

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 Actual 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 30/07/2022 11:09 (SGT)
Reported by Both
Date of Accident 29/07/2022 19:20 (SGT)
Exact Location of Accident Clementi, Singapore
Additional Location Information CLEMENTI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA2262B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NORMALIS BINTE ALWI
NRIC No SXXXX680H
Email Address NORMALISALWI@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97521115
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant SPORTBACK 1.5 TFS
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 1495

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7210059193

DRIVER

Name of Driver NORMALIS BINTE ALWI
NRIC No SXXXX680H
Date Of Birth 28/10/1965
Occupation Indoor

Date Of Driving Pass	18/06/1994
Driving experience	28 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97521115
Alt. Phone Number	-
Email Address	NORMALISALWI@YAHOO.COM.SG
Address	BLK 404 WOODLANDS STREET 41
Address complement	#11-74
Postcode	730404
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
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

AT 1930HRS, I WAS DRIVING ALONG CLEMENTI ROAD. IT WAS RAINING, THE CAR IN FRONT OF ME WAS STOPPING BUT I COULD NOT STOP IN TIME. MY CAR HIT THE FRONT CAR AND THE FRONT CAR HIT THE CAR IN FRONT OF HIM. A TOTAL OF 3 CARS WERE INVOLVED.

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	SGX733J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG KWONG SOONG PHILIP
Contact Number	(Phone) +65-98377377
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM65R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEE JUN WEN
Contact Number	(Phone) +65-97929039
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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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

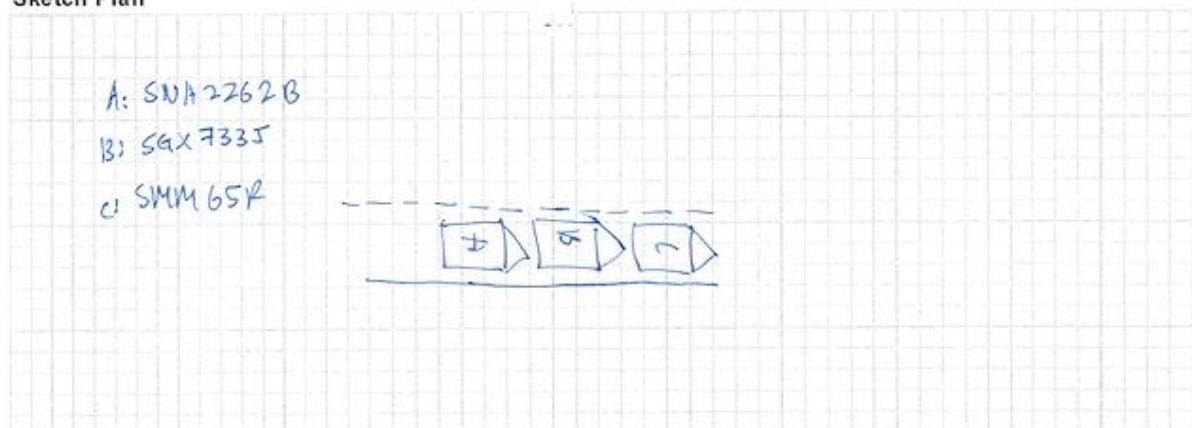
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Pamalus 30/7/22
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

At 1930hrs, I was driving along Clementi Road. It was raining the car in front of me was stopping but I could not stop in time. My car hit the front car and the front car hit the car in front of him. A total of 3 cars involved.

Declaration

We declare the foregoing particulars are true in every respect.

Normaliz 30/7/02
 Policyholder's Signature / Date & Time

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

 Witnessed by Reporting Centre Personnel

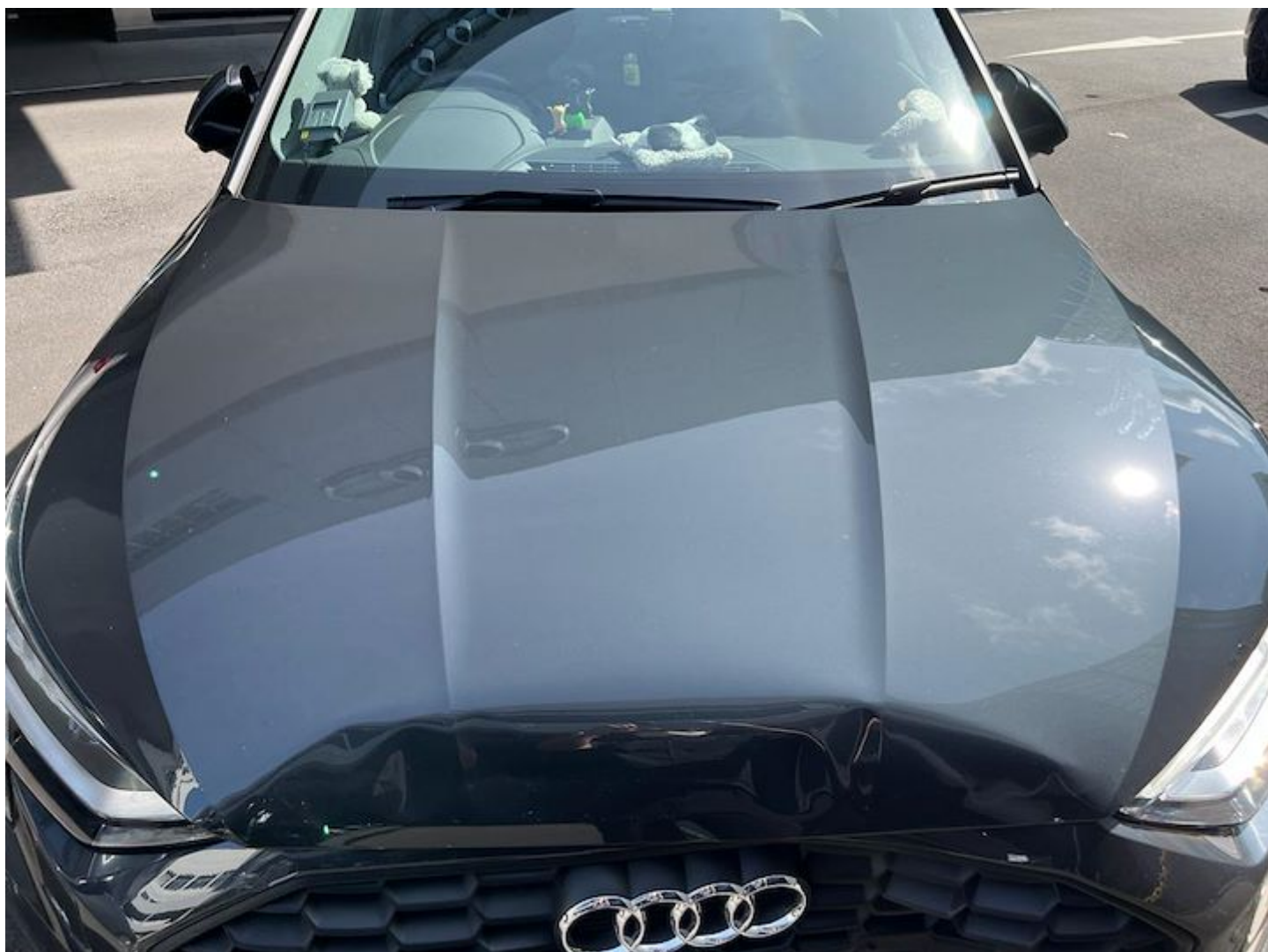












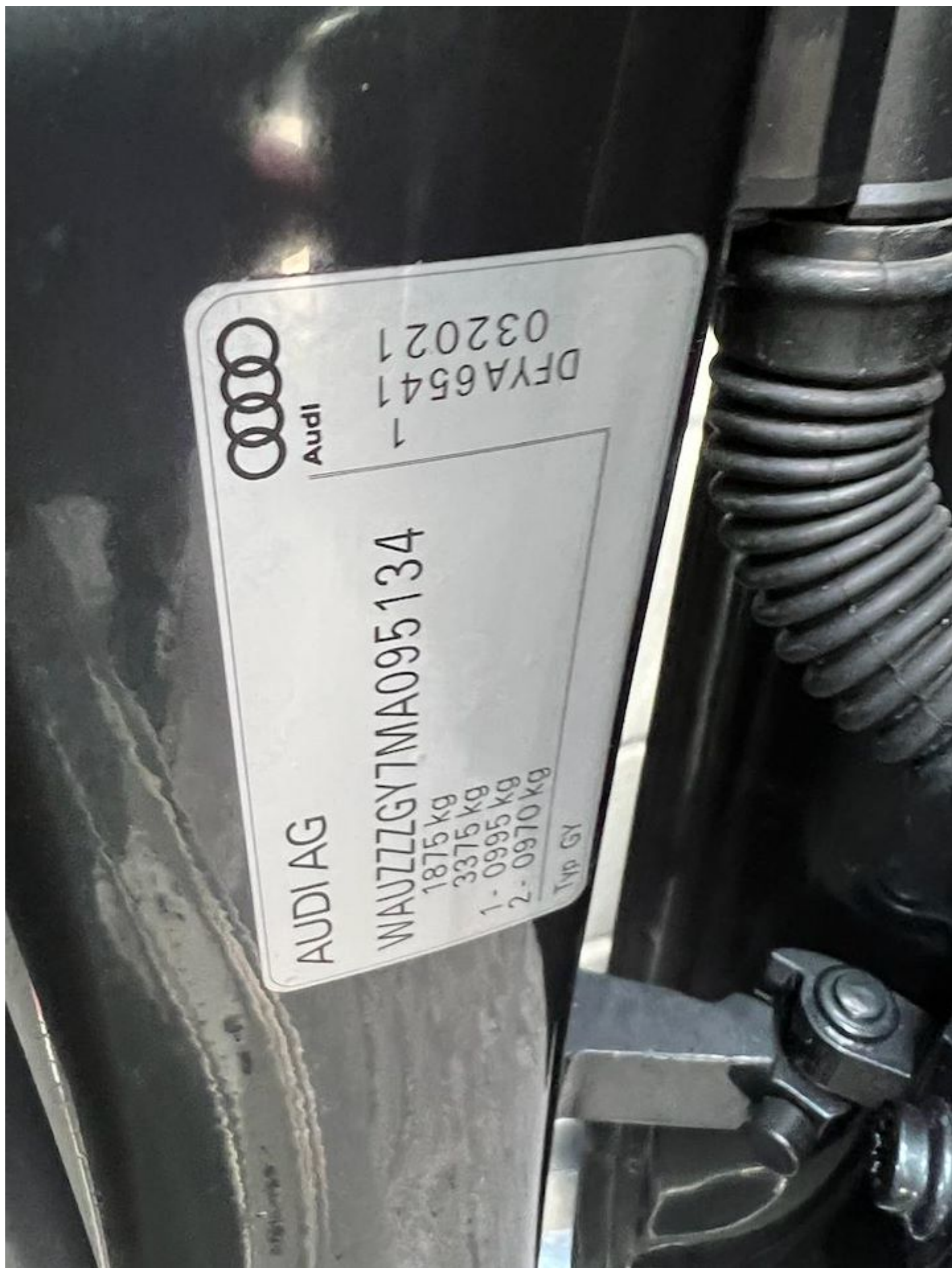


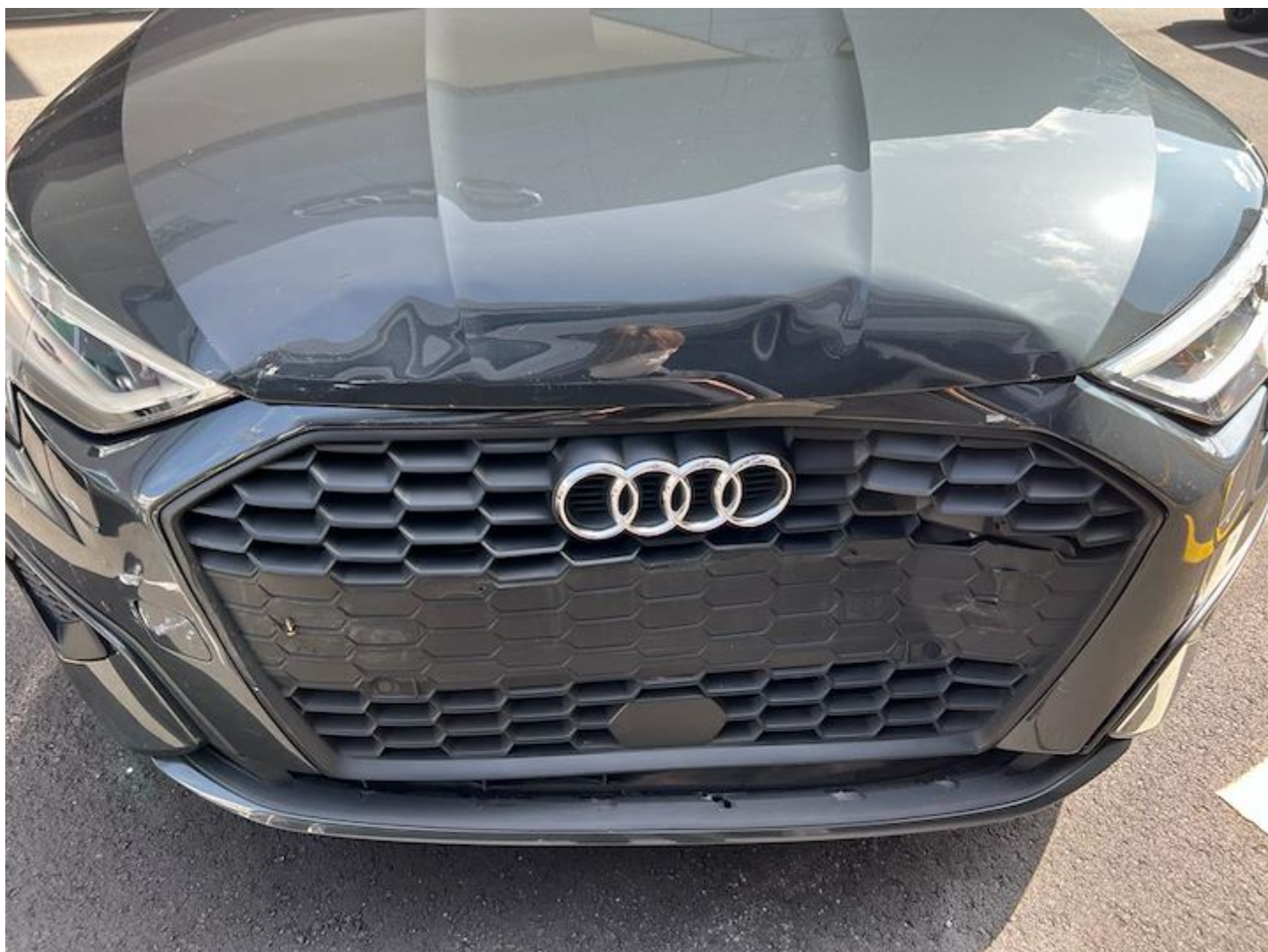




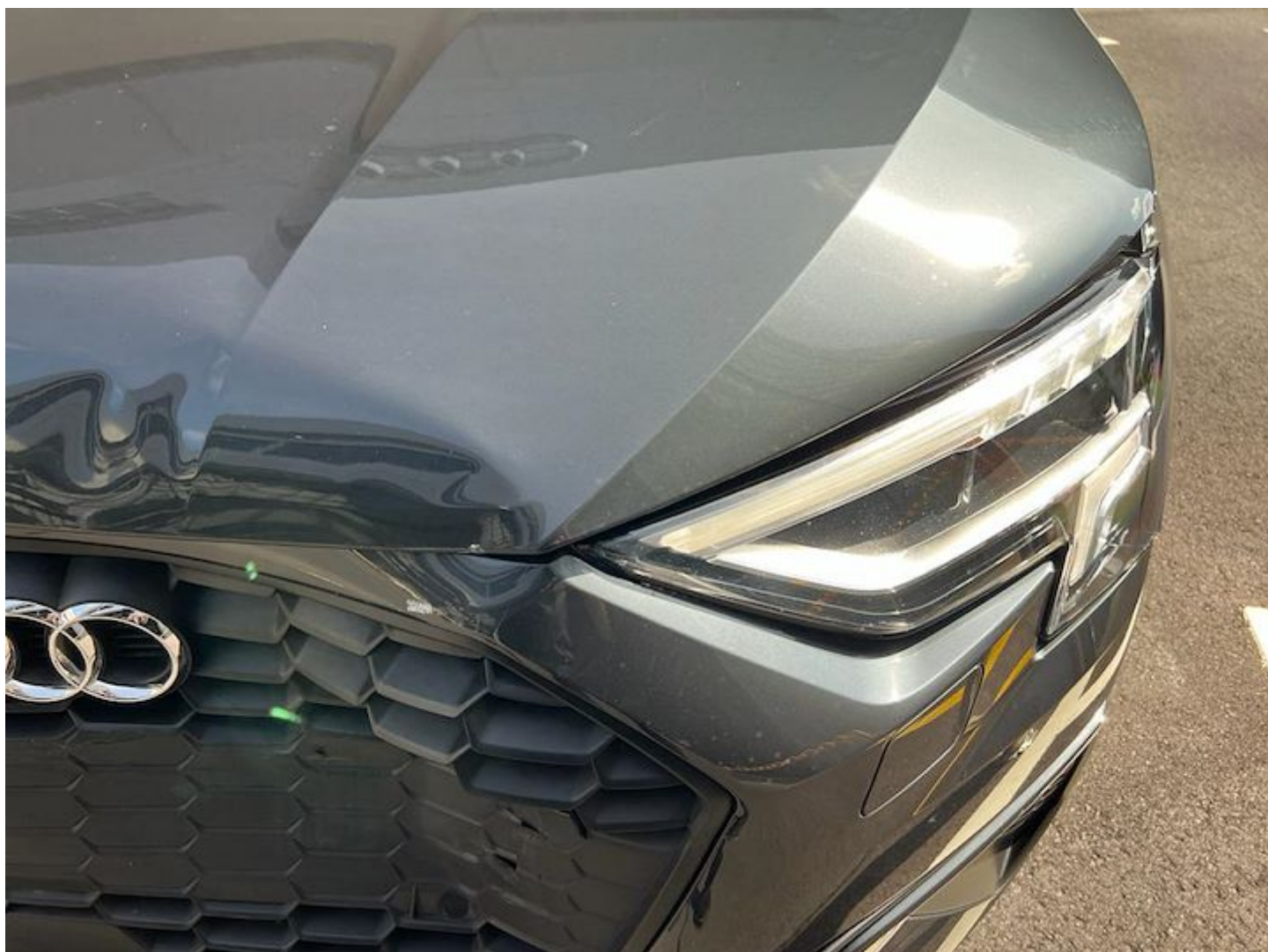




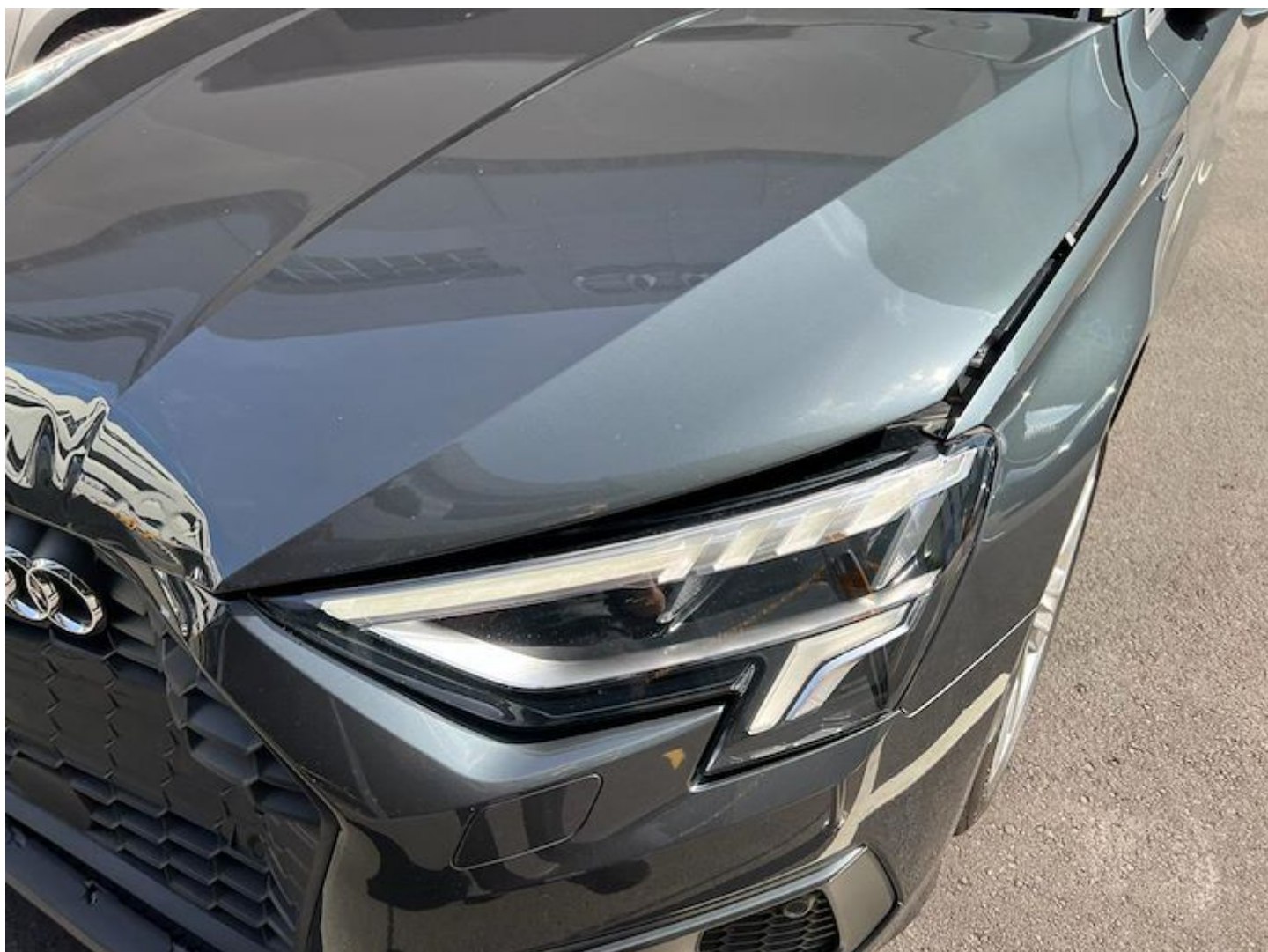
































**SINGAPORE
POLICE FORCE**



T/20220810/7051

1 of 4

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

Report No. T/20220810/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2022 23:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NORMALIS BINTE ALWI			Address: 404 WOODLANDS STREET 41 #11-74 SINGAPORE 730404	
ID Type / ID No.: NRIC NO / S1705680H			Contact No.: Home/Office: Mobile: 97521115	
Nationality: SINGAPORE CITIZEN			Email: normalisalwi@yahoo.com.sg	
Sex: Female	Age: 56	Date of Birth: 28/10/1965	Type of Informant: Driver	
Race: Indonesian			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2022 19:30	Type of Location: Straight Road
Location: CLEMENTI AVENUE 3				
Weather: Raining	Road Surface: Wet	Road Speed Limit: 70 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head On	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNA2262B	Car	AUDI	A3 SPORTBACK 1.5 TFSI S TRONIC	Grey		0

Details of Vehicle Insurance

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

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



T/20220810/7051

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Report No. T/20220810/7051

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 / TPB /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
10/08/2022 23:16

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20220810/7051

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

Report No. T/20220810/7051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA2262B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210059193	12/06/2021	11/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORMALIS BINTE ALWI		ID No. S1705680H
Related Vehicle	SNA2262B (Car)		Contact No. 97521115
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	Slight

Brief Details.

Normalis Alwi S1705680H
normalisalwi@yahoo.com.sg
#11-74 blk 404 Woodland Street41 Singapore 730404
Occupation Nurse

On the 29th July 2022 at about 1930hrs , I Normalis Alwi was driving along Clementi Road and it was raining . The car infront of me SGX 733J shows a stopping sign, but I was not able to stop my car in time and I hit the car . The car SGX 733J then hit another car infront SMM65R.
The driver Mr Philip Chong Kwang Soon , sustained an injury due to the accident.

The details of vehicles and drivers are as follows

Normalis Alwi S1705680H
SNA2262B
HP 97521115

Chong Kwang Soon Philip S1795735Z
SGX733J
HP 98377377

See Jun Wen S8532989H
SMM65R
HP 97929039

I confirmed and declared that the details provided is true.



**SINGAPORE
POLICE FORCE**

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



T/20220810/7051

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Report No. T/20220810/7051

CONTINUATION OF REPORT



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: S6650020G / 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 : SP14227U0001 Vehicle Registration No: SNA 2262 B
Name(as shown in NRIC) : NORMALIS BINTE ALWI NRIC/FIN/Passport No : SXXXX680H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 404 WOODLANDS STREET 41, #11-74 Singapore(730404)
Contact (Tel) : _____ Mobile No. : 9752 1115
Email Address : NORMALISALWI@YAHOO.COM.SG
Date of Accident : 29/07/2022 Time of Accident : 19:20
Place of Accident : CLEMENTI ROAD
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 OWNER NAME.

Touybad police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lim Kee Seng
NRIC/FIN No.: SXXXX561M
Date: