

# 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 .....	12/09/2022 10:43 (SGT)
Reported by .....	Both
Date of Accident .....	09/09/2022 10:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP ROAD OF PIE TOWARDS TPE CTE,SLE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR5909J
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA BENG HWEI
NRIC No .....	SXXXX438A
Email Address .....	JACKYCHUA_SG@YAHOO.COM
Mobile Phone No .....	(Phone) +65-98508716
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1498

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7210076176-01

### DRIVER

Name of Driver .....	CHUA BENG HWEI
NRIC No .....	SXXXX438A
Date Of Birth .....	31/03/1968
Occupation .....	Indoor

Date Of Driving Pass .....	02/07/1986
Driving experience .....	36 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98508716
Alt. Phone Number .....	-
Email Address .....	JACKYCHUA_SG@YAHOO.COM
Address .....	166 GANGSA ROAD #10-64
Address complement .....	-
Postcode .....	670166
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 .....	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) .....	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 .....	-

#### PASSENGER 1

Name .....	CHUA YEN PENG WENDY
Gender .....	Female

#### 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

#### PLS REFER TO 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 .....	with workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLH4757P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	CHUA BENG HWEI
Gender .....	Male
Phone No .....	(Phone) +65-98508716
Address .....	166 GANGSA ROAD #10-64
Address Complement .....	-
Post Code .....	670166
Approximate Age Years Old .....	54
Injuries Sustained .....	slight
Injured person in which vehicle? .....	SLR5909J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHUA YEN PENG WENDY
Gender .....	Female
Phone No .....	(Phone) +65-98508716
Address .....	166 GANGSA ROAD #10-64
Address Complement .....	-
Post Code .....	670166
Approximate Age Years Old .....	30
Injuries Sustained .....	slight
Injured person in which vehicle? .....	SLR5909J
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.
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")

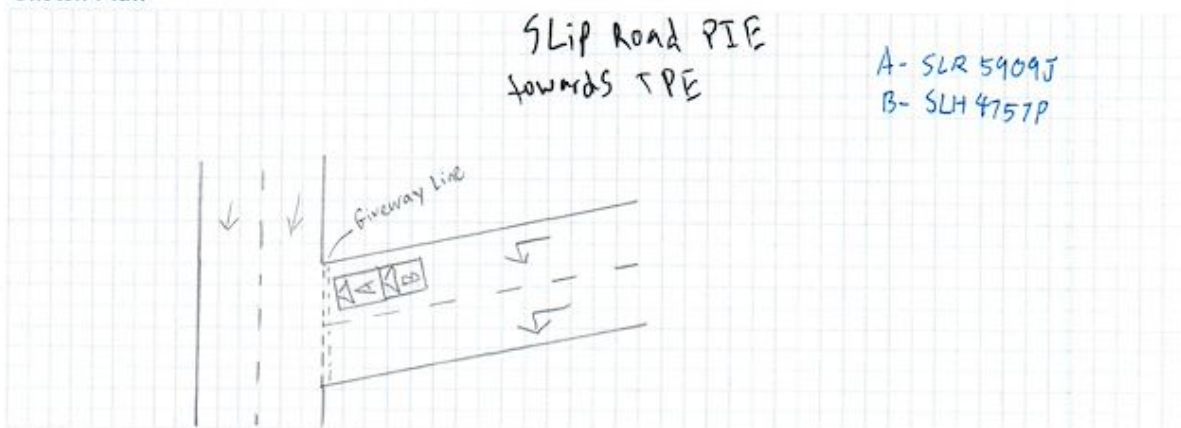
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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]* 9/Sept/22  
Policyholder's Signature / Date & Time

*[Signature]* 9/Sept/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 12/09  
Witnessed by Reporting Centre Personnel

**Sketch Plan**


**Describe Circumstances of the Accident**

I was travelling along SLIT Road of PIE towards TPE(CTE,SLE) , I stop my vehicle just before the giveaway line to giveaway to car in the main road. Suddenly I felt a huge impact on the rear portion of my vehicle and I realize that vehicle B had collided to the rear of my vehicle.

**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



















































**SINGAPORE  
POLICE FORCE**



T/20220909/7016

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

1 of 3

Report No. T/20220909/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/09/2022 13:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA BENG HWEI			Address: 166 GANGSA ROAD #10-64 SINGAPORE 670166		
ID Type / ID No.: NRIC NO / S6811438A			Contact No.: Home/Office: Mobile: 98508716		
Nationality: SINGAPORE CITIZEN			Email: Jackychua_sg@yahoo.com		
Sex: Male	Age: 54	Date of Birth: 31/03/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2022 10:15	Type of Location: Y-Junction
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SLH4757P	Car					0
SLR5909J	Car	HONDA	VEZEL 1.5X A	Black		0

**Details of Vehicle Insurance**

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





**SINGAPORE  
POLICE FORCE**



T/20220909/7016

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

2 of 3

Report No. T/20220909/7016

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR5909J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210076176-01	21/08/2022	20/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	CHAN YEN PENG, WENDY	ID No.	S7343950G	
Related Vehicle	SLR5909J (Car)	Contact No.	96550804	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	09/09/2022	Date	09/09/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	CHUA BENG HWEI	ID No.	S6811438A	
Related Vehicle	SLR5909J (Car)	Contact No.	98508716	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	09/09/2022	Date	09/09/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	

## Brief Details.

I was travelling along SLIT Road of PIE towards TPE(CTE,SLE) , i stopped my vehicle(SLR5909J) just before the giveway line to giveway to car in the main road. Suddenly I felt a huge impact on the rear portion of my vehicle and I realize that vehicle (SLH4757P) had collided to the rear of my vehicle.

I felt unwell after the accident and consult a doctor and was given 3 day of MC.



**SINGAPORE  
POLICE FORCE**



T/20220909/7016

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

3 of 3

Report No. T/20220909/7016

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
09/09/2022 13:03

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09229C0001 Vehicle Registration No: SLR 5909J  
 Name (as shown in NRIC): Chua Beng Hwei NRIC/FIN/Passport No: S6811438A  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 166 Gangsa Road #10-64, S(670166) Singapore ( )  
 Contact (Tel): 98508716 Mobile No.: \_\_\_\_\_  
 Email Address: Jackychua-SG@yahoo.com  
 Date of Accident: 09/09/22 Time of Accident: 1015  
 Place of Accident: Slit Road of PIE towards TPE (LTE, SLE)  
 Insurance Company: AIG

**(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:

Change email: Jackychua-SG@yahoo.com  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
Date:

23/09  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: