

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	16/02/2023 15:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/02/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8557E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AI LIAN ANGELIA
NRIC No	S8229509G
Email Address	cytay98@hotmail.com
Mobile Phone No	(Phone) +65-97883245
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
Variant	T2
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100470101

DRIVER

Name of Driver	TAY CHUNG YEOW
NRIC No	S7736876J
Date Of Birth	23/12/1977
Occupation	Indoor

Date Of Driving Pass	11/12/1996
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97883245
Alt. Phone Number	-
Email Address	cytay98@hotmail.com
Address	2A HOUGANG ST 11 #07-06
Address complement	-
Postcode	538752
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	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?	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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SMH6949C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90063665
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. <u>Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.</u> 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u> 4. Information provided must be as <u>truthful and accurate as possible.</u> Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 15/02/2023 Time: 1800
Exact Location of Accident	AYE TOWNS CITY.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB 8557E.
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	GOH ALIAN, ANGELIA.
Personal Identification - NRIC (Singaporean/PR)	S8229509G
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: VOLVO Model: V40
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	School
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AG ASIA PACIFIC
Type of Policy	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	3100470101.
Motor CI	
DRIVER	<input type="checkbox"/> Same as Insured above
Name of Driver	TAY CHUNG YEW
Personal Identification - NRIC (Singaporean/PR)	S7736876 J.
- FIN/Passport Number	
Date of Birth	28 dd/12 mm/1977yy
Driving Date Pass	11 dd/12 mm/1996yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	97883245.

Page 1

Address of Driver	3A HUEANG S7 11 #07-06	Postcode (58452)
Email Address	Cyky98@hotmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-REAR	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SMH6949C	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	90063665	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles.)		

SKETCH PLAN

IMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

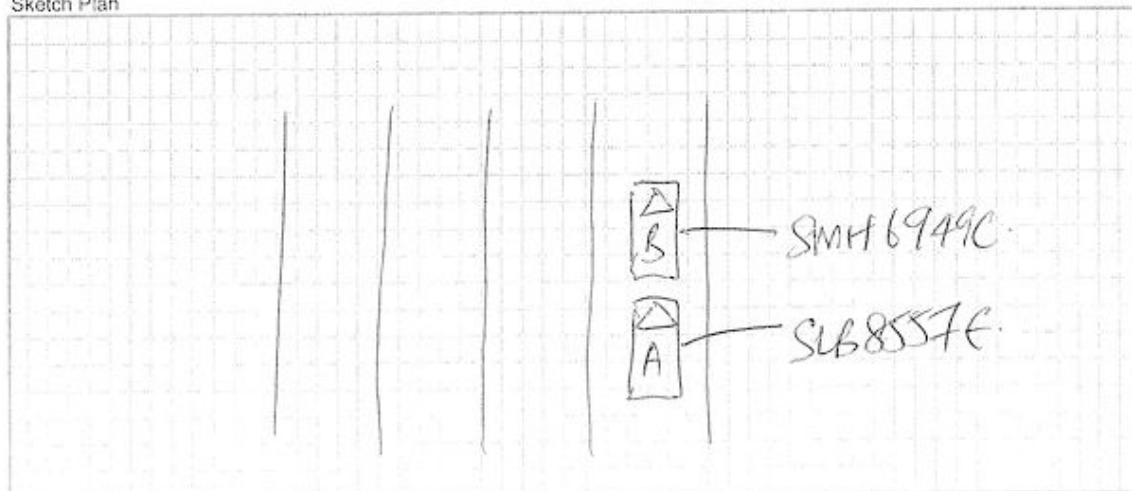
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 16/1/23
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was driving on the left lane on AYE. The car in front slow down. I am not able to slow down and knock on his car.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

[Signature]
16/5/23

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

UNDERTAKING

I, Tay Chung Yeow, (NRIC No. S7736876J), hereby confirm that the Singapore Accident Statement lodged by me on 16/2/23 at 1225 hours pertaining to the accident involving motor car Reg. No: SLB 8557E, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I, Angela Goh Ai Lian, (NRIC No. S82295019), am the owner of motor car Reg. No: SLB 8557E and the policyholder of policy no. 2100970101.

We acknowledge that the insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) Cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

we irrevocably jointly and severally undertake to absolve my insurer from all liability under the contract of insurance and we further jointly and severally undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my /our receipt of a written demand from the insurers.

Signature : [Signature]
 Name of Policyholder : BOH AI LIAN ANGELLA
 NRIC No. : S82295019
 Date : 16/2/23

Signature : [Signature]
 Name of Driver : Tay Chung Yeow
 NRIC No. : S7736876J
 Date : 16/2/23













**SINGAPORE
POLICE FORCE**



T/20230216/2045

1 of 3

Report No. T/20230216/2045

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2023 14:36	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: TAY CHUNG YEOW			Address: 2A HOUGANG STREET 11 #07-06 SINGAPORE 538752	
ID Type / ID No.: NRIC NO / S7736876J			Contact No.: Home/Office: Mobile: 97882245	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 23/12/1977	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 3		
		Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/02/2023 18:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
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 - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB8557E	Car	VOLVO	V40 T2 (A)	Grey	Slightly Damaged	0
SMH6949C	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230216/2045

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Report No. T/20230216/2045

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Driver			
Name	TAY CHUNG YEOW	ID No.	S7736876J
Related Vehicle	SLB8557E (Car)	Contact No.	97882245
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

Brief Details.

On 15/02/2023 at about 1800hrs, I was driving my wife's car, SLB8557E along AYE towards CTE on the first lane heading back home. I was travelling at between 70-80km/h. There was another car that had stopped along lane 1. I did not manage to brake in time and had hit onto the rear of the said car. I gave him my particulars, but I only managed to get the other driver number as 90063665. The other driver informed me he was fine before driving off. I have an in-car camera which captured the incident. There was no ambulance called to scene, and I am not injured. My car suffered dents on the front whilst the other car had dents to its rear. Emas then came and assisted me to tow my car off the expressway.



**SINGAPORE
POLICE FORCE**



T/20230216/2045

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20230216/2045

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 2 MUHAMMAD KHAIRUL
AZHAR BIN SELAMAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/02/2023 14:36

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168