

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	19/09/2022 18:55 (SGT)
Reported by	Driver
Date of Accident	16/09/2022 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TAMPINES AVE 5 AND TAMPINES AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ688J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAYANTA NG WEI QIANG
NRIC No	SXXXX788C
Email Address	TANWENLI.JASMIN@GMAIL.COM
Mobile Phone No	(Phone) +65-96207345
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900013176-03

DRIVER

Name of Driver	TAN WEN LI JASMIN
NRIC No	SXXXX206C
Date Of Birth	23/07/1987
Occupation	Indoor

Date Of Driving Pass	12/04/2014
Driving experience	8 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90629590
Alt. Phone Number	-
Email Address	TANWENLI.JASMIN@GMAIL.COM
Address	BLK 163 TAMPINES ST 12 #11-269
Address complement	-
Postcode	521631
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	Side Swipe
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	JAYANTA NG WEI QIANG
Gender	Male

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

REFER TO POLICE REPORT

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	SLX3249L
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	TAN WEN LI JASMIN
Gender	Female
Phone No	(Phone) +65-90629590
Address	BLK 163 TAMPINES ST 12 #11-269
Address Complement	-
Post Code	521631
Approximate Age Years Old	35
Injuries Sustained	BACK NECK SHOULDER PAIN
Injured person in which vehicle?	SMJ688J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JAYANTA NG WEI QIANG
Gender	Male
Phone No	(Phone) +65-96207345
Address	BLK 163 TAMPINES ST 12 #11-269
Address Complement	-
Post Code	521631
Approximate Age Years Old	45
Injuries Sustained	BACK NECK SHOULDER PAIN
Injured person in which vehicle?	SMJ688J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

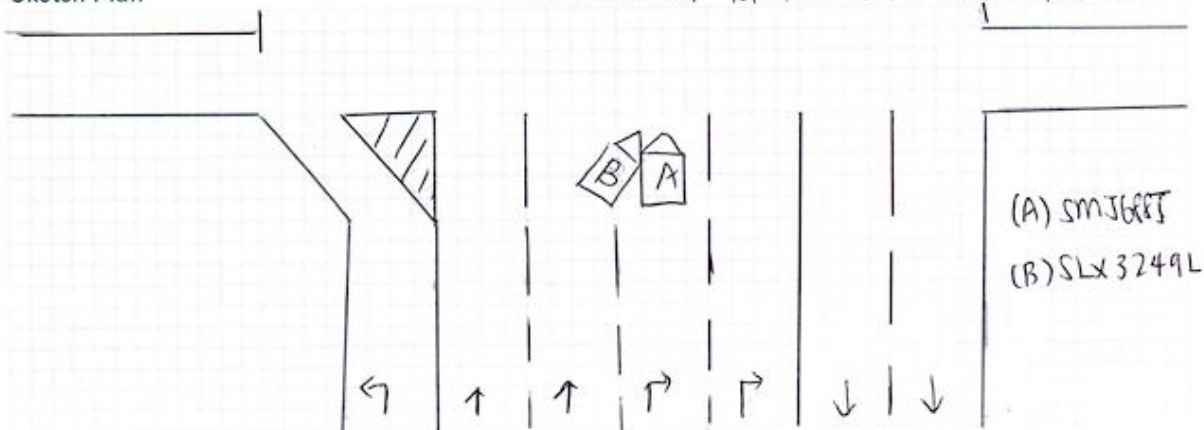
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

attached TP Report:
7/20220918/7054

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

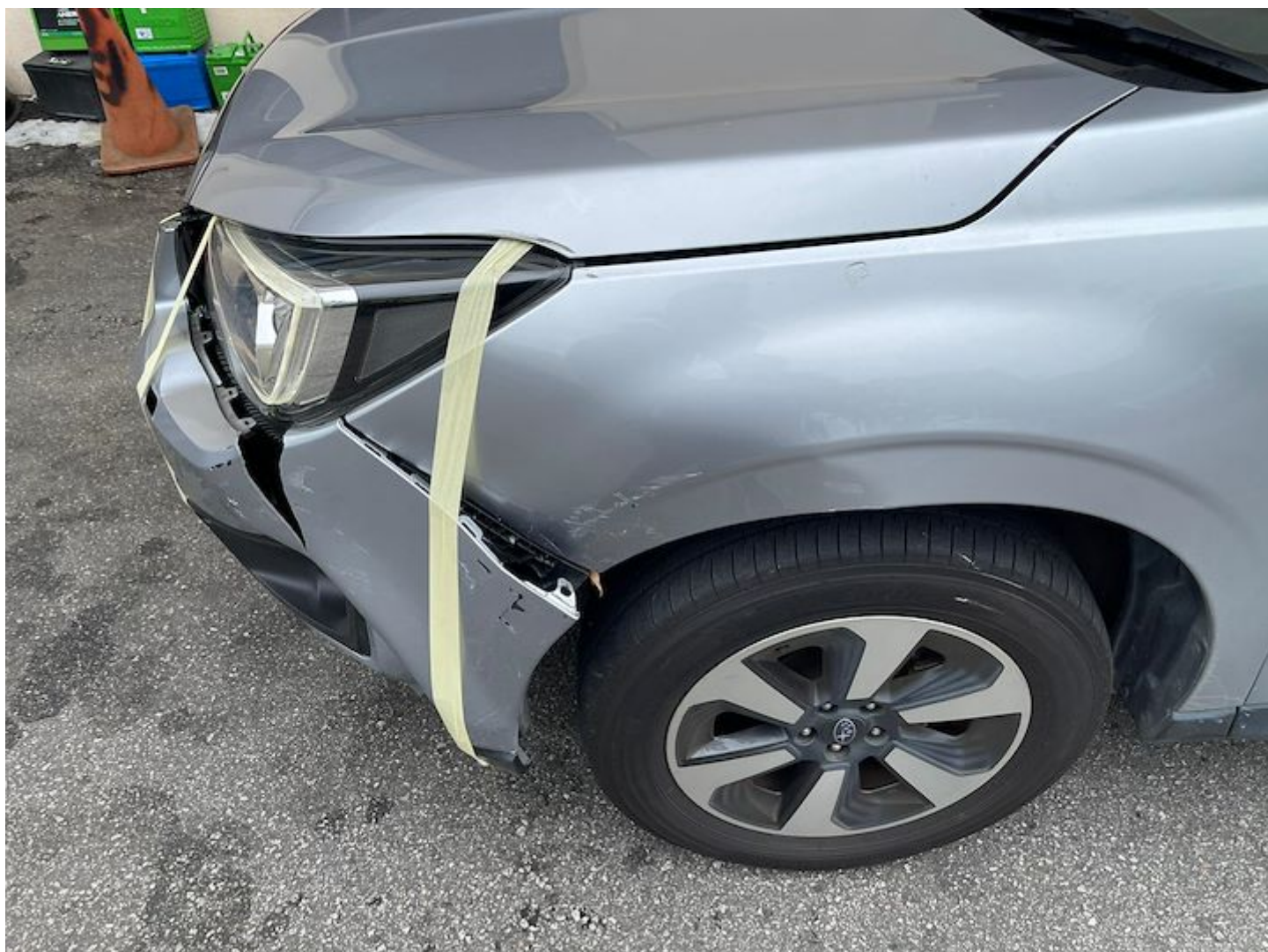


























**SINGAPORE
POLICE FORCE**



T/20220918/7054

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

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Report No. T/20220918/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2022 23:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN WEN LI, JASMIN			Address: 163 TAMPINES STREET 12 #11-269 SINGAPORE 521163		
ID Type / ID No.: NRIC NO / S8722206C			Contact No.: Home/Office: Mobile: 90629590		
Nationality: SINGAPORE CITIZEN			Email: tanwenli.jasmin@gmail.com		
Sex: Female	Age: 35	Date of Birth: 23/07/1987	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2022 17:35	Type of Location: X-Junction
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
SLX3249L	Car					0
SMJ688J	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220918/7054

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

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Report No. T/20220918/7054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	JAYANTA NG WEI QIANG	ID No.	S8741788C
Related Vehicle	SMJ688J (Car)	Contact No.	96207345
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/09/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious
Driver			
Name	TAN WEN LI, JASMIN	ID No.	S8722206C
Related Vehicle	SMJ688J (Car)	Contact No.	90629590
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/09/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 16/09/2022 at about 5.35pm, I was driving my vehicle, SMJ688J, with my husband - Jayanta Ng Wei Qiang (S8741788C) as the passenger. Our car was travelling along Tampines Avenue 5 in the second lane from the right and I had stopped at the traffic light junction as we were waiting for the right turn arrow to turn green so as to turn right towards Tampines Avenue 4. When the green right turn arrow came on, I proceeded to drive ahead but all of a sudden, I felt a very strong impact coming from the left side and realised that a vehicle, SLX3249L, had cut into our lane and collided into our car from the left, where my husband was seated at. Immediately after the accident, our car started leaking fluid profusely.

The sudden and hard impact had caused my right shoulder to hit against the car door while my husband had hit his head against the car door. We were also thrown forward and backward in our seats. After the accident, I experienced pain and discomfort in my shoulders, back and neck, as well as some tingling/numbing sensation in my right hand and fingers. My husband had pain and discomfort in his head, back, neck and shoulders so we went to see a doctor at W Y Teh Family Clinic and Surgery the next morning and we received five and four days of MC respectively.



**SINGAPORE
POLICE FORCE**



T/20220918/7054

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

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Report No. T/20220918/7054

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220918/7054

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

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Report No. T/20220918/7054

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:
18/09/2022 23:06

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: SN09229J000G-02 Vehicle Registration No: SMJ6885
 Name (as shown in NRIC): Jayanta Nn wei Qiang NRIC/FIN/Passport No: S8741788C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 163 Tampines Street 12 #11-269 S(521163) Singapore ()
 Contact (Tel): 9620 7345 Mobile No.: _____
 Email Address: tanwenli.jasmin@gmail.com
 Date of Accident: 16/09/22 Time of Accident: 1735
 Place of Accident: Junction at Tampines Ave5 and Tampines Ave4
 Insurance Company: AI G

(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:

Update
Policy N.O. 1900013176-03

 Policyholder / Driver's Signature
 Date:

21/09/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

CIJ2010C Addendum Form