

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	19/12/2022 13:29 (SGT)
Reported by	Driver
Date of Accident	18/12/2022 21:30 (SGT)
Exact Location of Accident	Circuit Rd, Singapore
Additional Location Information	L/P NO 30
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9137P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LIAN CHENG JASON
NRIC No	SXXXX472A
Email Address	joannapg.wong@gmail.com
Mobile Phone No	(Phone) +65-97359588
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100479325-06

DRIVER

Name of Driver	JOANNA WONG CHUAY LIN
NRIC No	SXXXX498B
Date Of Birth	26/08/1963
Occupation	Indoor

Date Of Driving Pass	15/06/1987
Driving experience	35 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97359588
Alt. Phone Number	-
Email Address	joannapg.wong@gmail.com
Address	BLK 5 TANJONG PAGAR PLAZA
Address complement	#20-01
Postcode	081005
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?	Yes
Number of vehicles involved in the accident	2
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JVR260
Vehicle Category	Motorcycle

PASSENGER 1

Name	CHUA LIAN CHENG
Gender	Male

PASSENGER 2

Name	JESLYN CHUA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marina Bay Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002229999
Alt. Police Station Phone No	(Fax) +65-64359276
Police Station Address	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221219/2000

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 SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JVR260
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
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) -

SKETCH PLAN

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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:

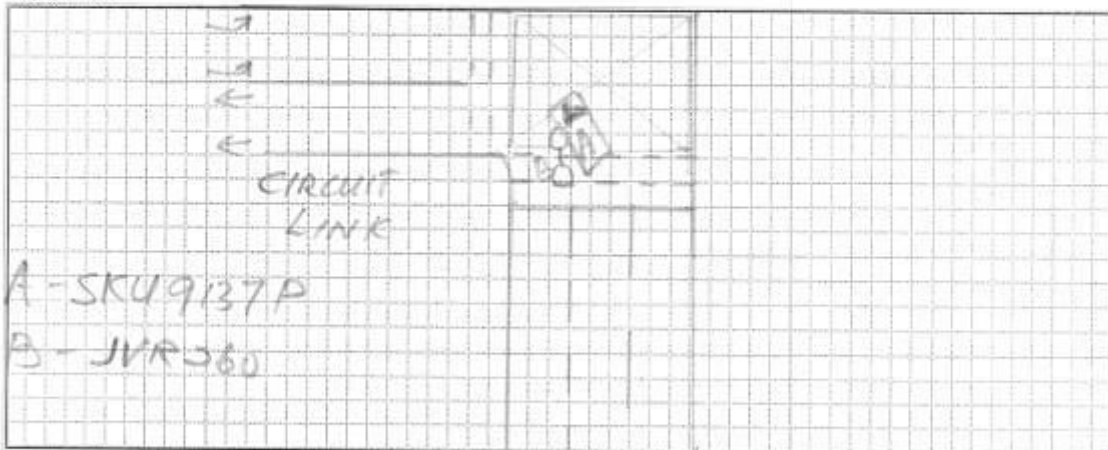
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Pls refer to the police report: T/2022/219/2000

Declaration:

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

Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20221219/2000

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Report No. T/20221219/2000

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

CONTINUATION OF REPORT

Passenger			
Name	JESLYN CHUA	ID No.	S9602926H
Related Vehicle	SKU9137P (Car)	Contact No.	92344018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JOANNA WONG CHUAY LIN	ID No.	S1623498B
Related Vehicle	SKU9137P (Car)	Contact No.	97359588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHUA LIAN CHENG	ID No.	S1445472A
Related Vehicle	SKU9137P (Car)	Contact No.	94556267
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/12/2022 at about 2130hrs, I was travelling along Circuit Rd and was about to make a left turn into Circuit Link my husband and daughter was with me when the accident took place. I was travelling on the 2nd lane from the left. The lane that I was travelling on is a left turn or go straight ahead lane.

While I was making a turn into Circuit Link from the 2nd lane, a motorcycle JVR260 collided onto my vehicle from the left side. The motorcycle caused a dent on my left passenger side door and also caused my left side mirror cover to come off.

Upon collision, I saw the motorcycle and rider fell on it left side. I immediately rendered assistance and called for ambulance. Subsequently, police arrived at scene and I handed my in car camera SD card over to the police.



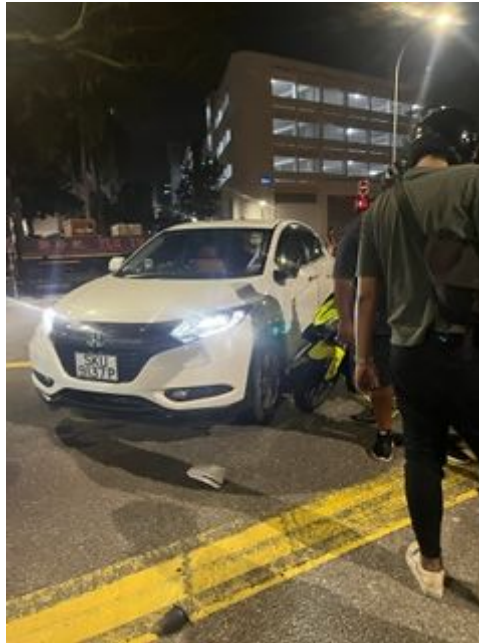
















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70 Marina View SINGAPORE 018962
Tel No: 1800-2229999



T/20221219/2000

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Report No. T/20221219/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2022 00:19	Vide Report No.: G/20221218/0222	Station Diary No.: 1
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Informant's Particulars

Name of Informant: JOANNA WONG CHUAY LIN		Address: APT BLK 5 TANJONG PAGAR PLAZA #20-01 SINGAPORE 081005	
ID Type / ID No.: NRIC NO / S1623498B		Contact No.: Home/Office:	Mobile: 97359588
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 59	Date of Birth: 26/08/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: FINANCIAL SERVICES CONSULTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2022 21:30	Type of Location: T-Junction
Location: CIRCUIT ROAD				
Lamp Post Number: 30				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JVR260	Motorcycle				Slightly Damaged	0
SKU9137P	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20221219/2000

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Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20221219/2000

CONTINUATION OF REPORT

Passenger			
Name	JESLYN CHUA	ID No.	S9602926H
Related Vehicle	SKU9137P (Car)	Contact No.	92344018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JOANNA WONG CHUAY LIN	ID No.	S1623496B
Related Vehicle	SKU9137P (Car)	Contact No.	97359588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHUA LIAN CHENG	ID No.	S1445472A
Related Vehicle	SKU9137P (Car)	Contact No.	94556267
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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**SINGAPORE
POLICE FORCE**

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70 Marina View SINGAPORE 018962
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T/20221219/2000

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Report No. T/20221219/2000

CONTINUATION OF REPORT

I am unsure how the accident take place.



SINGAPORE POLICE FORCE

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70 Marina View SINGAPORE 018962
Tel No: 1800-2229999



T/20221219/2000

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Report No. T/20221219/2000

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:

A /

SGT 3 Jamas Jeow Qi Long

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2022 00:19

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No. 65476171

Classification Of Case:

NP168