

# 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 ..... 30/01/2023 12:46 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 27/01/2023 17:00 (SGT)  
Exact Location of Accident ..... Bedok North Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJE3112X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... M AUTO LEASING PTE LTD  
Company Reg No ..... 2XXXXX286N  
Email Address ..... clarence.awj@gmail.com  
Mobile Phone No ..... (Phone) +65-81448822  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MN000647-R00

### DRIVER

Name of Driver ..... AU WEI JIAN CLARENCE  
NRIC No ..... SXXXX229F  
Date Of Birth ..... 27/03/1987  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/10/2011
Driving experience .....	11 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85828090
Alt. Phone Number .....	-
Email Address .....	clarence.awj@gmail.com
Address .....	BLK 617 BEDAK RESERVOIR ROAD #09-1302
Address complement .....	-
Postcode .....	470617
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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) .....	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 Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT G/20230127/7105

#### 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 TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBS5652L
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	AU WEI JIAN CLARENCE
Gender .....	Male
Phone No .....	(Phone) +65-85828090
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJE3112X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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 (Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

I was travelling straight along bedok north rd out of sudden i felt an impact on my vehicle rear portion when i got down i realised vehicle (b) collided onto my vehicle

POLICE REPORT #2023027/7105

## Declaration

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



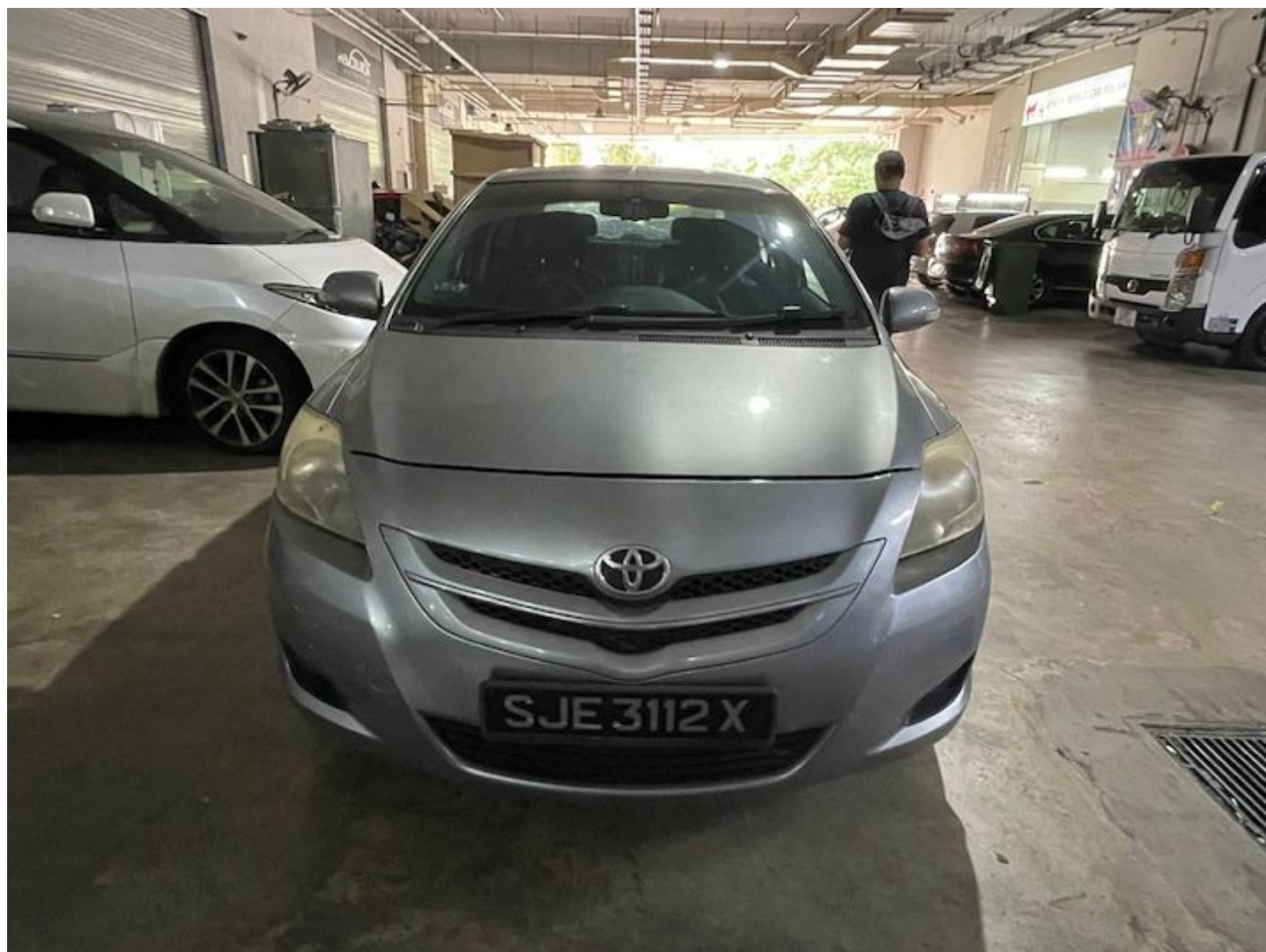
Policyholder's Signature / Date & Time

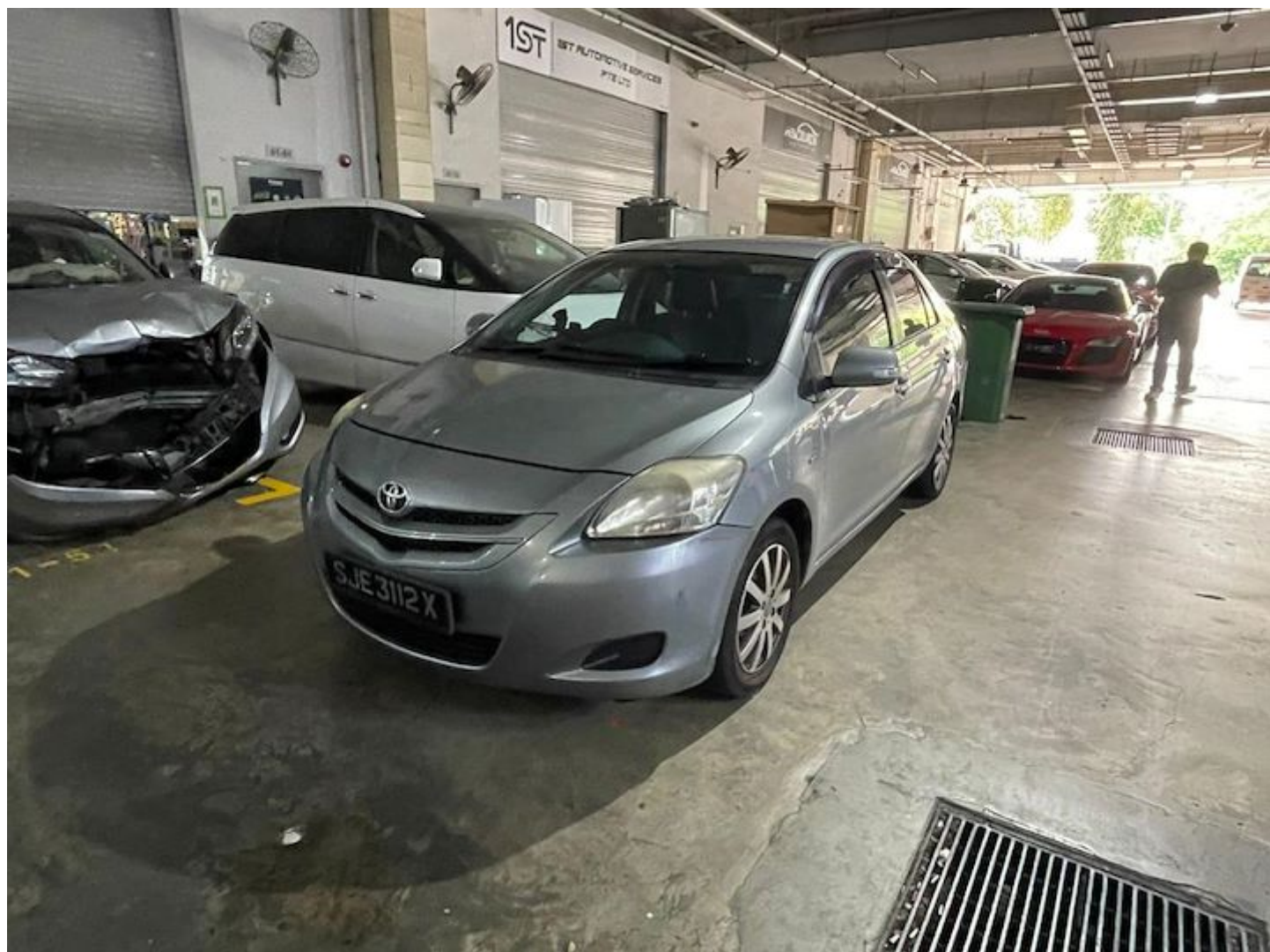
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Carriage Personnel

30/01/2023



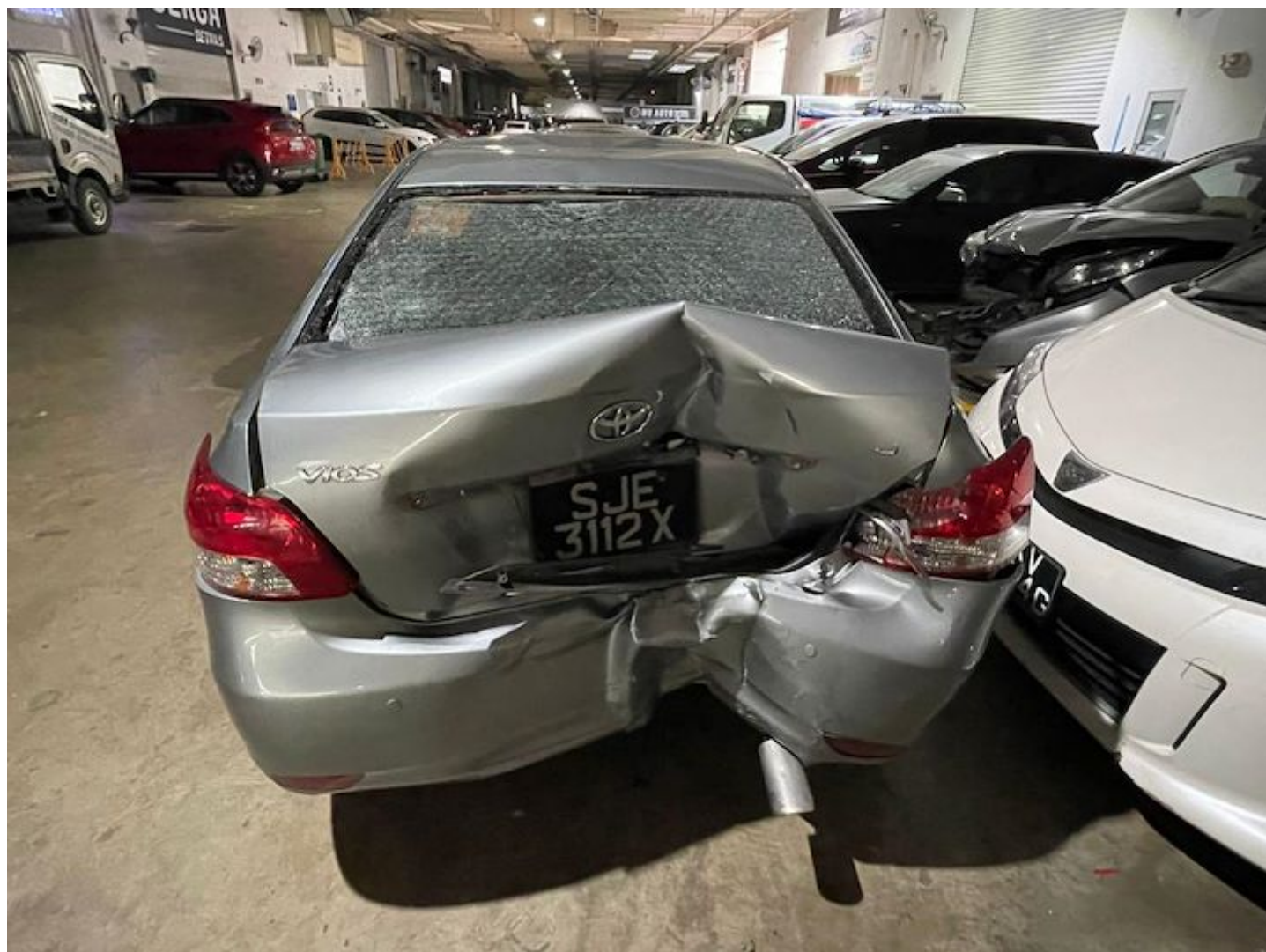

























**SINGAPORE  
POLICE FORCE**


G/20230127/7105

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**POLICE REPORT (NP299)**

Report No. G/20230127/7105

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 27/01/2023 22:22	Vide Report No.	Station Diary No.
Name Of Informant AU WEI JIAN, CLARENCE	Address 617 BEDOK RESERVOIR ROAD #09-1302 SINGAPORE 470617	
ID Type / ID No. NRIC NO / S8708229F	Contact No. Home/Office:	Mobile: 85828090
Nationality SINGAPORE CITIZEN	Email Address CLARENCE.AWJ@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 35
Institution/School Name	Date of Birth 27/03/1987	Race Chinese
Date/Time Of Incident 27/01/2023 16:45 - 27/01/2023 17:45	Location Of Incident 101 BEDOK NORTH ROAD SPC BEDOK SINGAPORE 469678	

**Brief details.**

My vehicle registration number is SJE3112X. I was involved in a traffic accident with a motorbike, vehicle registration number FBS5652L along bedok north road, at the traffic junction just directly infront of SPC and Esso Petrol Kiosk.

I was waiting in line as the 3rd car, preparing to turn right into bedok north street 2. Out of a suddenly there was a loud bang and i felt impact from the back and my car surge forward. it gentle bump into the

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: 27/01/2023 22:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230127/7105

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230127/7105

car in front. I look back and saw my rear windscreen shattered so i step out of the car and the driver of the car in front both found a motorist injured on the floor.

I called for 995 and an ambulance came shortly with 2 Traffic Police officer. The traffic police officer asked what happen and i replied as per the truth. I gave him my sd card for my in car camera to assist in the investigation. meanwhile i exchange contact details with the driver at the front and he left claiming that there was no damage to his vehicle.

Shortly the injured motorcyclist was convey for further medical treatment by the ambulance. I did not managed to exchange any particulars with the motorcyclist. I was however given an report number, G/20230127/0130 by the traffic police officer present with regards to this accident and was advise to make a police report either at the police post or online.

Subsequently i drove off to my workshop after permission was given by the officer. When i reach home, i felt ache and pain abd on my neck and shoulder and i consult a doctor. I was given 2 days of MC for 27 and 28 Jan 2023. I was advise to monitor and return to see him if the pain and ache continue.

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: 27/01/2023 22:22
Officer In-Charge Of Case:	Classification Of Case: