

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 22/04/2022 16:18 (SGT)
Date of Accident 21/04/2022 16:05 (SGT)
Exact Location of Accident Loyang Ave, Singapore
Additional Location Information BEFORE ST' GEORGE CHAPEL BUS STOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG4670K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN KEE LIAN
NRIC No SXXXX143G
Email Address zhijun.goh@gmail.com
Mobile Phone No (Phone) +65-98346793
Alternative Phone No +65-83685401

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100484676-05
Cover Note Number -

DRIVER

Name of Driver GOH ZHI JUN (WU ZHIJUN)
NRIC No SXXXX534J

Date Of Birth	09/08/1992
Occupation	Indoor
Date Of Driving Pass	06/11/2020
Driving experience	1 YEAR AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83685401
Alt. Phone Number	-
Email Address	zhijun.goh@gmail.com
Address	BLK 125 BUKIT MERAH LANE 1 #01-164
Address complement	-
Postcode	150125
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220421/2099

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FZ665Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	MUHAMMAD ISNAN BIN ROMAIT
NRIC No	SXXXX893B
Contact Number	(Phone) +65-98577280
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

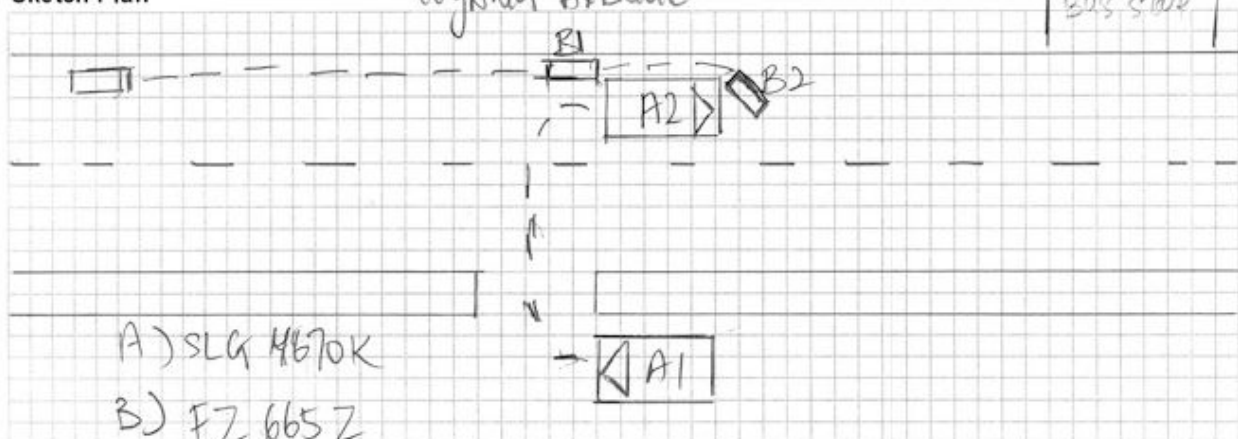
SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

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 7/20220421/2099

Based on my assessment of the car's damages post accident, I am confident that my car came into contact with the third party's motorcycle after it has fallen on the ground in front of my car.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 22/04/2022 14:15
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 22/04/2022
Witnessed by Reporting Centre Personnel



















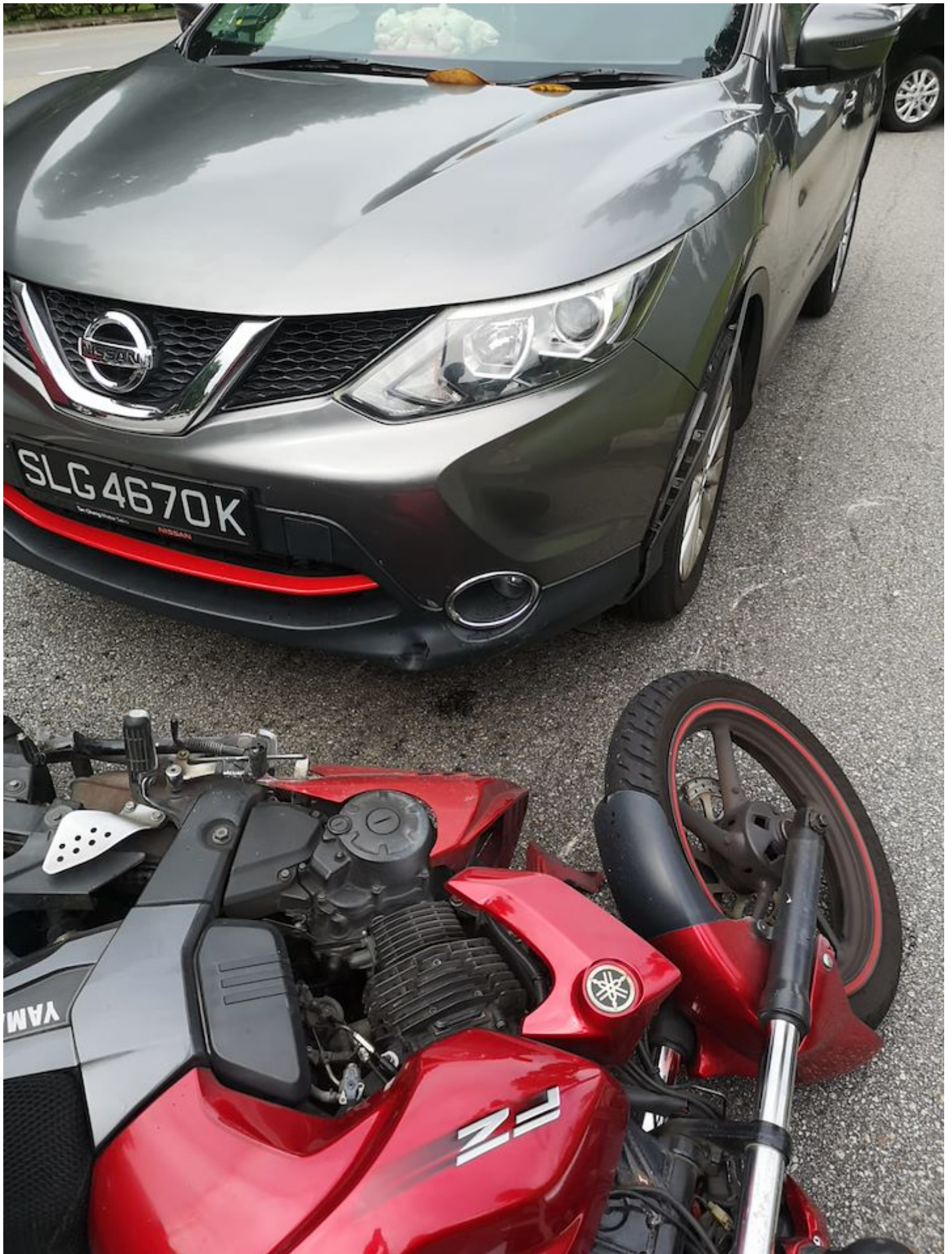


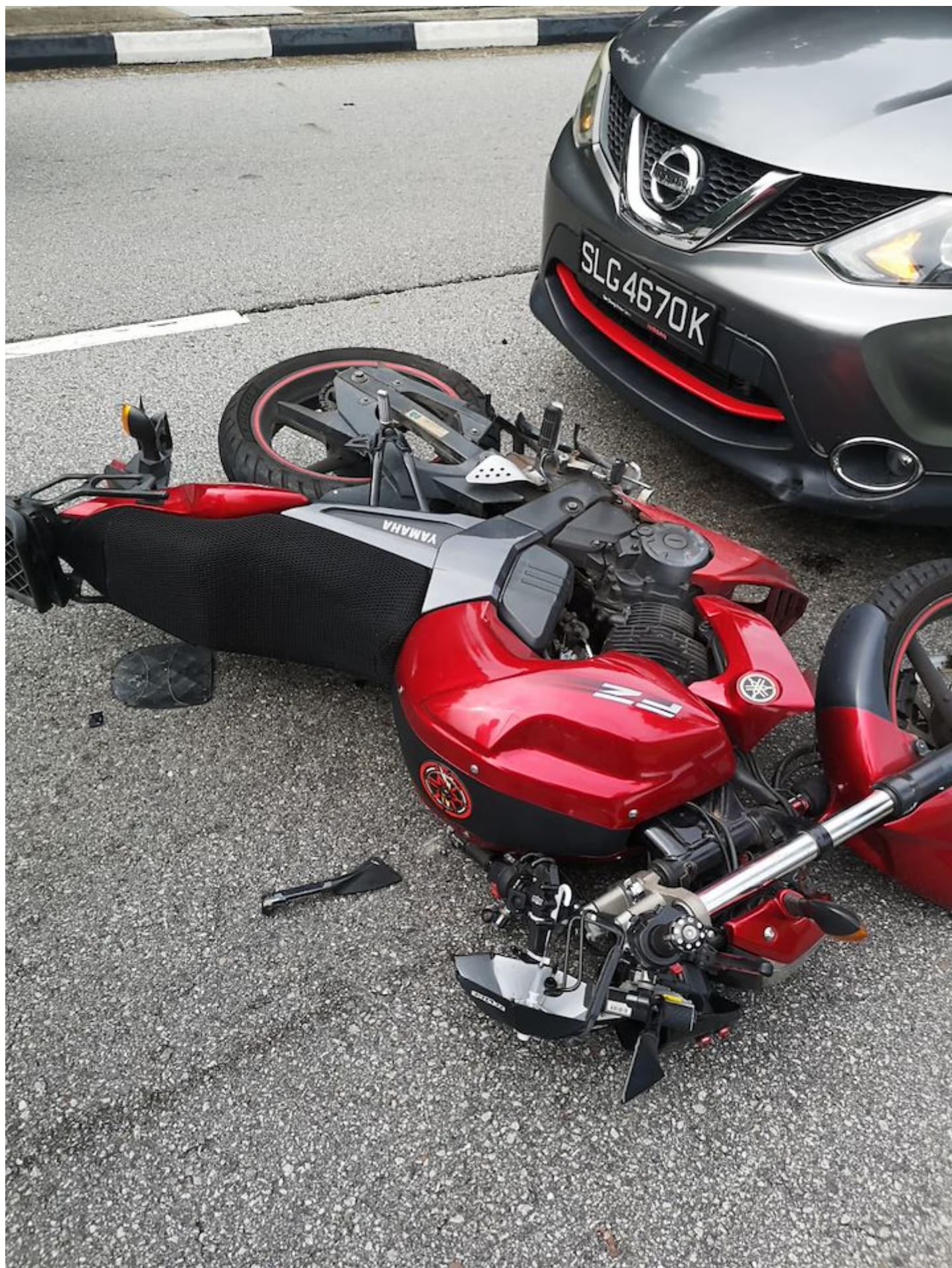



















**SINGAPORE
POLICE FORCE**


T/20220421/2099

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220421/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2022 22:24	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: GOH ZHI JUN	Address: APT BLK 125 BUKIT MERAH LANE 1 #01-164 SINGAPORE 150125		
ID Type / ID No.: NRIC NO / S9228534J	Contact No.:	Mobile: 83685401	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 29	Date of Birth: 09/08/1992	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: AIR TRAFFIC CONTROLLER	Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2022 16:00	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	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	Condition	No of Passenger
SLG4670K	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



SINGAPORE POLICE FORCE

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3 Queensway #01-03 SINGAPORE 149073
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Report No. T/20220421/2099

CONTINUATION OF REPORT

Driver			
Name	GOH ZHI JUN		ID No. S9228534J
Related Vehicle	NIL		Contact No. 83685401
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/4/2022 at about 1600hrs, I was driving my car, Nissan Qashqai (SLG 4670K). I came out of Halton Rd, driving along Loyang Ave. I then made a U-turn at Loyang Ave and was driving at the left lane. I was aware that the roads are clear before making the U-turn and I saw a motorcyclist, 2.5 lamp post away riding on the left lane. After making the U-turn, the rider rode past me. He was riding a red Yamaha FZ16 (FZ 665Z). He horn at me while riding past me. After seeing him ride past me on my left, he suddenly appeared in front of me and stopped for a few second. I waited behind him and upon stopping for that few seconds, he suddenly wobbled and fell off his bike. I wish to state that I am certain there was no collision between us as I did not hear any sound and he was sitting on his motorbike upright and stable when he was in front of my car. I wish to state that my in car camera is recording and I have yet to view the footage. Ambulance was activated as the rider said his leg is injured. Subsequently, Traffic Police also came to assist. Paramedic informed the rider is fine and does not need any conveyance. The Traffic Policar informed if either one of us is hospitalized or obtain an MC of at least 3 days, we are advised to lodge a Police report. I wish to state that I am not injured and there were slight damage to my vehicle on my front left lower bumper and my front left rim was bulging out. I also wish to inform that there is a female namely Ng Si Jia HP: 96445262, she was at the bus stop and informed that she witness the whole incident.


**SINGAPORE
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220421/2099

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Report No. T/20220421/2099

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:
D /
SGT 2 SITI NAMIRA BINTE
SAIRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No.: 65476066

NP168

Signature Of Informant:

Date/Time:
21/04/2022 22:24

Classification Of Case: