

# 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 .....	21/11/2022 16:33 (SGT)
Reported by .....	Driver
Date of Accident .....	19/11/2022 16:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG PIE TWDS CHANGI B4 PAYA LEBAR EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC9364X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG LAY KHEE
NRIC No .....	SXXXX091C
Email Address .....	pp5559r@hotmail.com
Mobile Phone No .....	(Phone) +65-94552053
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	Xc40
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 .....	1969

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1800103650-03

### DRIVER

Name of Driver .....	CHNG WEI HUAT
NRIC No .....	SXXXX637G
Date Of Birth .....	03/04/1975
Occupation .....	Outdoor

Date Of Driving Pass .....	04/10/1995
Driving experience .....	27 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98465499
Alt. Phone Number .....	-
Email Address .....	pp5559r@hotmail.com
Address .....	194 WESTWOOD AVE
Address complement .....	#09-31
Postcode .....	648152
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) .....	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 .....	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 THE POLICE REPORT:T/20221120/7016

#### 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 .....	SLT4071X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AIZAT SHARBINI BIN SABIN
NRIC No .....	SXXXX932B
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 .....	CHNG WEI HUAT
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMC9364X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


SKETCH PLAN

IMPORTANT NOTICE

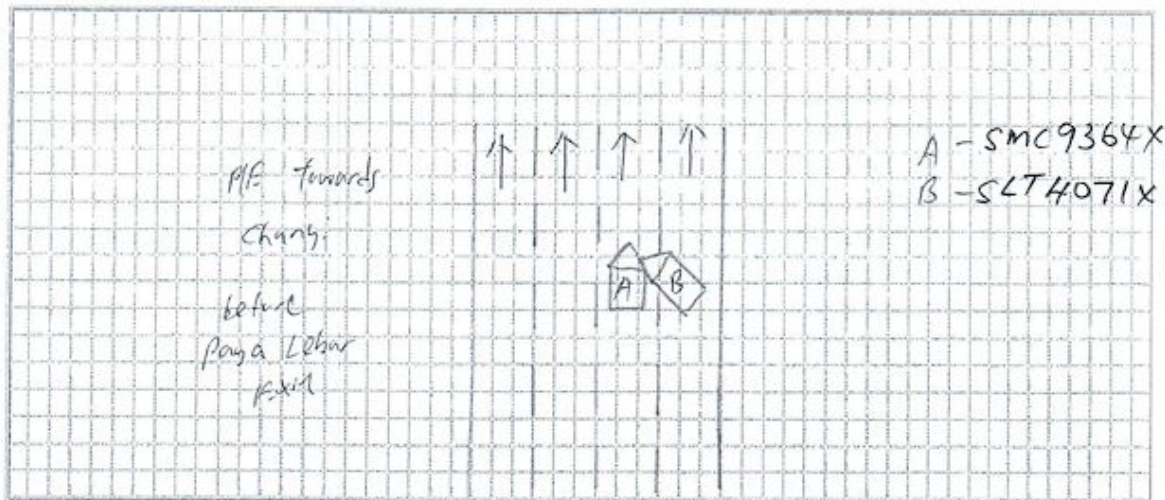
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management 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.

  
Policyholder's Signature / Date & Time

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

 21/11/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

please refer to police report T / 20221120 / 7016

Declaration

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 21/11/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20221120/7016

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

2 of 3

Report No. T/20221120/7016

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AIZAT SHARBINI BIN SABIN	ID No.	S9407932B
Related Vehicle	SLT4071X (Car)	Contact No.	86926714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHNG WEI HUAT	ID No.	S7508637G
Related Vehicle	SMC9364X (Car)	Contact No.	98465499
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/11/2022	Date	20/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

On 19/11/2022 at about 1610 Hrs, i was driving my vehicle SMC9364X along PIE towards Changi. I was traveling straight on the 2nd lane before Paya Lebar Exit, out of sudden a vehicle SLT4071X from my right (1st lane) abruptly encroach into my lane and collided onto my vehicle. The said vehicle Left side portion (passenger doors) collided onto my vehicle front right portion (front head light and front right side portion) and cause damage and dented to my vehicle front right side section. After the accident we exchange particular and take some scene photo and leave the scene. My neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.
















**SINGAPORE  
POLICE FORCE**


T/20221120/7016

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

1 of 3

Report No. T/20221120/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/11/2022 14:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHNG WEI HUAT			Address: 194 WESTWOOD AVENUE #09-31 SINGAPORE 648152		
ID Type / ID No.: NRIC NO / S7508637G			Contact No.: Home/Office: Mobile: 98465499		
Nationality: SINGAPORE CITIZEN			Email: PP5559R@HOTMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 03/04/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sale			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2022 16:10	Type of Location: Straight Road
Location:  PIE TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLT4071X	Car	KIA		Grey	Seriously Damaged	0
SMC9364X	Car	VOLVO	XC40	White	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20221120/7016

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

2 of 3

Report No. T/20221120/7016

## CONTINUATION OF REPORT

Details of Person Involved			
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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AIZAT SHARBINI BIN SABIN	ID No.	S9407932B
Related Vehicle	SLT4071X (Car)	Contact No.	86926714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHNG WEI HUAT	ID No.	S7508637G
Related Vehicle	SMC9364X (Car)	Contact No.	98465499
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Police Station Of Origin:  
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T/20221120/7016

3 of 3

Report No. T/20221120/7016

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2022 14:15
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168