JTN7027
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JTN7027
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

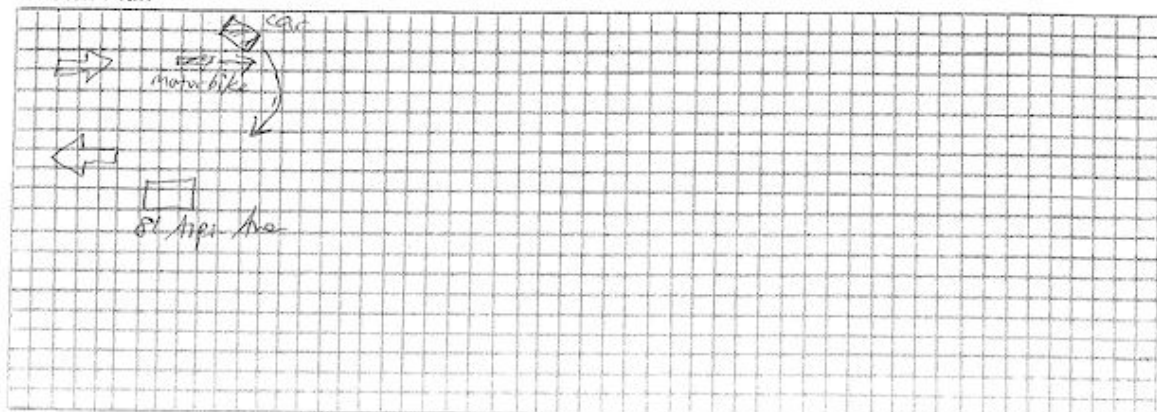
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

f. Lin 07 Mar 22
Policyholder's Signature / Date & Time

Lin 07 Mar 22
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05 Mar 22 about 5pm, I was driving my car 52E677D along Alpi Ave. At that point of time, I was planning to make a U-turn near to DRL building @ 81 Alpi Ave. I went to check my side, rear mirror and everything was clear.

As I make the turn, I heard horn. I proceed to brake and I felt an impact on the right side (driver side) of my car. I proceed to inform my wife Ng Hui Xin, to call the police and went to make a check at the motorcyclist, who is the motorcycle owner, JTN 7027. Then passerby also there to attend to the injured. I went back to check on my wife as she got into a shock and I went to attend to my wife after seeing the Alpi officer helping to look after the motorcyclist. Subsequently, police and ambulance arrived at the scene. The motorcyclist was taken to the nearest hospital, Changi Hospital. I also took my statement with the Alpi Police officers and Traffic Police.

There are scratches and dent on the right side of my car, the front bumper also came off. My wife was at the front passenger seat, while my son was at the rear left passenger seat. So far, we did not suffer any injuries. No government property was damaged.

There is CCTV recording in my car and I had handover the memory card to the police.

Report Number: P/20220305/22

Investigating Officer: Intan

Tel: 6547 6415

After Traffic Police gave instruction clear to tow my car. I contacted ALG and towed my car. Then, I made a police report at my nearest police station, Woodlands West P.P.C.

Declaration

We declare the foregoing particulars are true in every respect.

S. Lin 07Mar22

Policyholder's Signature / Date & Time

Lin 07Mar22

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

JE

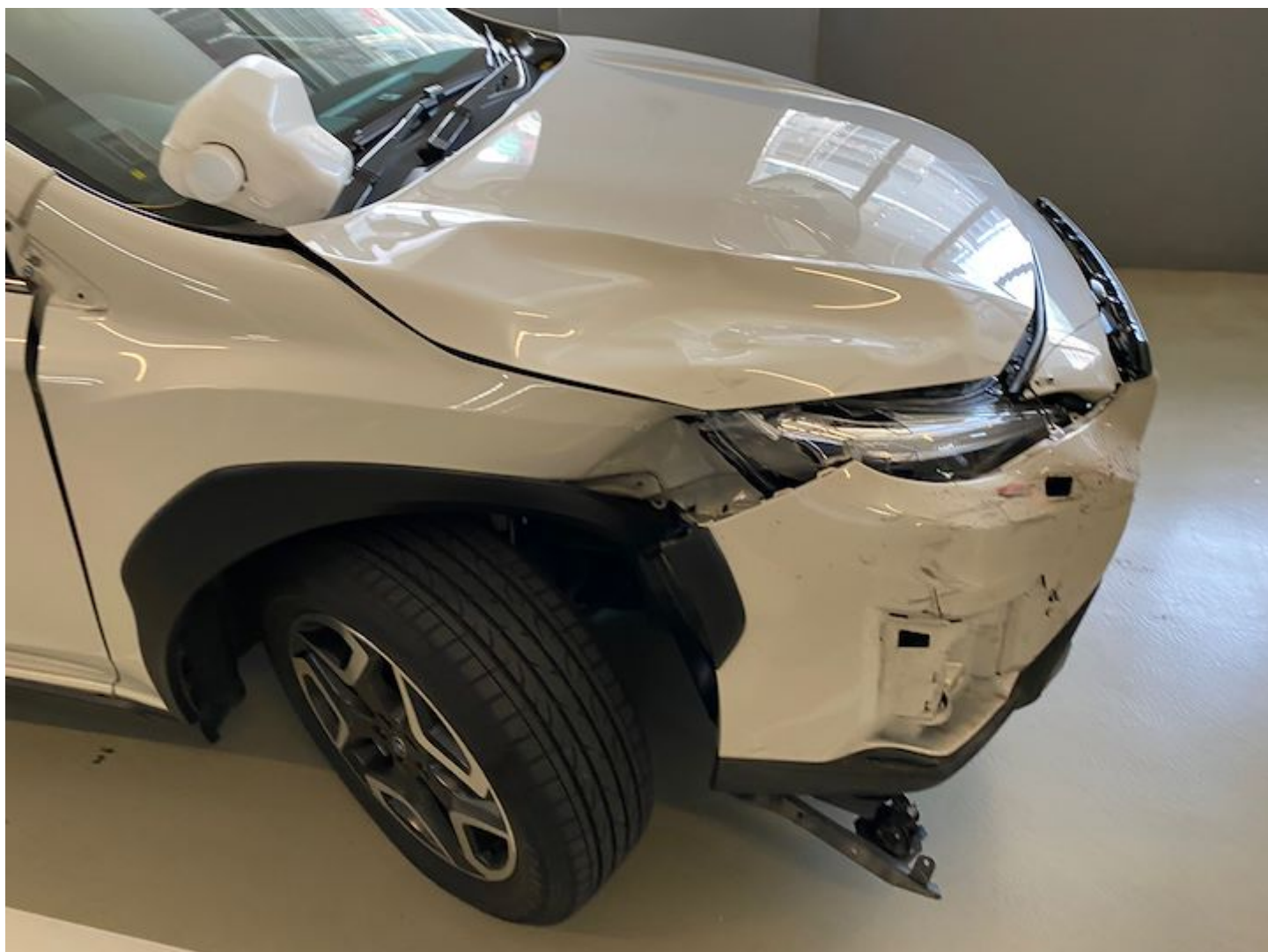
Witnessed by Reporting Centre Personnel









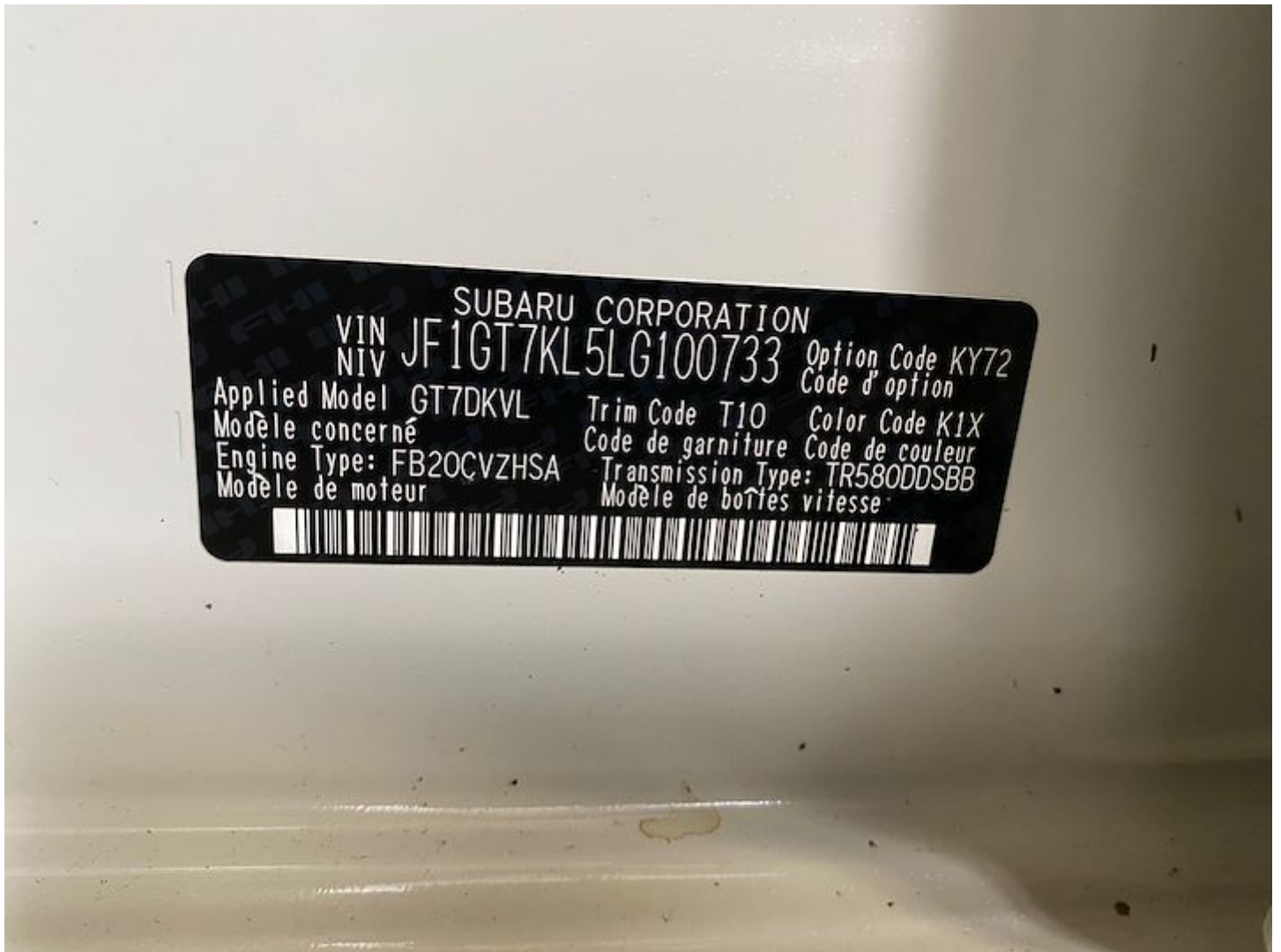










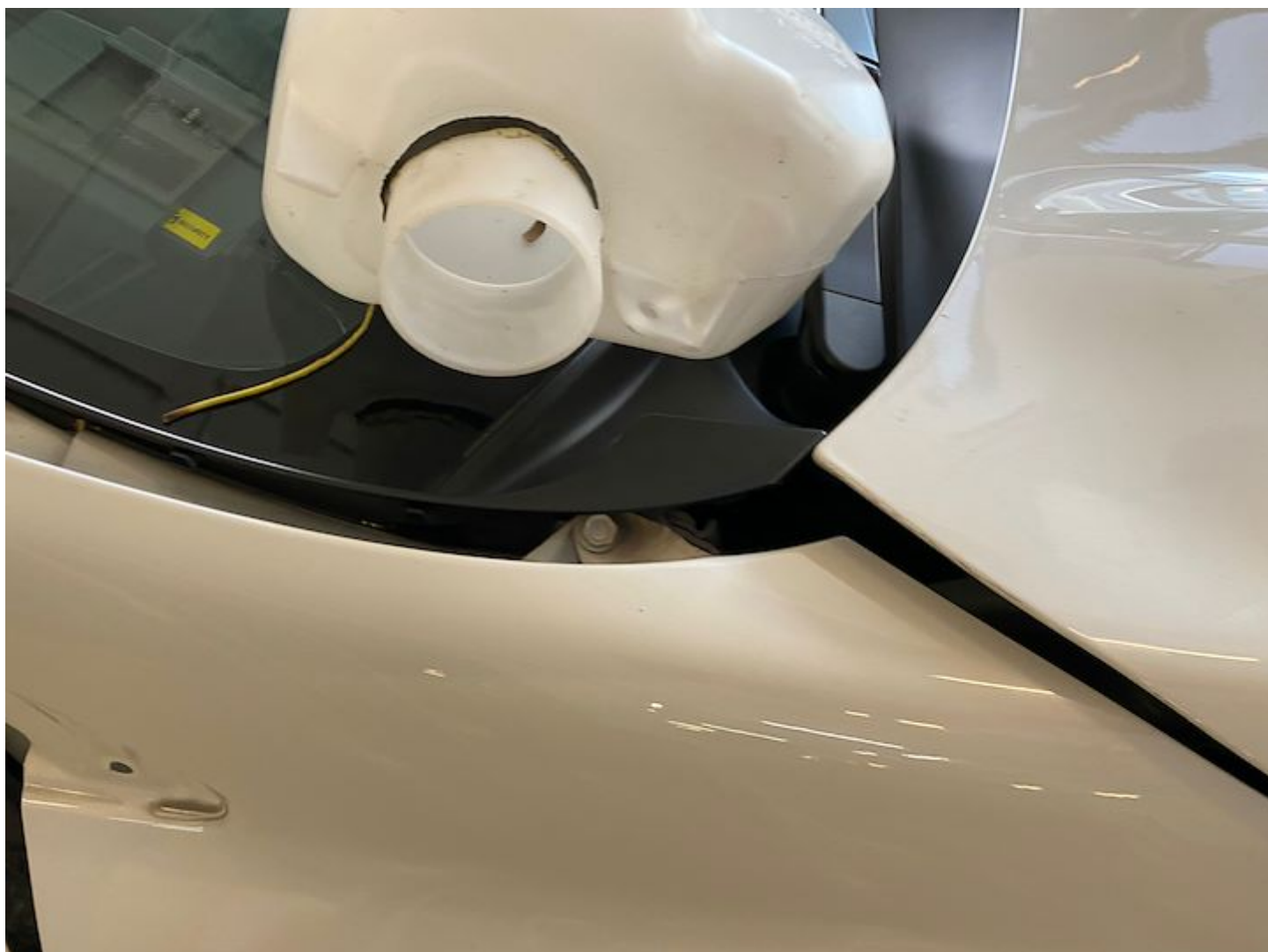










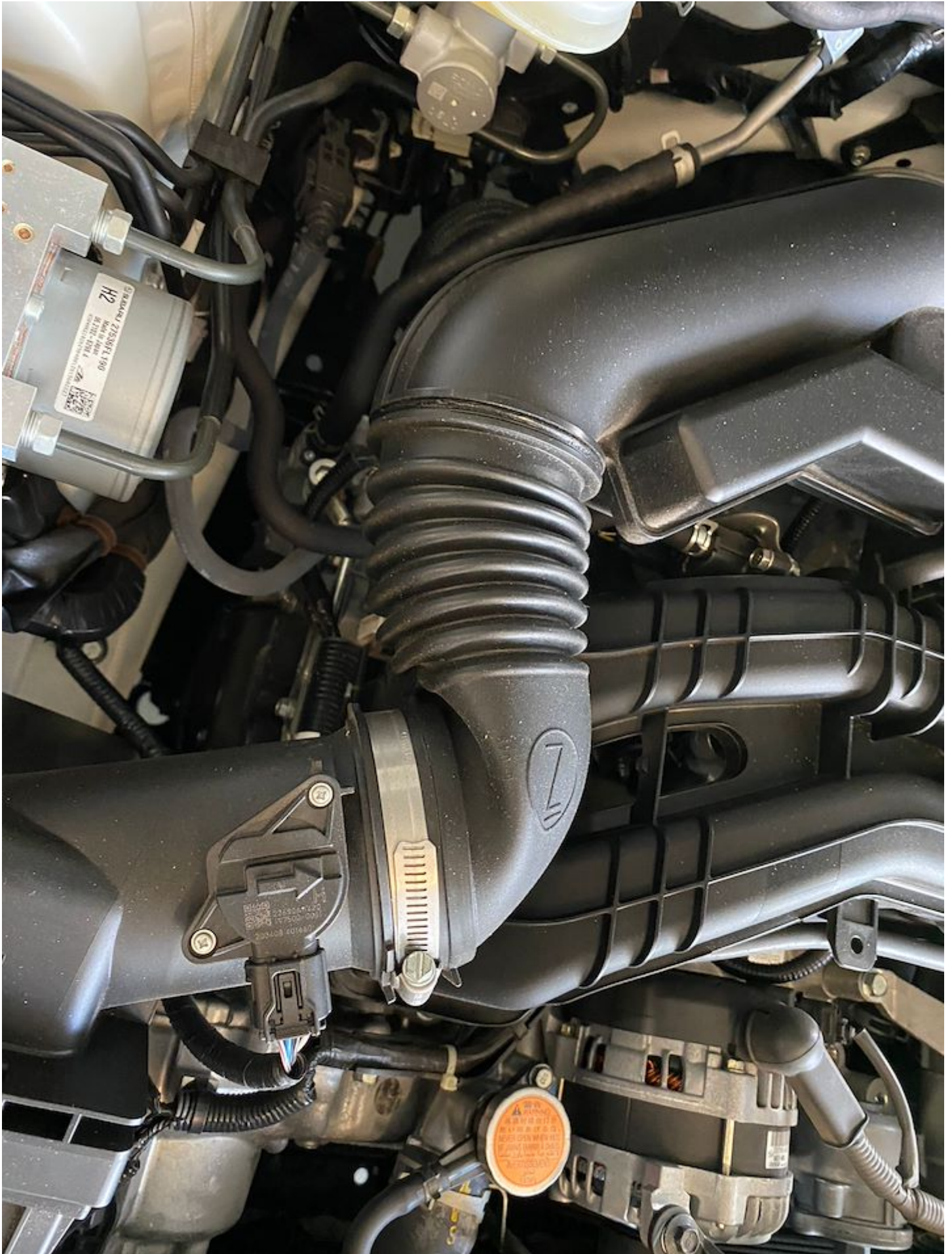


























**SINGAPORE
POLICE FORCE**



T/20220305/2094

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20220305/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2022 21:01		Vide Report No.: P/20220305/0022		Station Diary No.: 188	
Informant's Particulars					
Name of Informant: SIM CHEE KEONG			Address: APT BLK 886A WOODLANDS DRIVE 50 #15-527 SINGAPORE 731886		
ID Type / ID No.: NRIC NO / S8309476A			Contact No.: Home/Office: Mobile: 81219720		
Nationality: SINGAPORE CITIZEN			Email: SCKNHX@YAHOO.COM.SG		
Sex: Male	Age: 38	Date of Birth: 26/03/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DPO MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/03/2022 17:00	Type of Location: Straight Road
Location: ALPS AVENUE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTN7027	Motorcycle				Slightly Damaged	0
SLE677D	Car	SUBARU		White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE677D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210009608-01	28/01/2022	27/01/2023



**SINGAPORE
POLICE FORCE**



T/20220305/2094

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20220305/2094

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM CHEE KEONG	ID No.	S8309476A
Related Vehicle	SLE677D (Car)	Contact No.	81219720
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 05 Mar 2022 at about 1700hrs, I was driving my vehicle SLE677D along Alps Avenue. At that point of time, I was planning to make a U-turn near to DHL building (81 Alps Avenue). I went to check my side, rear mirror and everything was clear. As I make the turn, I heard horn. I proceed to make a brake and I felt was an impact on the right side of the vehicle. I informed my wife to call the police and went to make a check and discovered that there was one Malaysian motorcycle (JTN7027) which hit onto my driver right side door. I went back to my vehicle and saw that my wife got into a shock and I went to attend my wife. Subsequently, police and ambulance came to scene. There is scratches and dent on the right side of my vehicle. The front bumper also came off. My wife was at the front passenger seat while my son was at the rear left passenger seat. So far, we did not suffer any injuries. No government property was damaged. There is CCTV recording in my vehicle and I had handover the memory card to the police.



**SINGAPORE
POLICE FORCE**



T/20220305/2094

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20220305/2094

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:
L / STAFF SGT ABDUL
SHYUKUR BIN SAPUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/03/2022 21:01

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168



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 : _____ Vehicle Registration No: SLE677D
Name (as shown in NRIC) : NG HUI XIN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9838 4137
Email Address : _____
Date of Accident : 05-03-2022 Time of Accident : 1700HRS
Place of Accident : 81 ALPS AVE
Insurance Company : AIU

(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:

Amend vehicle model and vehicle variant due to key in
wrongly

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Jeff Teh
NRIC/FIN No.: _____
Date: 08-03-2022