

# 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 ..... 22/06/2022 09:51 (SGT)  
Reported by ..... Owner  
Date of Accident ..... 05/06/2022 13:15 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX799Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOH WEIQIN  
NRIC No ..... S8142120Z  
Email Address ..... summerqin@yahoo.com  
Mobile Phone No ..... (Phone) +65-90059491  
Alternative Phone No ..... +65-90059491

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 2070154488-01

### DRIVER

Name of Driver ..... TAN JUNJIE  
NRIC No ..... S8142120Z  
Date Of Birth ..... 27/02/1982  
Occupation ..... Indoor

Date Of Driving Pass .....	29/11/2003
Driving experience .....	18 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90059491
Alt. Phone Number .....	-
Email Address .....	summerqin@yahoo.com
Address .....	33 JALAN SIMPANG BEDOK
Address complement .....	-
Postcode .....	488179
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 .....	Collision - Change/cross lane
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	CHOH WEIQIN
Gender .....	Female

#### 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

REFER TO POLICE REPORT: T/20220617/7016

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGX327Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	2

SKETCH PLANIMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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

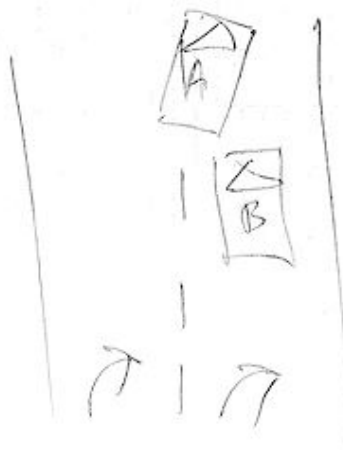
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
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

## 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

Witnessed by Reporting Centre  
Personnel





























**SINGAPORE  
POLICE FORCE**



T/20220617/7016

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

1 of 3

Report No. T/20220617/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/06/2022 12:07		Vide Report No.: E/20220605/7009		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN JUNJIE			Address: 33 JALAN SIMPANG BEDOK SINGAPORE 488179		
ID Type / ID No.: NRIC NO / S8206887B			Contact No.: Home/Office: Mobile: 90290627		
Nationality: SINGAPORE CITIZEN			Email: jjjeff34@yahoo.com		
Sex: Male	Age: 40	Date of Birth: 27/02/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 05/06/2022 13:15	Type of Location: Flyover
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGX327Z	Car					0
SKX799Y	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220617/7016

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

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Report No. T/20220617/7016

**CONTINUATION OF REPORT**

Driver			
Name	TAN JUNJIE	ID No.	S8206887B
Related Vehicle	SKX799Y (Car)	Contact No.	90290627
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	NIL

**Brief Details.**

I made a police report on the same matter with reference E/2022/0605/7009. I am replying to a letter to my wife (Choh Weiqin) dated 7 June 2022 to make a NP168 report on the accident. We have not reported earlier as the letter only reach our residence after 10 June 2022 when we are on holiday till 16 June 2022. Further, for the purpose of this reporting, the response to the first page of this online report is all no. The particular page require a yes response to proceed.

The accident occur on a right turn onto CTE on Bukit Timah Road, heading away from City, shortly after KK Hospital. Due to road work on the left side of 2 right turning lane, I was forced to merge onto the right side of the turning lane. The other vehicle do not observed the basic driving rule/etiquette and bump into my right back bumper. The driver is aggressive and make insulting remark on me due to him driving a Lexus and presumed higher SES. Unfortunately, the impact on my vehicle damage the video recording in the moment of impact. I am unable to extract the footage of the impact. What the video (in-vehicle video) capture is the position of my vehicle prior to the impact. My phone captured the damage of our respective vehicle after the impact.

I also upload the damaged video in which I cannot seem to read from for your reference. Not sure if the TP IT can assist to see if the file can be opened.

The video files in avi format cannot seem to uploaded via this reporting page. Please advice.



**SINGAPORE  
POLICE FORCE**

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



T/20220617/7016

3 of 3

Report No. T/20220617/7016

**CONTINUATION OF REPORT**

Sketch 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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
17/06/2022 12:07

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS1Y226M0001 Vehicle Registration No: SKX 7994

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 5/6/22 Time of Accident: 1315

Place of Accident: Bukit Timah rd

Insurance Company: Prudential


**(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:

Vehicle no should be SKX 7994 instead of  
SKX 799X

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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