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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 25/08/2022 15:57 (SGT) Reported by Date of Accident 24/08/2022 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG GATEWAY ROAD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGF4411G INSURED/POLICYHOLDER

Yes

Is company? No Name Of Registered Owner CHERN CHEE BENG NRIC No S6927475G

Email Address PPGOH@OUTLOOK.COM Mobile Phone No (Phone) +65-96501965

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Attrage 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?

Vehicle Category Private car Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1800005174-04

DRIVER

Name of Driver CHERN CHEE BENG NRIC No S6927475G Date Of Birth 07/08/1969 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	04/10/1997 24 YEARS AND 10 MONTHS Male (Phone) +65-96501965 - PPGOH@OUTLOOK.COM BLK 817A KEAT HONG LINK #19-89 681817 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 Yes Yes Yes Yes 2 Yes GOH POH POH Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bukit Panjang Neighbourhood Police Centre No.1 Segar Road #01-05 Singapore 677738 No
CIRCUMSTANCES OF ACCIDENT	
REFER ATTACHMENTS.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes VIDEO WITH TP

FBN2015Y

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	Honda
	-
Vehicle Variant	-
Vehicle Colour	White
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 Gender Phone No Address Address Complement Post Code	GOH POH POH Female
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- BELT RUB AGAINST STOMACH, AIRBAG HIT HER TEETH SGF4411G Yes Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

l 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 who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (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 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
- (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
- (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.

25/08/22 Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time Personnel Sketch Plan Straight Tower A mutarist day a night My Teny Form Hespita FORT MAN Hospita 843 X accident spot motorist and car head-on.

rescribe Circumstances of the Accident
Tauchikas - to 100 as 111
I mistuken a turn left Green light as the larger light to go straight 80 to I drive straight at the cross to Junction.
go struight so for I drive struight at the cross to Junction.
No. de la de la companya della companya de la companya de la companya della compa
H MOTORIST TURN right at this mument and Heard-on
A motorist turn right at this moment and Head-on with my over:
Th. F. Co. 1 . 1 . 1 . 1 . 1
The traffic bight of that point of time only allow left
turn.
A police report had been submitted to cacke and corruge for that reporting
ter this reporting

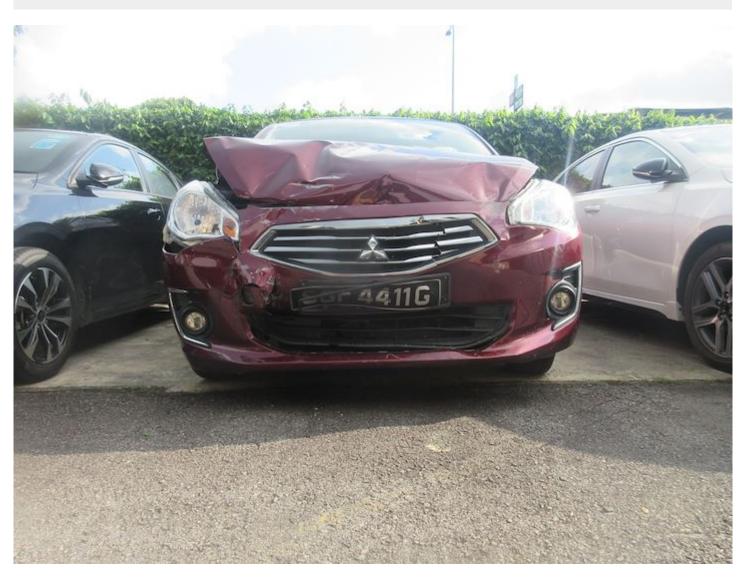
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

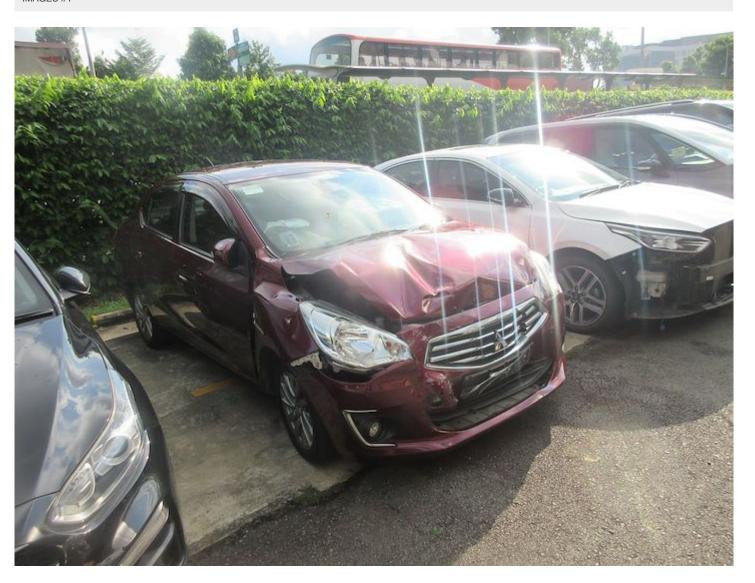
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





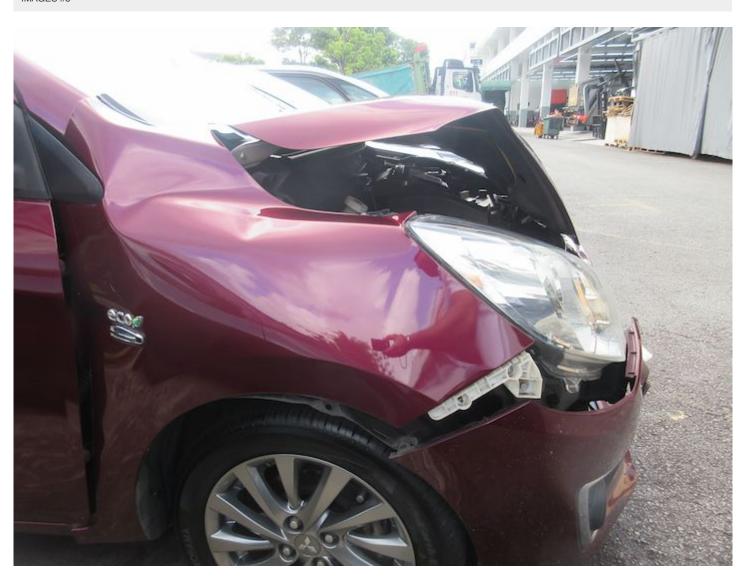


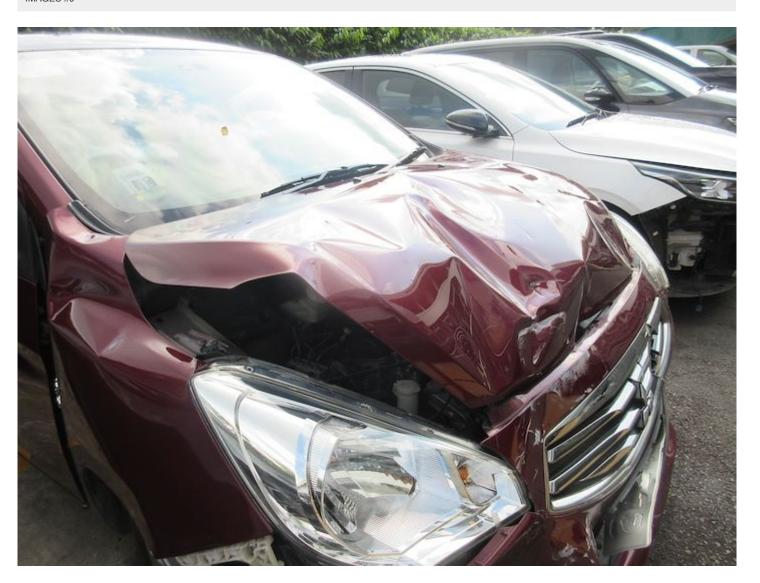


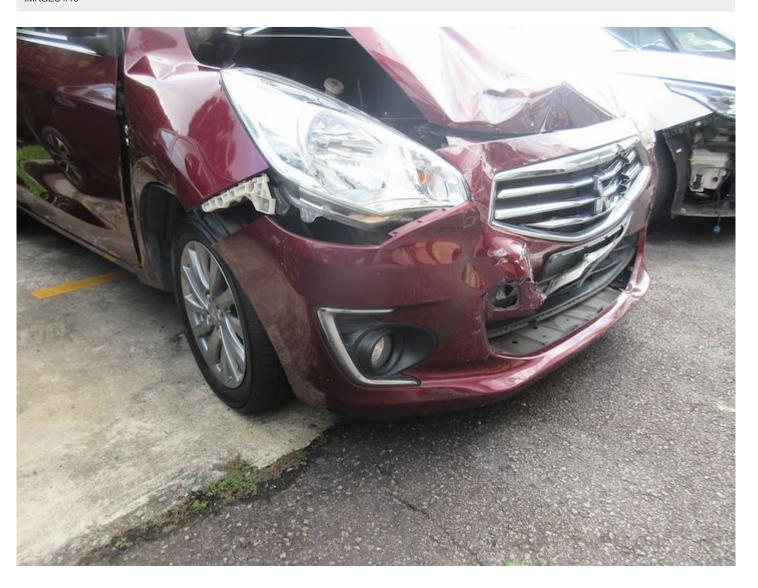


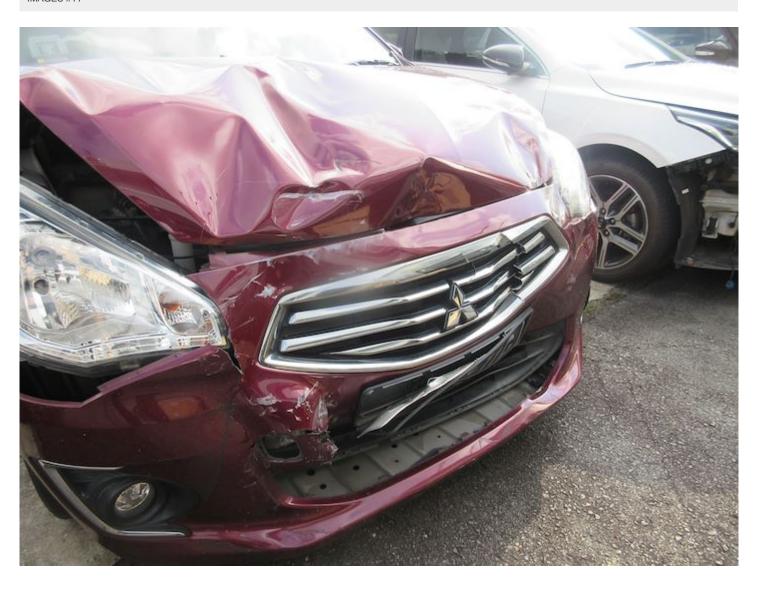


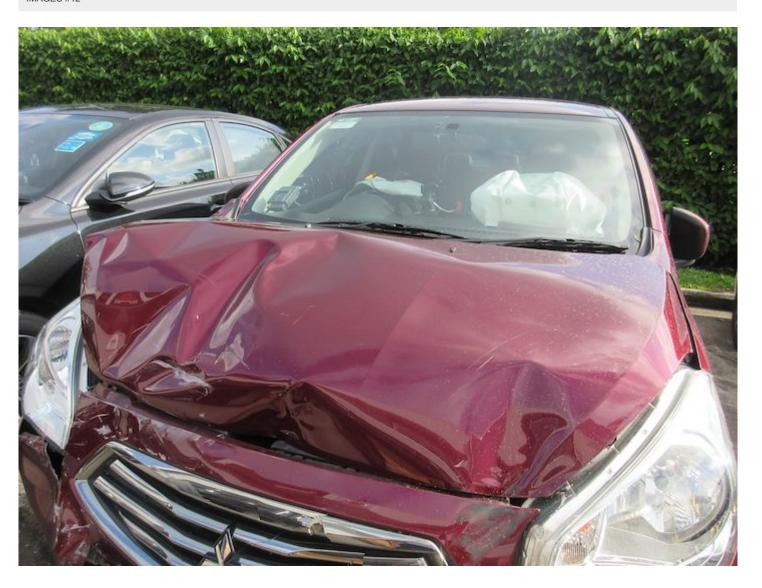




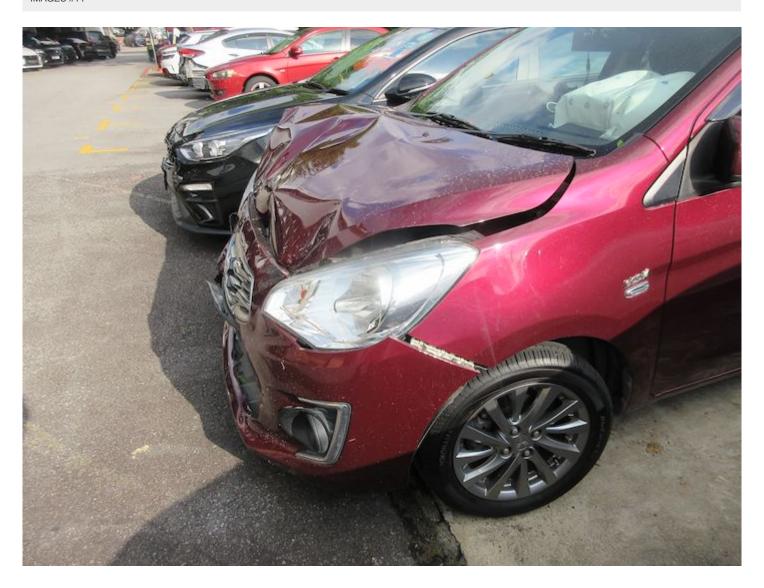






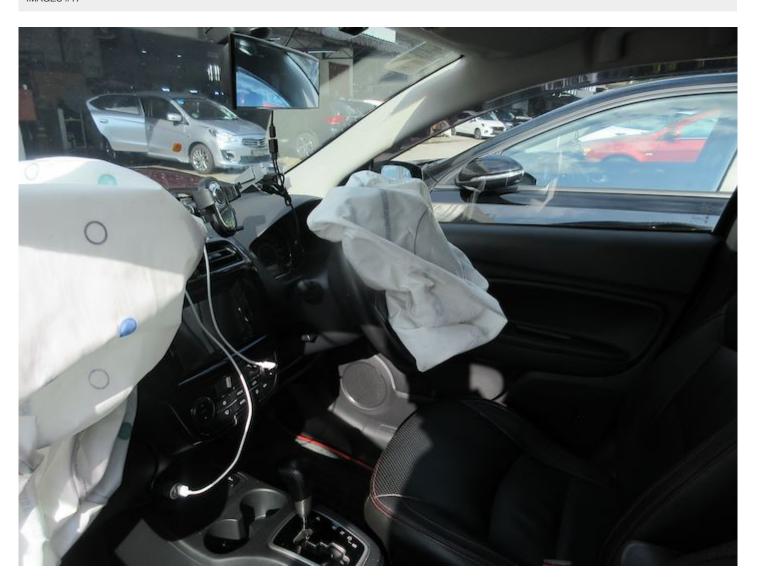
















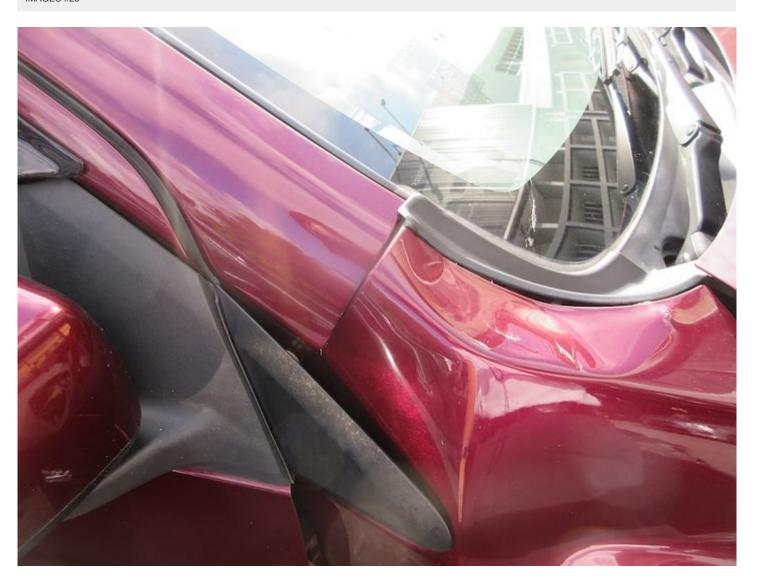


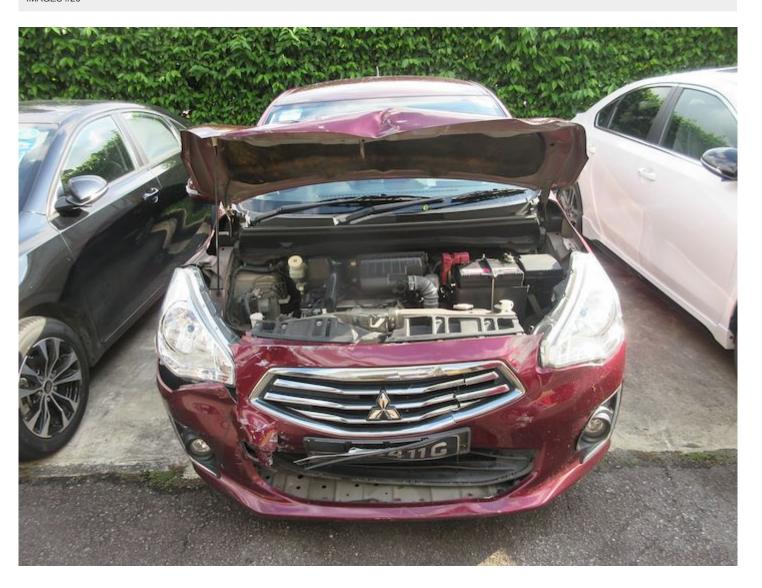


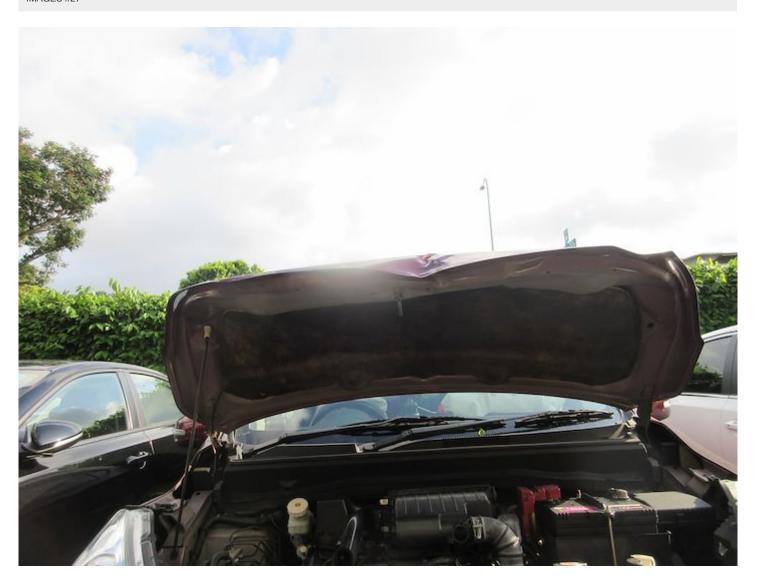


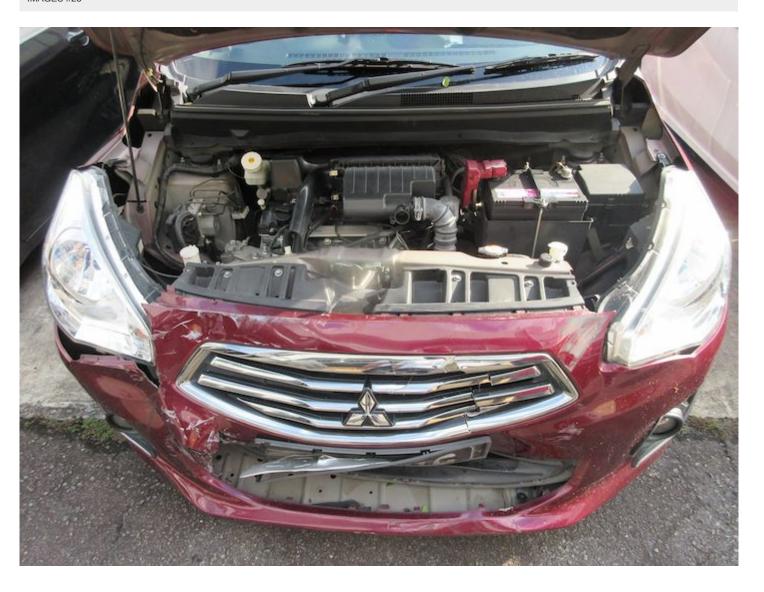


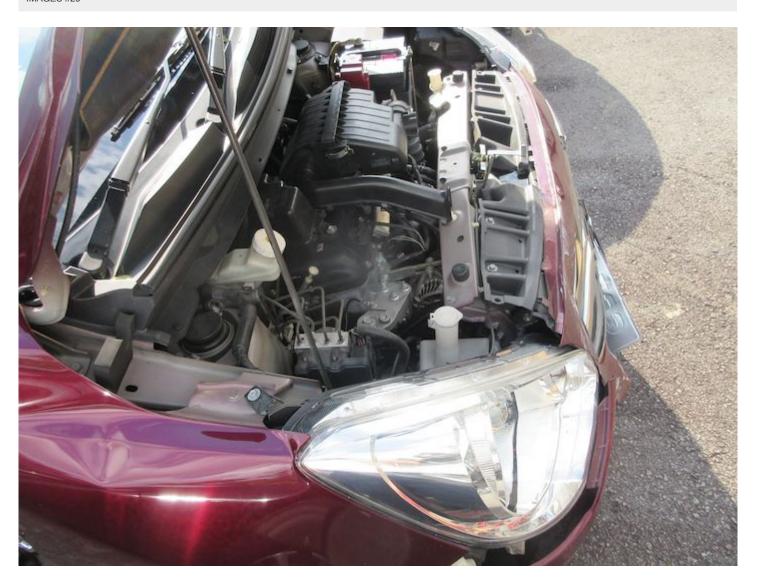


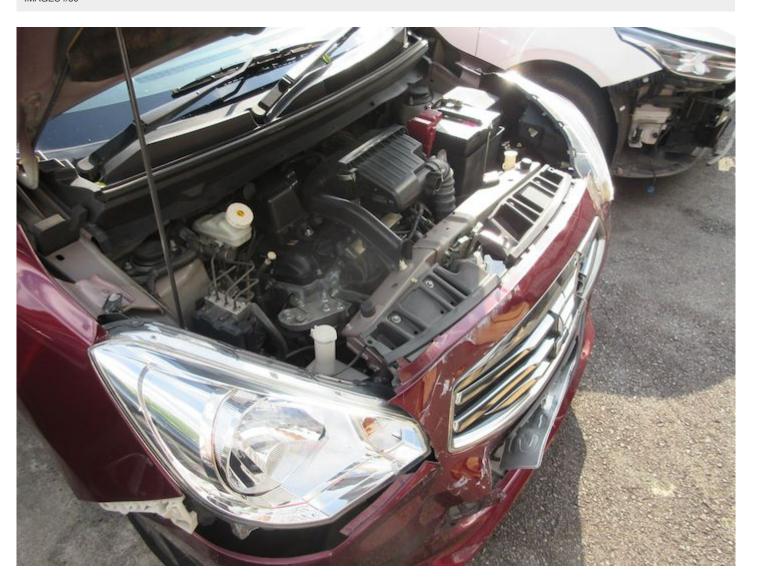


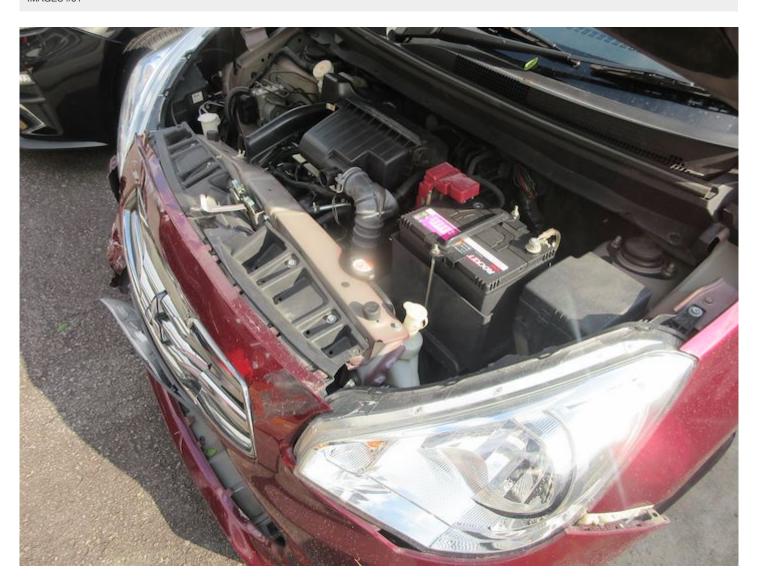


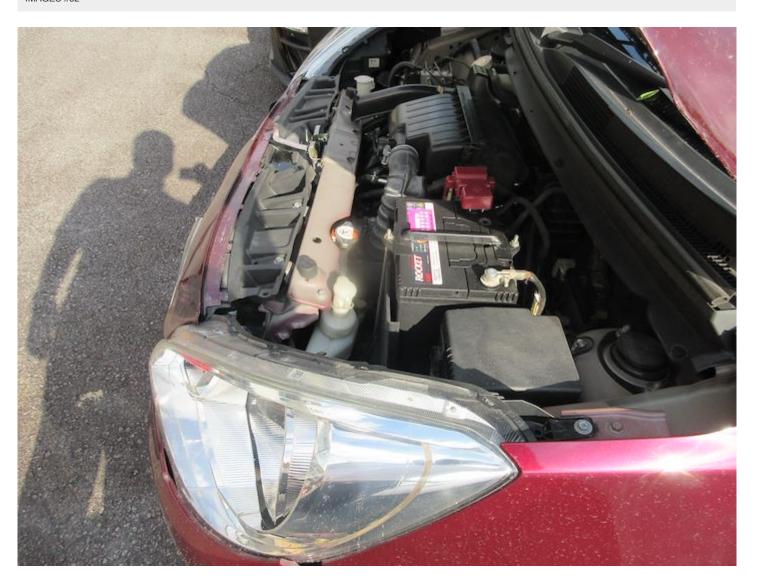


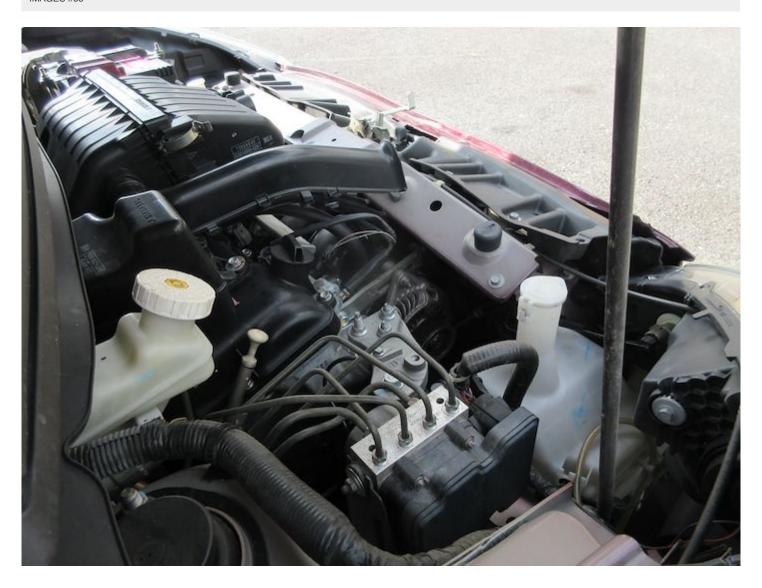


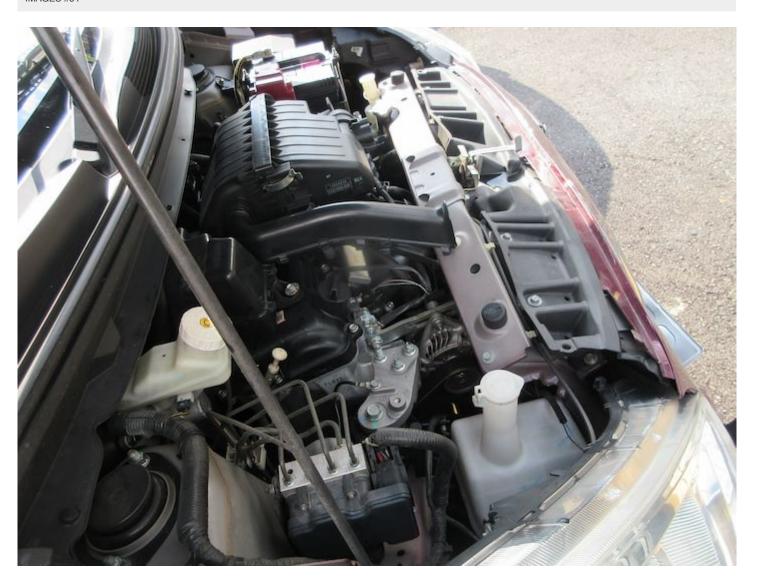












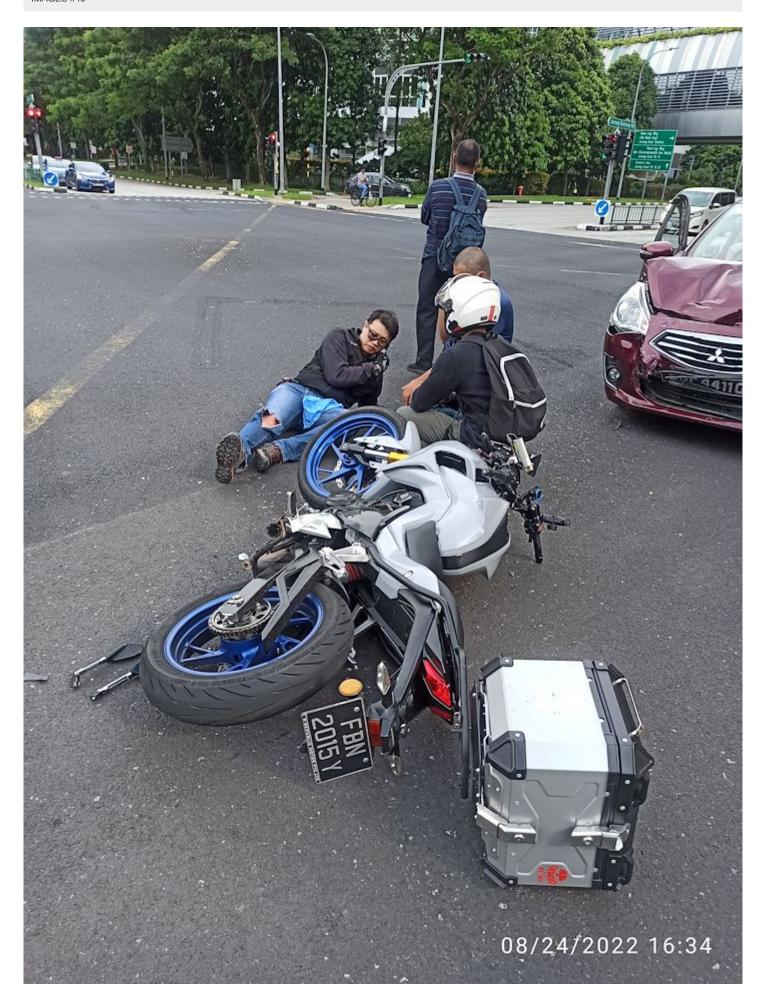




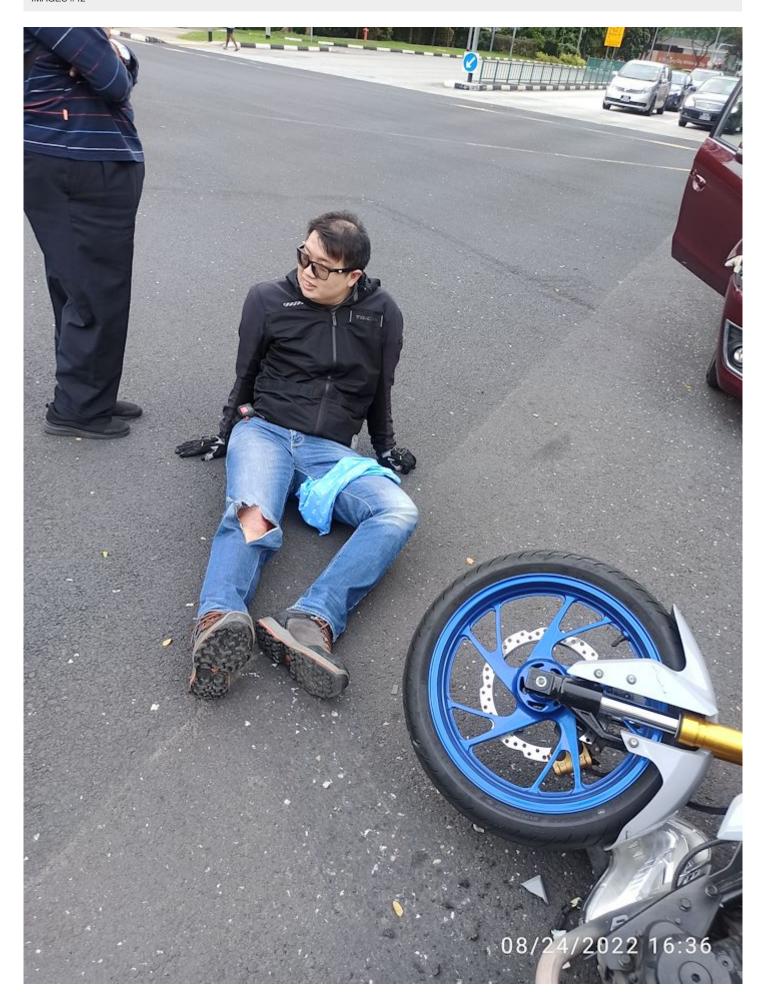


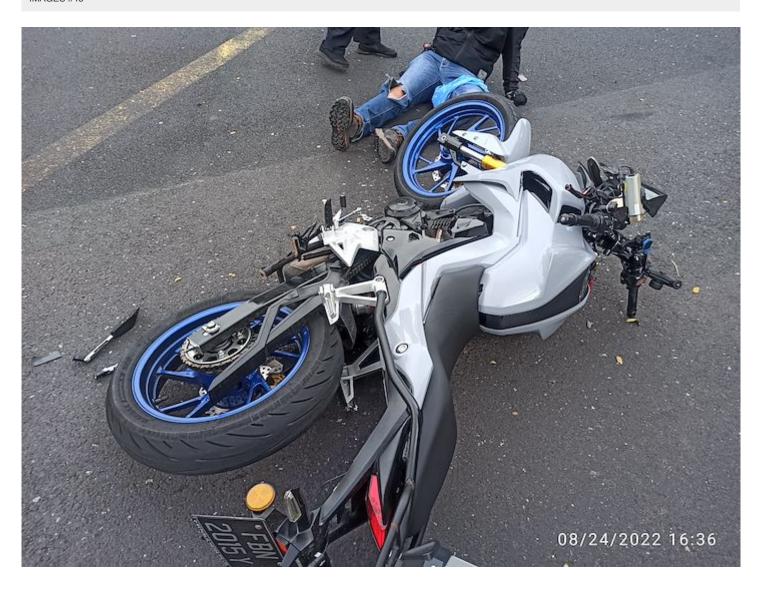




















Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20220824/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2022 22:03		Made:	Vide Report No.: D/20220824/0092	Station Diary No.: 136	
Informa	nt's Partici	ulars	THE PROPERTY OF		
Name of Informant: CHERN CHEE BENG			Address: APT BLK 817A KEAT HONG LINK #19-89 SINGAPORE 681817		
ID Type / ID No.: NRIC NO / S6927475G			Contact No.: Home/Office:	Mobile: 96501965	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 53	Date of Birth: 07/08/1969	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Manager (General)			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/08/2022 15:40	Type of Location X-Junction	
Weather:	TEWAY ROAD	Road Surface:		Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control:	-	Traffic Volume: Moderate	
Traffic Flow:			and some second decree	Moderate	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2015Y	Motorcycle	HONDA			Seriously Damaged	0
SGF4411G	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF4411G	AIG ASIA PACIFIC INSURANCE PTE.	1800005174-04	18/01/2022	17/01/2023





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/20220824/2126

CONTINUATION OF REPORT

NI- CD 1	nvolved: No				
No. of Pedestriar	is Injured: NIL	Use of Pe	doetria	Cross	Jan. Ala
Driver	THE RESERVE OF STREET,	0000116	uestrial	CIOSS	ing: NA
Name	CHERN CHEE BENG		ID No		S6927475G
Related Vehicle	SGF4411G (Car)		Conta	ct No.	96501965
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of			

Brief Details.

On 24/08/2022 at about 1640hrs, I was driving my vehicle bearing plate number (SGF4411G) from JEM (Jurong GateWay). As the traffic light was green, but I cant recall if the green light was for turning right. I then proceeded straight to which suddenly a motorbike (FBN2015Y) collided on my left side of the vehicle. The motorbike intended to turn right. The Collision happened Jurong Gateway Cross junction.

Due to impact the said rider, fell off the bike. I then alighted my vehicle and rendered assistance. I instructed the one of the passerby to call for police and ambulance. Subsequently, ambulance arrived and conveyed the said rider to Ng Teng Fong General Hospital due to the rider's injuries

My vehicle suffered damages (scratches and dents) on the front part of my car. At that point of time I had my wife seated on the front passenger seat. My wife and I had minor injury due to the accident. My wife followed the ambulance Ng Teng Fong General Hospital to make a check on my wife who informed that she has pain on her stomach. She was given 3 days MC.

Before we proceeded to the hospital, I handed over my in-car camera SD Card to TP IO Haikal. To which they inform me to lodge a police report immediately.





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/20220824/2126

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 / SGT 1 MUHAMMAD YUSRI BIN YUSOFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2022 22:03
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
NP168	