

## 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 ..... 28/06/2022 13:41 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/06/2022 14:50 (SGT)  
Exact Location of Accident ..... Artillery Ave, Singapore  
Additional Location Information ..... ROUNDABOUT BETWEEN ARTILLERY AVE & ALLANBROOKE RD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND3152M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HENG CHEK HION (WANG ZEXIONG)  
NRIC No ..... S7201822B  
Email Address ..... TERENCE3288@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91067968  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Maxus  
Model ..... G10  
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 ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7210153479

#### DRIVER

Name of Driver ..... HENG CHEK HION (WANG ZEXIONG)  
NRIC No ..... S7201822B  
Date Of Birth ..... 21/01/1972

Occupation .....	Indoor
Date Of Driving Pass .....	31/10/1990
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91067968
Alt. Phone Number .....	-
Email Address .....	TERENCE3288@GMAIL.COM
Address .....	9 OCEAN WAY #02-32
Address complement .....	-
Postcode .....	098371
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 - Roundabout
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) .....	9
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 .....	ANGELA CHANG AI LEE
Gender .....	Female

#### PASSENGER 2

Name .....	KYRON HENG
Gender .....	Male

#### PASSENGER 3

Name .....	KYREN HENG
Gender .....	Male

#### PASSENGER 4

Name .....	KYRIE HENG
Gender .....	Male

#### PASSENGER 5

Name .....	SUSI SUSANTI
Gender .....	Female

#### PASSENGER 6

Name .....	YUYUN WULANDARI
Gender .....	Female

#### PASSENGER 7

Name .....	SALLY
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Gender ..... Female

PASSENGER 8

Name ..... YEE FOON

Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Bukit Merah West Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18003779999  
Alt. Police Station Phone No ..... (Fax) +65-63773923  
Police Station Address ..... 500 Bukit Merah View #01-01 Singapore 159682  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNC5253Y  
Vehicle Manufacturer ..... Hyundai  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Private hire  
Name of Driver ..... MOHAMMAD FAIRUZ BIN SALIM  
Contact Number ..... (Phone) +65-87843455  
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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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.

*[Signature]*

Policyholder's Signature / Date & Time

Sketch Plan

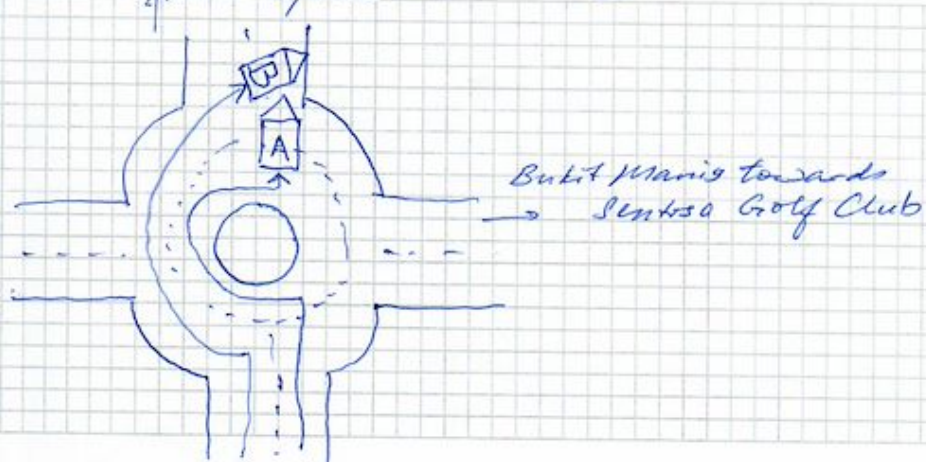
28 Jun 22

0923hrs

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

Witnessed by Reporting Centre Personnel

*Altenbrook Road towards The Cove*





**Describe Circumstances of the Accident**


*Please refer to Police Report*

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

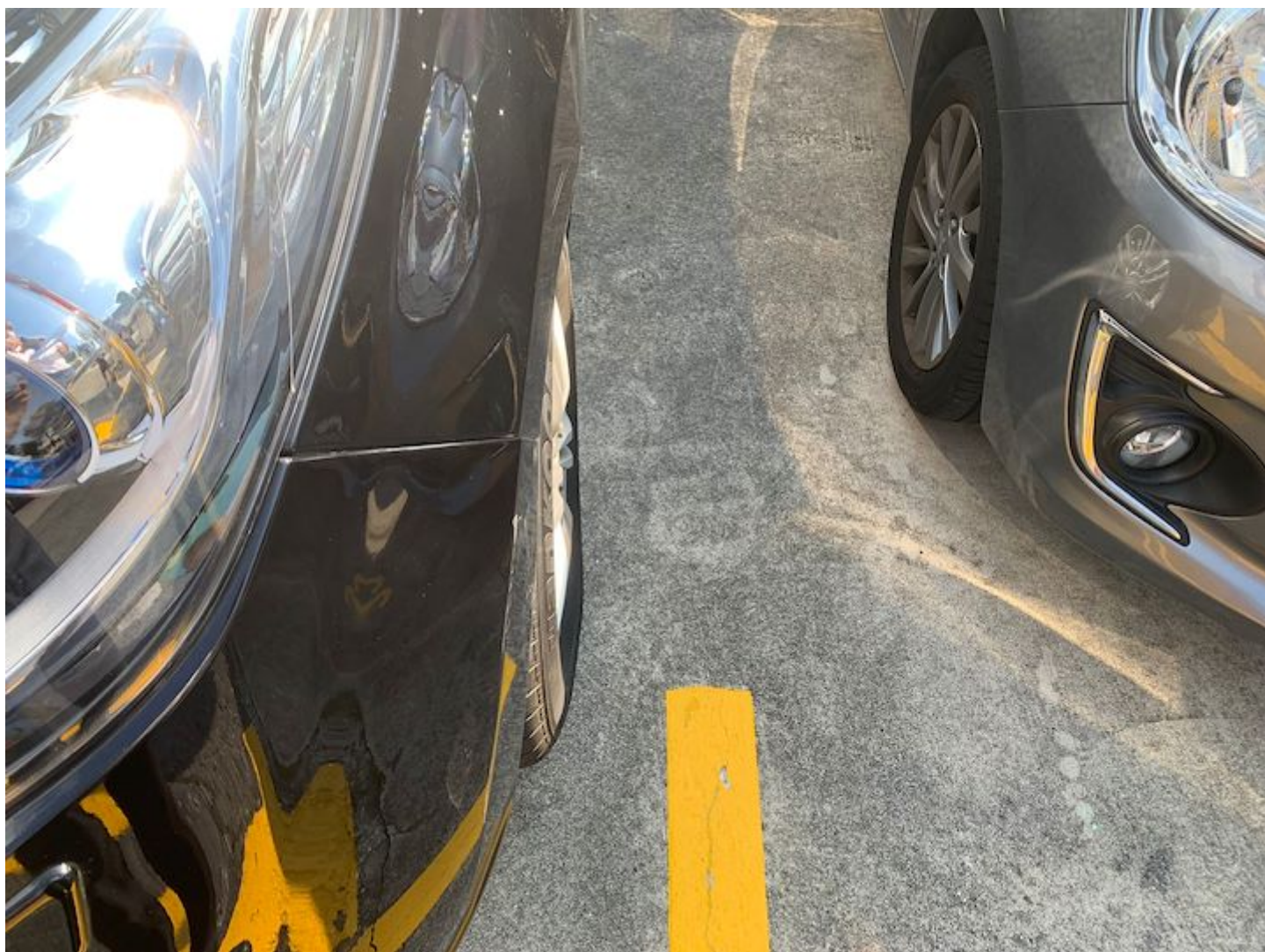
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel













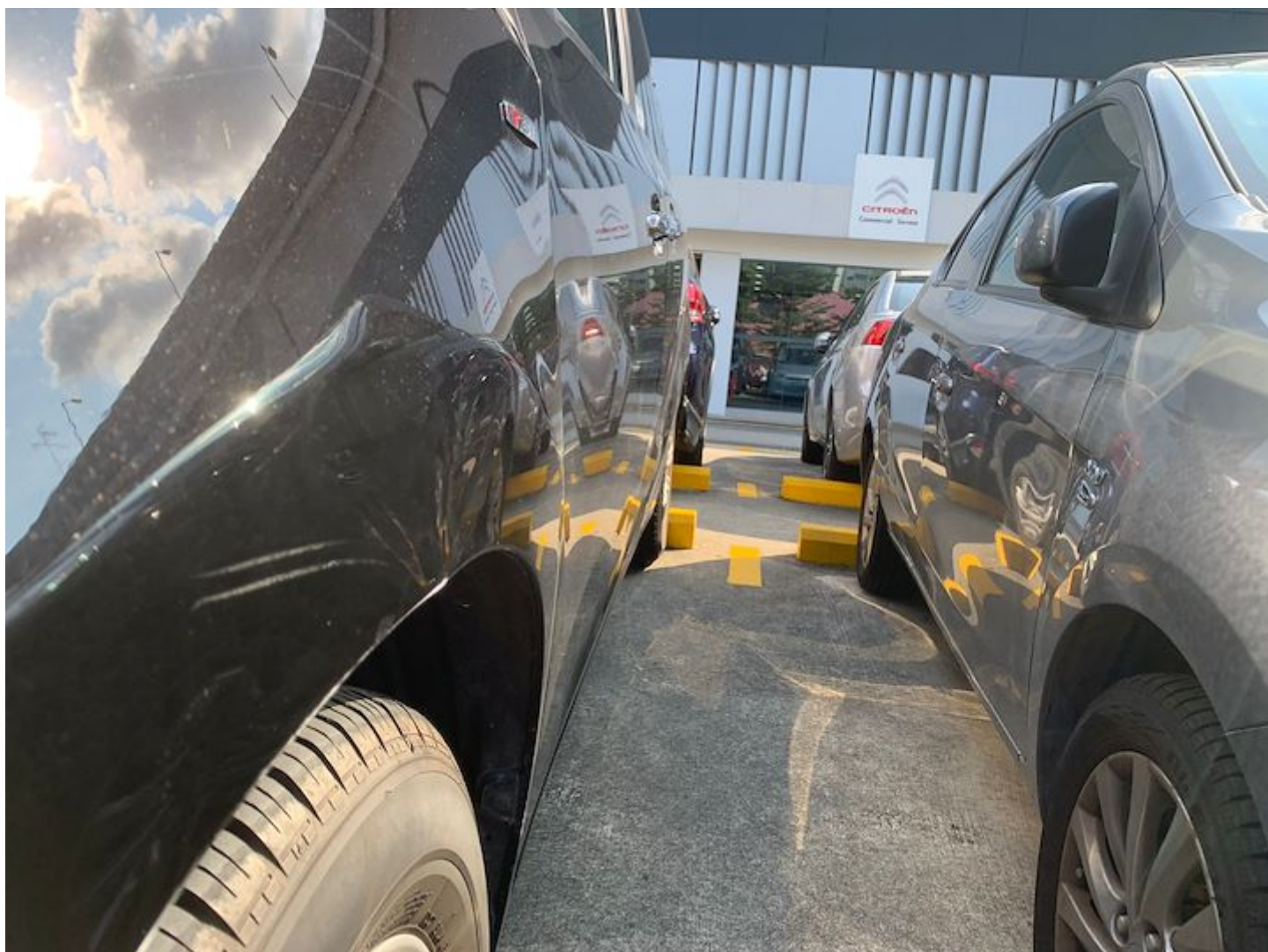




































# SINGAPORE POLICE FORCE



T/20220627/2009

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20220627/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2022 10:09	Vide Report No.:	Station Diary No.: 14
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### Informant's Particulars

Name of Informant: HENG CHEK HION	Address: 9 OCEAN WAY #02-32 SINGAPORE 098371		
ID Type / ID No.: NRIC NO / S7201822B	Contact No.: Home/Office: Mobile: 91067968		
Nationality: SINGAPORE CITIZEN	Email: terence3288@gmail.com		
Sex: Male	Age: 50	Date of Birth: 21/01/1972	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Retiree	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2022 14:50	Type of Location: Roundabout
Location:  ALLANBROOKE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNC5253Y	Car				Slightly Damaged	3
SND3152M	Car	MAXUS	G10 2.0(A) MPV LUXURY 9 SEATER	Black	Slightly Damaged	8

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20220627/2009

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Report No. T/20220627/2009

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND3152M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210153479	21/12/2021	20/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HENG CHEK HION	ID No.	S7201822B
Related Vehicle	NIL	Contact No.	91067968
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
Driver			
Name	MOHAMMAD FAIRUZ BIN SALIM	ID No.	S8235625H
Related Vehicle	NIL	Contact No.	87843455
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/06/2022 at about 1450hrs while I was travelling along Artillery Avenue in Sentosa, I met with an accident with a car registration number: SNC5253Y. I was driving along Artillery Avenue at the inner lane of the roundabout. The car was on the outer lane of the roundabout. As I was about to turn left to exit the roundabout, the car then goes straight instead of turning into the roundabout exit. As such, my car left front bumper hit onto his right rear door. We did not decide on a private settlement and both of us decided to let the insurance settle the cost and matter instead.

I do have a dashcam footage of the accident. I making this report for insurance claims.



# SINGAPORE POLICE FORCE

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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20220627/2009

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Report No. T/20220627/2009

## 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 3 ATIQA BINTE AFANDI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
27/06/2022 10:09

Classification Of Case:

NP168





**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: SC1A226S0003 Vehicle Registration No: SND 3152 M  
 Name (as shown in NRIC): Heng Chek Him (Wang Zexiong) NRIC/FIN/Passport No: 822 B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9106 7968  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/06/2022 Time of Accident: 14:50  
 Place of Accident: Roundabout Between Artillery Ave & Allanbrooke Rd  
 Insurance Company: ALG

**(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:

While we have lodged a police report of the accident within 24 hrs, we did not do so for the ALG insurance report as our 3 children (2yrs 7mths, 7mths, 7mths) fell sick and we had to care for them.  
Hence, as the accident happened on a Sunday, we made the police report on Monday morning and the insurance report on Tue morning. We hope this slight delay will not affect our NCD. Thank you.

[Signature]  
 Policyholder / Driver's Signature  
 Date: 29 Jun 22

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 29/06/2022