

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	08/08/2022 10:16 (SGT)
Reported by	Both
Date of Accident	05/08/2022 13:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE TEBAN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCQ55S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH YENG YOK
NRIC No	SXXXX949Z
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-90028966
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	740i
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210036328-01

DRIVER

Name of Driver	TOK GUAT LAN
NRIC No	SXXXX070B
Date Of Birth	09/04/1965
Occupation	Indoor

Date Of Driving Pass	29/09/1992
Driving experience	29 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90028966
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	41 HINDHEDE WALK #09-02
Address complement	-
Postcode	587972
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 - Head to Rear
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?	No
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 SKETCH PLAN AND POLICE REPORT T/20220805/7019

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	PA7112U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TOK GUAT LAN
Gender	Female
Phone No	(Phone) +65-90028966
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCQ55S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

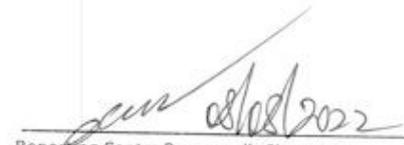
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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


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

SKETCH PLAN

A/E TOWARDS JAWA BEFORE TABRAH FLYOVAR



A Veh: SCQ555
 B Veh: PAT1124

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05 Aug 2022 at about 1340 i was driving along Aye Tias near Teban Fly over. I was driving at lane 1. Suddenly Veh B Pa 7112.4 hit on my rear of my veh.

Police Report 7/2022/005/7019

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:



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




























**SINGAPORE
POLICE FORCE**


T/20220805/7019

1 of 3

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

Report No. T/20220805/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2022 16:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TOK GUAT LAN			Address: 41 HINDHEDE WALK #09-02 SINGAPORE 587972		
ID Type / ID No.: NRIC NO / S1716070B			Contact No.:		Mobile: 90028966
Nationality: SINGAPORE CITIZEN			Email: SERENETOK777@GMAIL.COM		
Sex: Female	Age: 57	Date of Birth: 09/04/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 05/08/2022 13:40	Type of Location: Flyover
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
PA7112U	Bus/Coach/Minibus (School Children)	TOYOTA	HIACE	Silver	Seriously Damaged	1
SCQ55S	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20220805/7019

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Report No. T/20220805/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOK GUAT LAN	ID No.	S1716070B
Related Vehicle	SCQ55S (Car)	Contact No.	90028966
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/08/2022	Date	05/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 05 AUG 2022 AT ABOUT 13 :40 I WAS DRIVING TOWARDS AYE TUAS NEAR TEBAN FLY OVER. I WAS DRIVING AT LANE 1, SUDDENDLY VEH B PA7112U HIT ON MY REAR OF MY VEH AND MY CAR RIGHT SIDE HIT ON TO THE DIVIDER.



**SINGAPORE
POLICE FORCE**

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



T/20220805/7019

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Report No. T/20220805/7019

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
05/08/2022 16:09

Classification Of Case: