

# 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 .....	13/06/2022 11:30 (SGT)
Reported by .....	Both
Date of Accident .....	11/06/2022 15:44 (SGT)
Exact Location of Accident .....	Geylang, Singapore
Additional Location Information .....	GEYLANG ROAD (TURN INTO GAS STATION)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMW571T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG BOON CHIN
NRIC No .....	SXXXX039I
Email Address .....	ANGBOONCHIN@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96979271
Alternative Phone No .....	(Office) +65-96979271

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q3
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 .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2070153547

### DRIVER

Name of Driver .....	ANG BOON CHIN
NRIC No .....	SXXXX039I
Date Of Birth .....	22/02/1975
Occupation .....	Indoor

Date Of Driving Pass .....	09/10/1996
Driving experience .....	25 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96979271
Alt. Phone Number .....	(Office) +65-96979271
Email Address .....	ANGBOONCHIN@HOTMAIL.COM
Address .....	112 MCNAIR
Address complement .....	#06-209
Postcode .....	320112
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 THE SKETCH PLAN & POLICE REPORT NO. T/20220611/7027

#### 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 .....	FBP5785C
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 .....	UNKNOWN RIDER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP5785C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	UNKNOWN PILLION PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP5785C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## WITNESS DETAILS

### WITNESS 1

Name .....	IRWIN LIM
Phone .....	(Phone) +65-96629995
Email .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

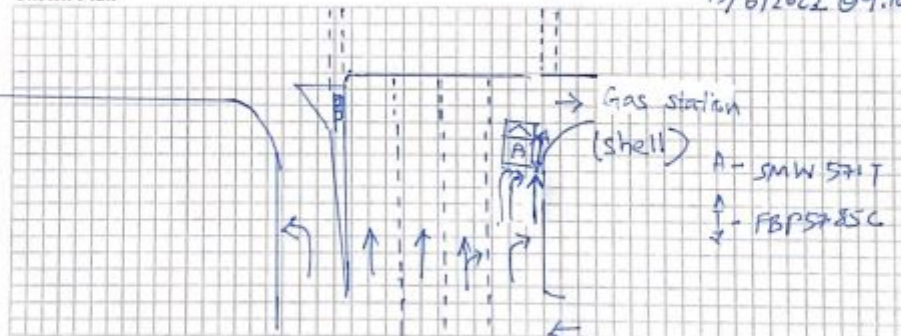
1. Please report correctly the details of the accident to speed up the claims process.
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  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



Witnessed by Reporting Centre  
Personnel

13/6/2022 @ 9:16































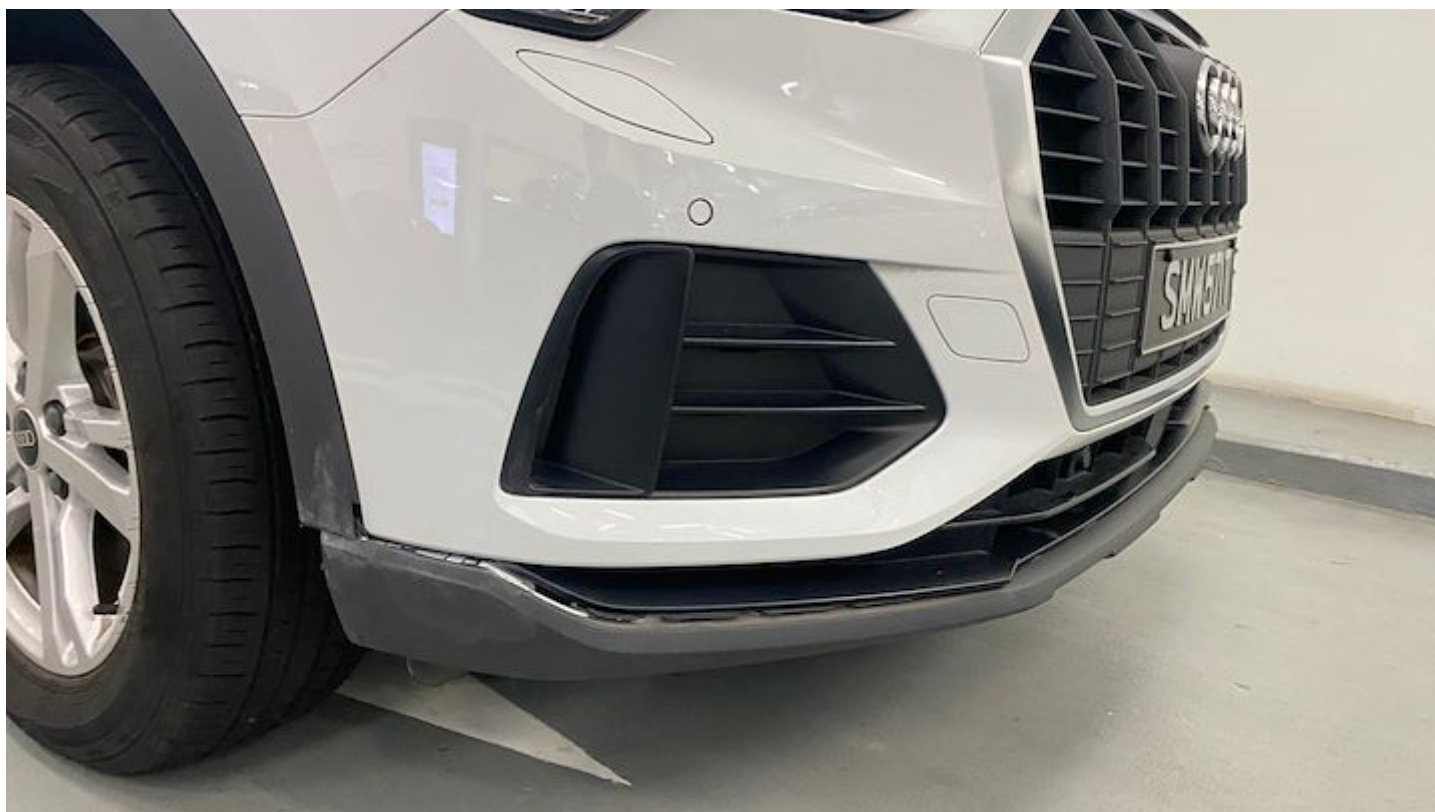


























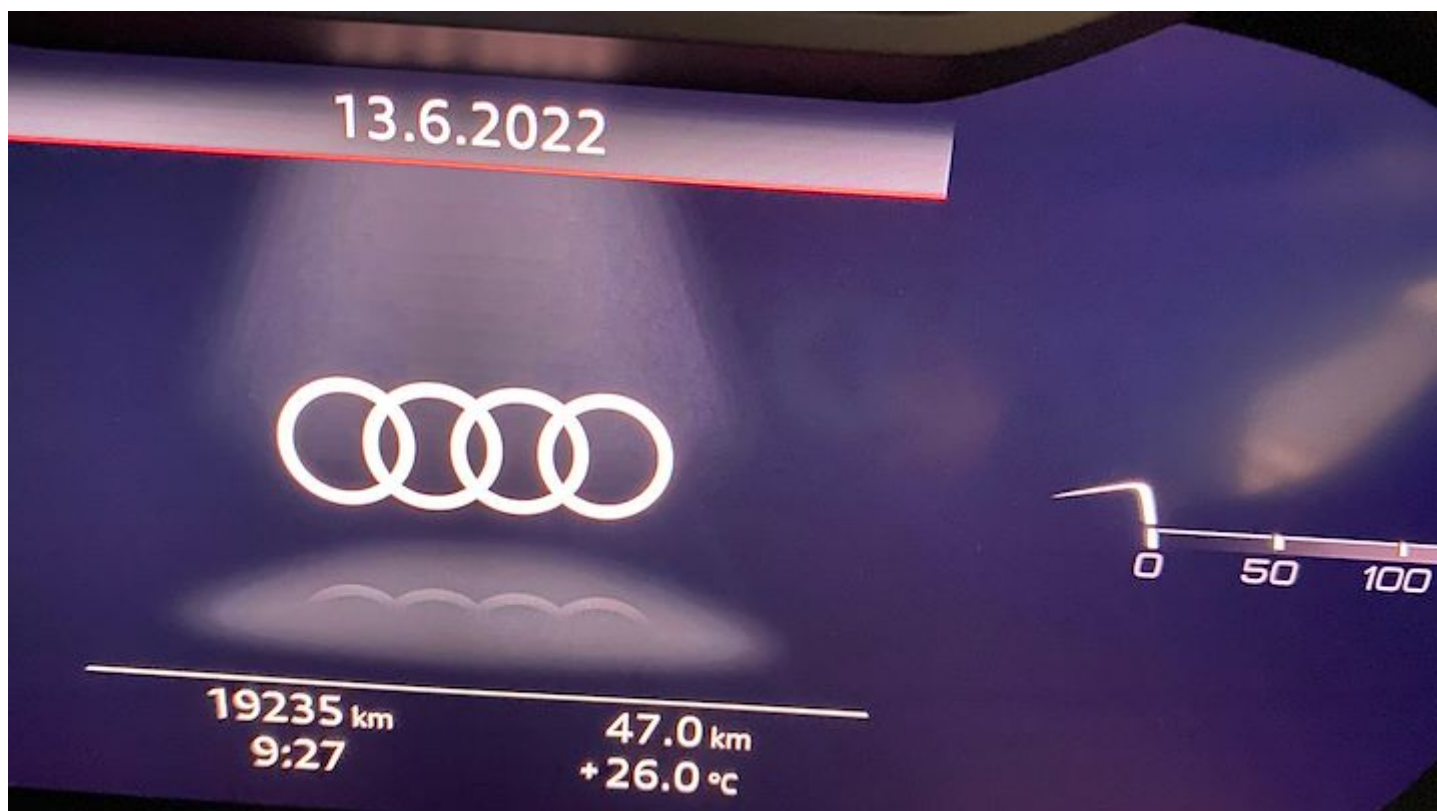


















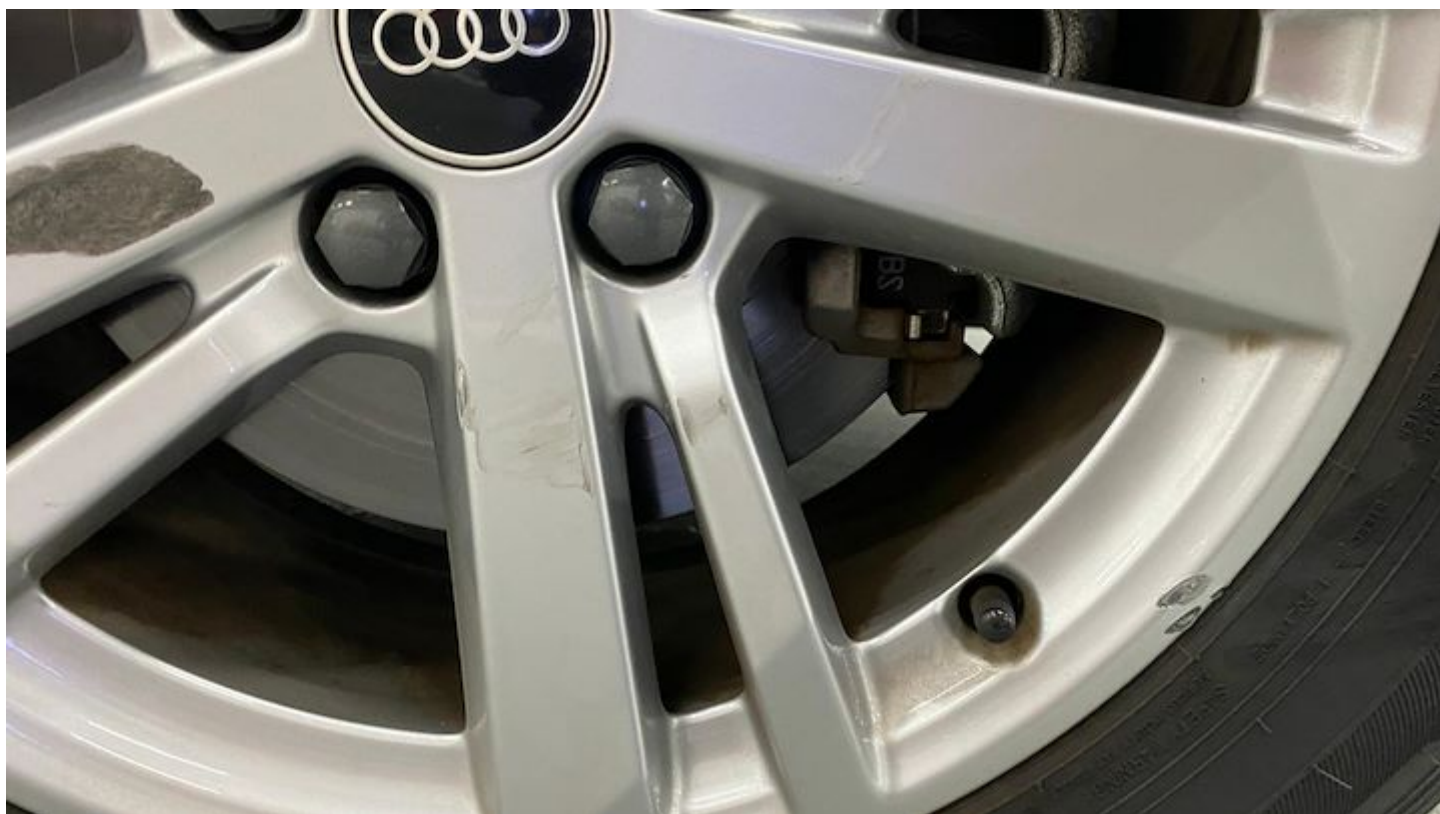















**SINGAPORE  
POLICE FORCE**


T/20220611/7027

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

1 of 3

Report No. T/20220611/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2022 17:23		Vide Report No.: G/20220611/0134		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG BOON CHIN			Address: 112 MCNAIR ROAD #06-209 SINGAPORE 320112		
ID Type / ID No.: NRIC NO / S7505039I			Contact No.: Home/Office: Mobile: 96979271		
Nationality: SINGAPORE CITIZEN			Email: angboonchin@hotmail.com		
Sex: Male	Age: 47	Date of Birth: 22/02/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class: 3		Date of Expiry:

<b>General information of the Accident</b>				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/06/2022 15:44	Type of Location: straight road before a junction
Location:  GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBP5785C	Motorcycle	TRIUMPH		White	Slightly Damaged	1
SMW571T	Car	AUDI	Q3	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220611/7027

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

2 of 3

Report No. T/20220611/7027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMW571T	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBP5785C (Motorcycle)		Contact No. NIL
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
Driver			
Name	ANG BOON CHIN		ID No. S7505039I
Related Vehicle	SMW571T (Car)		Contact No. 96979271
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I am the driver, I was stopping few cars behind the traffic light at the junction in front of shell petrol station at Geylang Road, at the right-most lane. I signaled right and was going to turn right into the shell petrol station before the junction. The traffic light turned green and I slowly proceed to turn right into the petrol station. A motorcycle which was in between my vehicle and the kerb at the right side sped past and hit my side mirror. The motorcyclist skidded and fell. Both the motorcyclist and the pillion passenger fell down and were hurt. We called the ambulance and both were sent to the hospital.



**SINGAPORE  
POLICE FORCE**

T/20220611/7027

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

3 of 3

Report No. T/20220611/7027

**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 /  
SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

This report is lodged at Kampong Glam NPP Kiosk 1  
NP168

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

Date/Time:  
11/06/2022 17:23

Classification Of Case:



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / 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 : SP0R226D0001 Vehicle Registration No: SMW 0571 T  
Name (as shown in NRIC) : ANG BOON CHIN NRIC/FIN/Passport No : SXXXX039I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 112 MCNAIR, #06-209 Singapore (320112)  
Contact (Tel) : 9697 9271 Mobile No. : 9697 9271  
Email Address : ANGBOONCHIN@HOTMAIL.COM  
Date of Accident : 11/06/2022 Time of Accident : 15:44  
Place of Accident : GEYLANG ROAD (TURN INTO GAS STATION)  
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD

**(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:

TO AMEND TO OWN DAMAGE CLAIM.

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lim Bee Seng  
NRIC/FIN No.: SXXXX039I  
Date: 22/7/2022