

## 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 .....	27/01/2023 11:01 (SGT)
Reported by .....	Owner
Date of Accident .....	25/01/2023 19:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI NEAR CATHOLIC JUNIOR COLLEGE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBX5006B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG CHEE FAI
NRIC No .....	S1405325E
Email Address .....	CHEEFAI.WONG@ACCELLERON-INDUSTRIES.COM
Mobile Phone No .....	(Phone) +65-98329881
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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? .....	Yes
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 .....	1700054187-05

#### DRIVER

Name of Driver .....	WONG WEI WEN, KENNETH
NRIC No .....	S9523861J
Date Of Birth .....	11/07/1995
Occupation .....	Indoor

Date Of Driving Pass .....	13/03/2020
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96416922
Alt. Phone Number .....	-
Email Address .....	W3KENNETH@GMAIL.COM
Address .....	CHOA CHU KANG ST51, BLK 523, S680523
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
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 .....	RENEE TAN WEI TING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE 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 .....	FBP1194J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	SHANAKIAN RAJKUMARESAN
NRIC No .....	S9723199J
Contact Number .....	(Phone) +65-83820036
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SHANAKIAN RAJKUMARESAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP1194J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

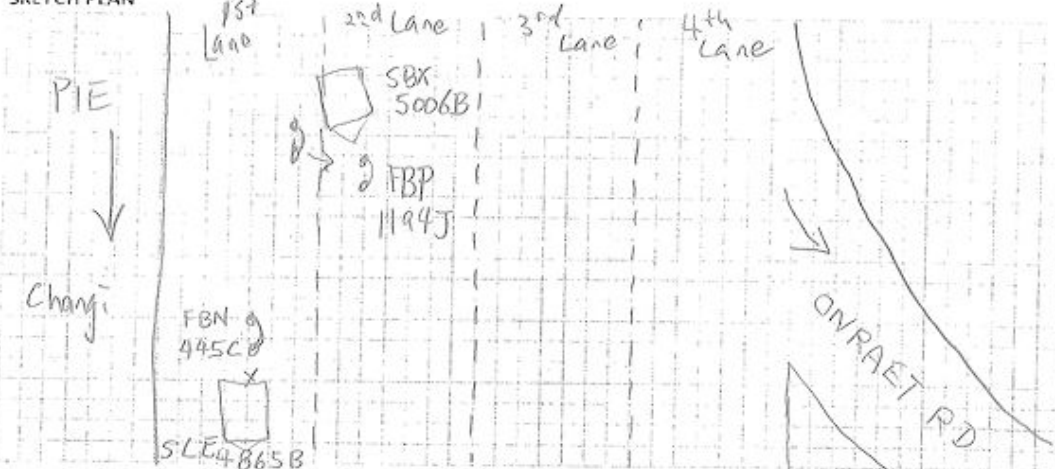
26/1/2023  
14:40 pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

26/01/2023  
14:40 pm

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

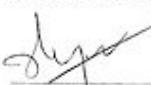
Accident occurred on PIE towards Changi as shown above. I, Wong Wei Wen-Kenneth, was driving on first lane trying to filter to the left (2nd lane). I was checking blind spot while filtering and while doing that, a motorcycle (FBP 1194J) came into contact with my vehicle (SBX 5006B).

After our vehicles came into contact, the rider fell from his motorcycle. The ~~front~~<sup>right</sup> side of my vehicle was seriously damaged. The rider sustained abrasions on both his hands and he was conveyed to hospital (Tan Tock Seng Hospital). From the rider's SMS text msg, he got 5 days of medical leave (mc).

The police report is attached to this submission.

DECLARATION

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



Policyholder's Signature

Date & Time:

26 Jan 2023  
14:40pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

26 Jan 2023  
14:40pm



Reporting Centre Personnel's Signature

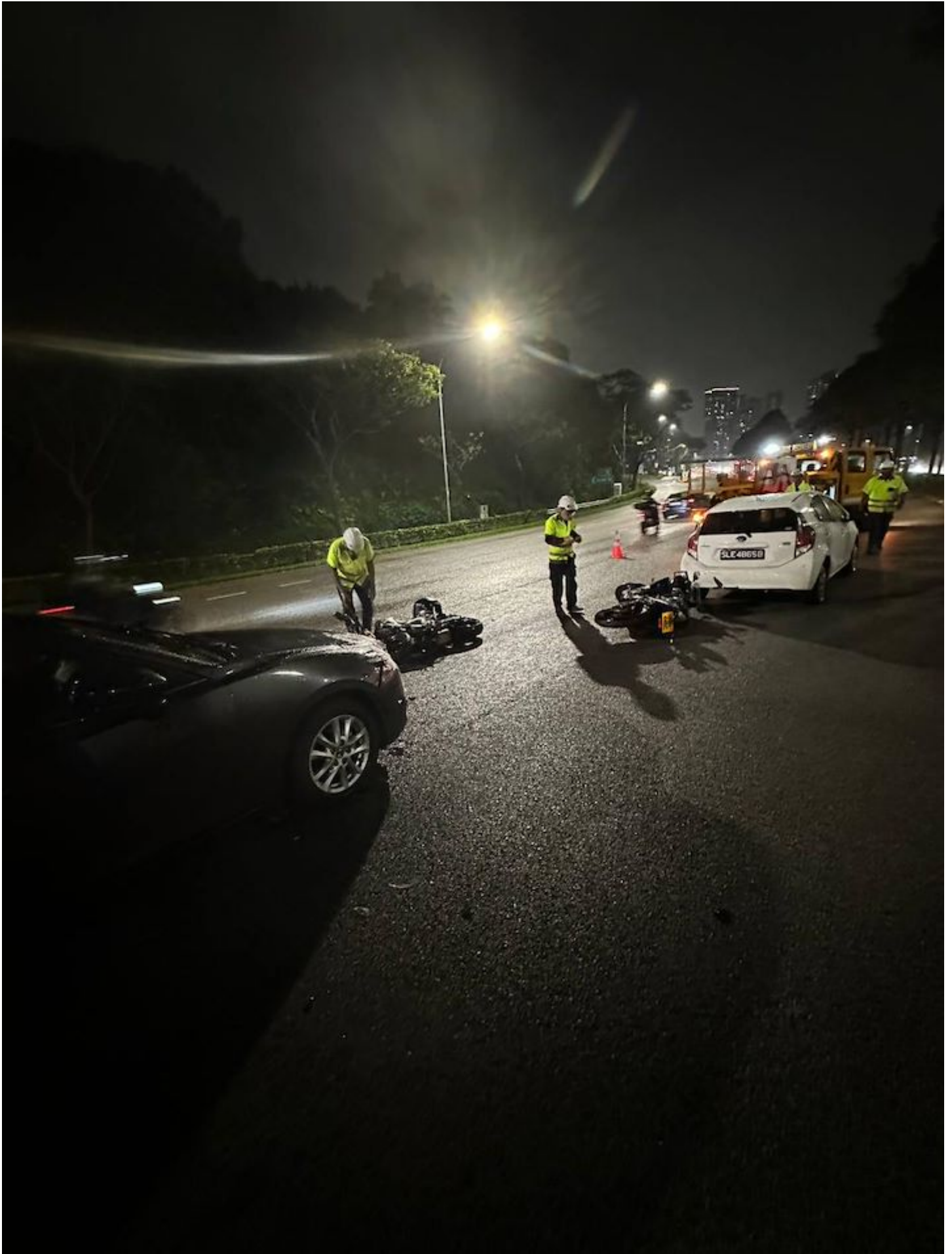
Name:

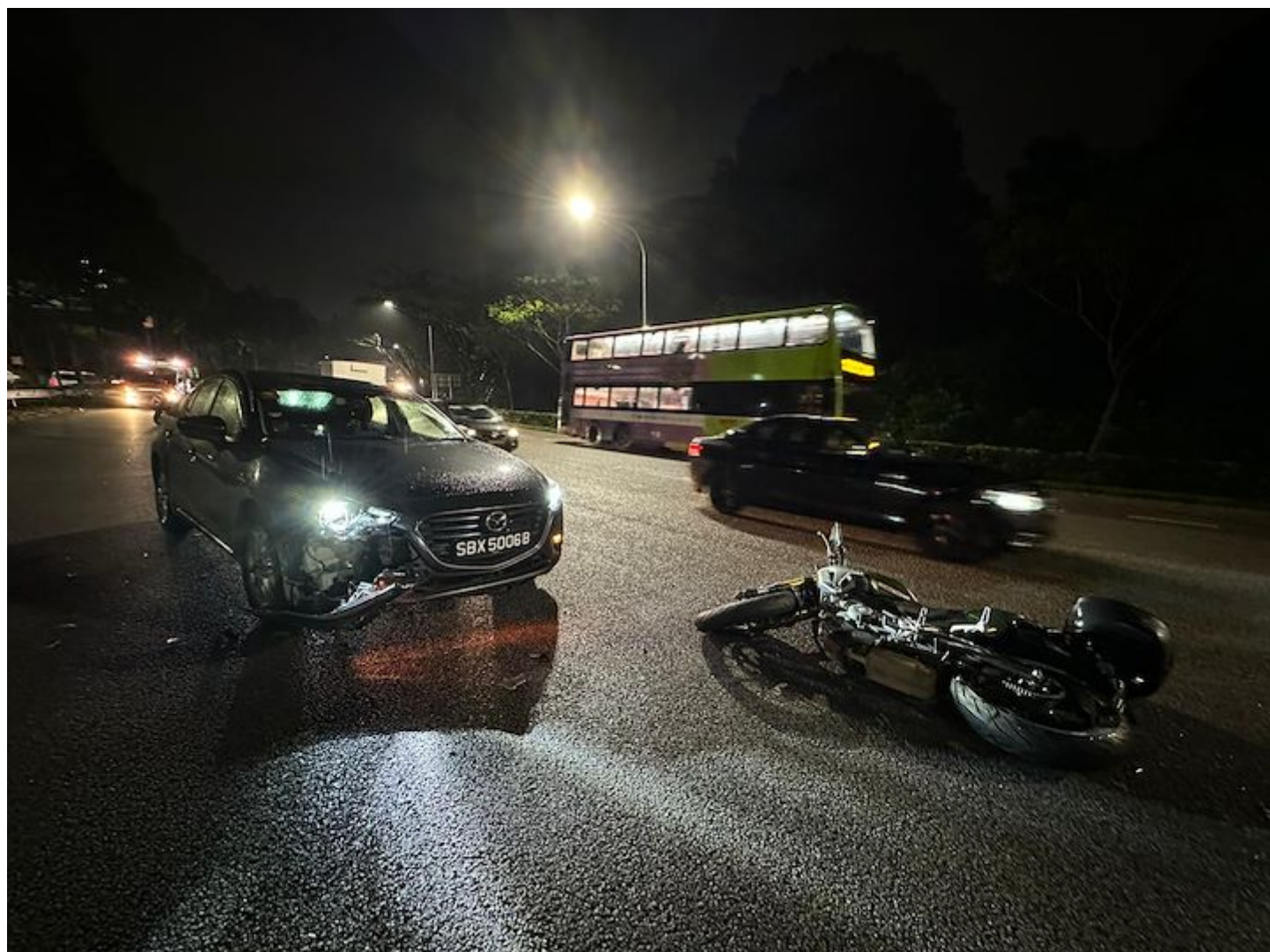
NRIC/FIN No.:





































**SINGAPORE  
POLICE FORCE**



T/20230126/2004

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20230126/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2023 00:36		Vide Report No.: E/20230125/0126		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: WONG WEI WEN, KENNETH			Address: APT BLK 523 CHOA CHU KANG STREET 51 #12-311 SINGAPORE 680523		
ID Type / ID No.: NRIC NO / S9523861J			Contact No.: Home/Office: Mobile: 96416922		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 11/07/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SOFTWARE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/01/2023 19:25	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Unknown				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1194J	Motorcycle				No Damage	0
SBX5006B	Car				Seriously Damaged	1

**Details of Person Involved**

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



SINGAPORE  
POLICE FORCE



112023012600000

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7689999

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Report No: ST2023012600000

CONTINUATION OF REPORT

Driver			
Name	WONG WEI WEN, KENNETH	ID No.	S9523861J
Related Vehicle	NIL	Contact No.	96416922
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
Rider			
Name	SHANAKIAN RAJKUMARESAN	ID No.	S9723199J
Related Vehicle	NIL	Contact No.	83820036
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 25/01/2023 at 7.25pm, along PIE towards Changi, near to Catholic Junior College, I was driving vehicle bearing registration number SBX5006B on the extreme right lane and trying to filter to the left. I was checking blind spot while filtering and while doing that, a motorcycle bearing registration number FBP1194J came into contact with my vehicle. After our vehicles came into contact, the rider fell from his motorcycle. The front right side of my vehicle was seriously damaged. I noticed that the rider sustained abrasions on both his hands and he was conveyed to the hospital by the ambulance. The traffic police also came to the accident scene.





**SINGAPORE  
POLICE FORCE**



T/20230126/2004

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Report No. T/20230126/2004

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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: J / SR STAFF SGT ANG MAGDELENE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2023 00:36
Officer In Charge Of Case: TP / GIT / SR STAFF SGT TAN JUN YAN Contact No.: 65476311	Classification Of Case:

NP168