

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 03/08/2022 09:10 (SGT)
Reported by Both
Date of Accident 01/08/2022 07:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE8391Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN YUEN CHING
NRIC No S7565951B
Email Address chenyuenching@hotmail.com
Mobile Phone No (Phone) +65-96938151
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volvo
Model Xc60
Variant T5 Momentum
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 1969

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1700066323

DRIVER

Name of Driver CHEN YUEN CHING
NRIC No S7565951B
Date Of Birth 11/09/1975
Occupation Indoor

Date Of Driving Pass	23/04/2007
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96938151
Alt. Phone Number	-
Email Address	chenyuenching@hotmail.com
Address	BLK 856F TAMPINES ST 82 #09-220
Address complement	-
Postcode	526856
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	Clear
Road Surface	Dry

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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SND5736R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	LEANNE RAE NEO LAY YEN
NRIC No	S7442949A
Contact Number	(Phone) +65-97354351
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	SMZ1798J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHOON NGEE
NRIC No	S7402310Z
Contact Number	(Phone) +65-97615972
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 01/08/2023 Time: 0710.
Exact Location of Accident	COMPANIES AVE 4.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	R3E83917
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	CHEN YUEN CHING
Personal Identification - NRIC (Singaporean/PR)	S7565951B
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>VOLVO</u> Model <u>XC60</u>
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIA ASIA PACIFIC.
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	1700066323 - 02
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	CHEN YUEN CHING
Personal Identification - NRIC (Singaporean/PR)	S7565951B
- FIN/Passport Number	
Date of Birth	11 dec 09 mm 1945 yy
Driving Date Pass	23 dec 07 mm 2007 yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	96938951

Address of Driver	B1E 856F TAMMINS ST 82 #09-290	Postcode (576856)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head On collision, Side Swipe, Front to Rear)	CHAIN COLLISION	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)		
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	TAMMINS NPC	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SND 5136R	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	LEANNE RAE NIO LAY YEN	
Personal Identification - NRIC (Singaporean/PR)	S7442949A	
FIN/Passport Number		
Contact Number	97354351	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
<small>(Note: Please use page 0 if you need to add more vehicles.)</small>		

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SMZ 1798J
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	TAN OIOW NAPP
Personal Identification - NRIC (Singaporean/PR)	S7403310Z
- FIN/Passport Number	
Contact Number	97615972
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
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.

R. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer , my work/rep 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 firms/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 being about delivery of the same as well as on the external cover of 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/are 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: 02/08/2022 10:00 AM & Time
 Driver's Signature (If driver is not the policyholder) / Date
 Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Attachment

Page 4

After

Legend

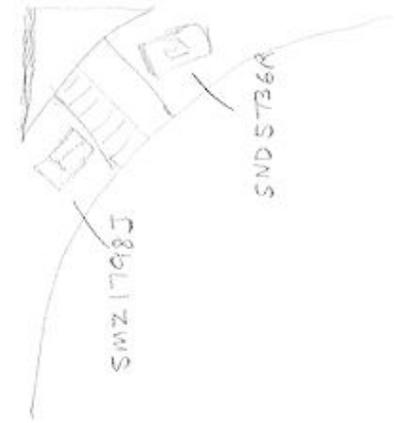
- T - Tesla SMZ1798J
- V - Volvo SJE8391Z
- B - Buick SND5736R



Tampines Ave 4

Central Divider - SJE8391Z

Tampines Ave 4



Tampines Ave 5

Central Divider

Tampines Ave 5

Before



Tampines Ave 4

Central Divider

Tampines Ave 4



Tampines Ave 5

Central Divider

Tampines Ave 5

UNDERTAKING

I, CHEN YUEN CHING, (NRIC No. 97565951B), hereby confirm that the Singapore Accident Statement lodged by me on 02/08/2022 at 1000 hours pertaining to the accident involving motor car Reg. No: SIF83912, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I further undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my receipt of a written demand from my insurers.

Signature

Name of Policyholder

NRIC No.

Date


CHEN YUEN CHING
97565951B
02/08/2022









**SINGAPORE
POLICE FORCE**



T/20220801/2042

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220801/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2022 12:10		Vide Report No.: G/20220801/0053		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: CHEN YUEN CHING			Address: APT BLK 856F TAMPINES STREET 82 #09-220 SINGAPORE 526856		
ID Type / ID No.: NRIC NO / S7565951B			Contact No.: Home/Office:		Mobile: 96938151
Nationality: AUSTRALIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 11/09/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2022 07:10	Type of Location: Bend
Location: TAMPINES AVENUE 4 ⁴ Tampines NPC No. 6 Tampines Avenue 4 Singapore 529682 Tel: 1800-5871999				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		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
SJEB391Z	Car	VOLVO	XC60 T5 MOMENTU M	Black	Seriously Damaged	0
SMZ1798J	Car				Slightly Damaged	0
SND5736R	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220801/2042

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4
Report No. T/20220801/2042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE8391Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700066323-02	29/09/2021	28/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHEN YUEN CHING		ID No.	S7565951B
Related Vehicle	SJE8391Z (Car)		Contact No.	96938151
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	Slight
Driver				
Name	TAN CHOON NGEE		ID No.	S7402310Z
Related Vehicle	SMZ1798J (Car)		Contact No.	97615972
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
Driver				
Name	LEANNE RAE NEO LAY YEN		ID No.	S7442949A
Related Vehicle	SND5736R (Car)		Contact No.	97354351
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



**SINGAPORE
POLICE FORCE**



T/20220801/2042

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4
Report No. T/20220801/2042

CONTINUATION OF REPORT

Brief Details.

On the above-mentioned date, time and location. I was driving along Tampines Ave 5 and was about to go into the filter lane to turn left into Tampines Ave 4. As there was a car(SMZ1798J) who was stationary after the zebra crossing, I stopped behind the zebra crossing.

After a few seconds, I felt an impact from the rear of my car. Due to the impact, my car was surged forward and had collided with the car at the front. My car had also mounted the central divider along Tampines Ave 5 towards Tampines Ave 4, colliding into the traffic light pole.

I then alighted from the vehicle, and discovered that there was a BlueSG car(SND5736R) from the rear who was unable to brake and had collided with the rear of my vehicle. We had all exchanged particulars and the Tesla car went off first.

Shortly after, Ambulance came and offered medical assistance. Traffic police also came after that, and took away two of my MicroSD Card and informed me to lodge a police report.



SINGAPORE
POLICE FORCE



T/20220801/2042

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220801/2042

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: G / SGT 2 MUHAMMAD IZZ KHAIRIN BIN MOHAMED HISHAM	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	

Signature Of Informant:	
Date/Time: 01/08/2022 12:10	
Classification Of Case:	

NP168