

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	03/08/2022 18:37 (SGT)
Reported by	Both
Date of Accident	02/08/2022 19:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE AFTER WHITLEY ROAD EXIT TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1960C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUM LIN FOON
NRIC No	SXXXX197H
Email Address	RAINAYUMLINFOON@GMAIL.COM
Mobile Phone No	(Phone) +65-98763112
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	SPORTBACK 1.4 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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070135153

DRIVER

Name of Driver	YUM LIN FOON
NRIC No	SXXXX197H
Date Of Birth	19/06/1958
Occupation	Indoor

Date Of Driving Pass	20/09/1989
Driving experience	32 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98763112
Alt. Phone Number	-
Email Address	RAINAYUMLINFOON@GMAIL.COM
Address	27 HAZEL PARK TERRACE
Address complement	#11-05
Postcode	678949
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	2
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JUG9573
Vehicle Category	Motorcycle

PASSENGER 1

Name	CHO KAM WOH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JUG9573
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
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)	-

SKETCH PLAN

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. 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' 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.

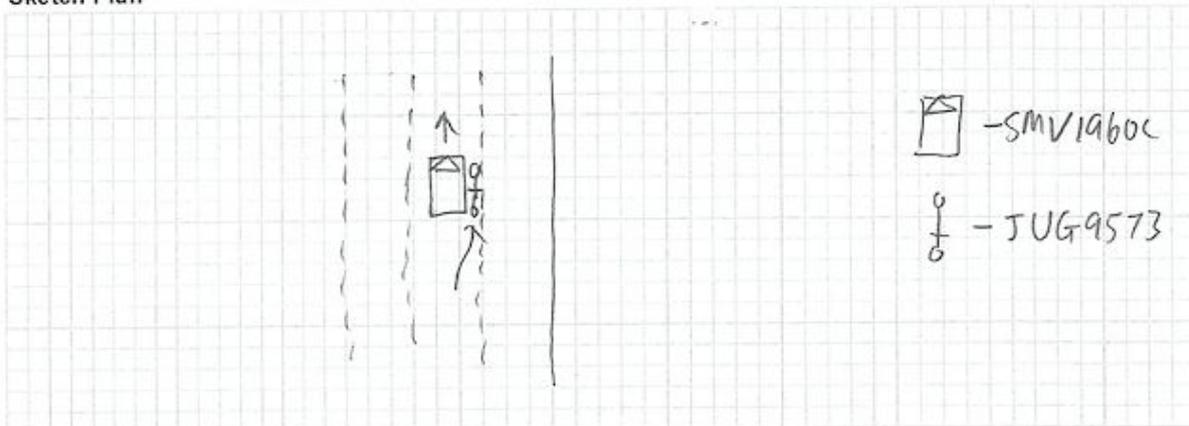


[Signature]
 3rd Aug 2022
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Tony Fong*

Sketch Plan



Describe Circumstances of the Accident

Please refer to the Police Report
NO: T/20220807/2102

Declaration

We declare the foregoing particulars are true in every respect.

 3 Aug 2022
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel *Tomy Pass*



**SINGAPORE
POLICE FORCE**



T/20220802/2 102

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20220802/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV1960C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070135153	18/09/2020	17/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YUM LIN FOON	ID No.	S1320197H
Related Vehicle	NIL	Contact No.	98763112
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

Brief Details.

On the 02/08/2022 at about 1920hrs, i was driving my vehicle(SMV1960C) with my husband along PIE towards Tuas on the 2nd lane when i suddenly heard a noise on the right side of my vehicle. That was when i saw a malaysian bike(JUG9573) had fell beside my vehicle and had hit onto my car. The traffic condition heavy and i was driving below 50km/hr. I then stopped my vehicle. A police vehicle was close by and i was attended by them (E/20220802/0138). I was told by the police to make a report at a nearby NPC hence why i am lodging this report.










































**SINGAPORE
POLICE FORCE**


T/20220802/2102

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20220802/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2022 21:39	Vide Report No.: E/20220802/0138	Station Diary No.: 79
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: YUM LIN FOON		Address: 27 HAZEL PARK TERRACE #11-05 SINGAPORE 678949	
ID Type / ID No.: NRIC NO / S1320197H		Contact No.: Home/Office: Mobile: 98763112	
Nationality: SINGAPORE CITIZEN		Email: rainayumlinfoon@gmail.com	
Sex: Female	Age: 64	Date of Birth: 19/06/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Housewife		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: 02/08/2022 19:20	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Heavy
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
JUG9573	Motorcycle		Yamaha	Black	Slightly Damaged	0
SMV1960C	Car	AUDI	Q3 SPORTBACK 1.4 TFSI S TRONIC (17")	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220802/2 102

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20220802/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV1960C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070135153	18/09/2020	17/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YUM LIN FOON		ID No.	S1320197H
Related Vehicle	NIL		Contact No.	98763112
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

Brief Details.

On the 02/08/2022 at about 1920hrs, i was driving my vehicle(SMV1960C) with my husband along PIE towards Tuas on the 2nd lane when i suddenly heard a noise on the right side of my vehicle. That was when i saw a malaysian bike(JUG9573) had fell beside my vehicle and had hit onto my car. The traffic condition heavy and i was driving below 50km/hr. I then stopped my vehicle. A police vehicle was close by and i was attended by them (E/20220802/0138). I was told by the police to make a report at a nearby NPC hence why i am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20220802/2102

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20220802/2102

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: J / SCSGT(1) MOHAMAD ASYRAF BIN MOHAMAD ZAILANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2022 21:39
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

NP168