

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 11:15 (SGT)
Reported by	Both
Date of Accident	17/09/2022 16:59 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TOWARDS YISHUN BEFORE SENGKANG HOSPITAL EXIT 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3169X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH GEOK HONG
NRIC No	S7100554B
Email Address	GOHGEOKHONG027@GMAIL.COM
Mobile Phone No	(Phone) +65-98210650
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210116802

DRIVER

Name of Driver	FONG ZHI WEI JARRETT
NRIC No	T0230875J
Date Of Birth	13/10/2002

Occupation	Indoor
Date Of Driving Pass	20/04/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96482400
Alt. Phone Number	-
Email Address	JARRETTFONG@GMAIL.COM
Address	64 JALAN GREJA
Address complement	-
Postcode	488927
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	3
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)	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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3052C
Vehicle Manufacturer	BMW
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	BHRANG
Contact Number	(Phone) +65-96306487
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB7678T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	VINCENT
Contact Number	(Phone) +65-91008196
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR C
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

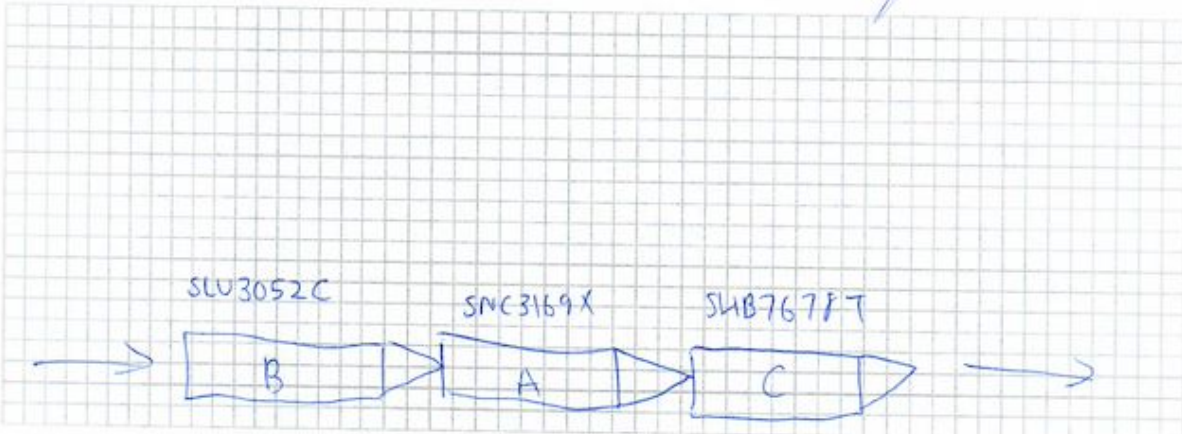
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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


it was 17/09/2022 at 1659 hours. I was driving along the TPE to go to yishun, I ~~am~~ ~~was~~ driving past the sign that says "Sengkang Hospital exit to". When suddenly the taxi in front of me suddenly slowed down very fast. He was already slowing down before that but suddenly stopped very quickly. However, because I saw him already slowing down, I started slowing down as well so when he suddenly stopped. I could react and slow down fast enough to come into a stop without hitting him. However, because he ~~stopped~~ stopped so suddenly, when I stopped, my car was close to him. Then after a few seconds a car hit me from the back, pushing my car forward, ~~hitting the car~~ making me hit the car in front. But the car behind had a lot of space to stop and react. The ~~taxi~~ taxi that suddenly slowed down and came to a stop in front of me did so because ~~a~~ ~~and~~ there was another 3 car accident maybe 2 car distance from our accident. Thus, because of the accident ~~in front~~ in front, the few cars behind that accident, like the taxi taxi, had to suddenly stop.

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


Witnessed by Reporting Centre Personnel



















































































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ANNEX E

NOTICE OF REPORTING

This is to confirm that **Fong Zhi Wei Jarrett, NRIC: T0230875J**, **Tel: 96482400** has reported to the Police a non-injury traffic accident which occurred along **TPE towards Yishun before Sengkang Hospital exit 10** on **17/09/2022** at **1659 hours** involving the following vehicles :-

- i) **SNC3169X (Complainant vehicle, Kia, Blue colour, 2nd vehicle)**
- ii) **SHB7678T (Taxi, Toyota, Red colour, 1st vehicle)**
- iii) **SLU3052C (BMW, Black colour, 3rd vehicle)**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **SSSgt T130143 Liza**

Date: **17/09/2022**

Time: **2033 hrs**

Station Diary ref: **43**

Police Post/Unit: **Bedok NPC**


Bedok NPC
30 Bedok North Road
Singapore 469676
Tel: 1800 - 2449999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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version as of 15 Sep 2000