

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	20/03/2023 17:57 (SGT)
Reported by	Driver
Date of Accident	18/03/2023 04:30 (SGT)
Exact Location of Accident	Yishun Street 71, Singapore
Additional Location Information	YISHUN STREET 71, NEAR BLOCK 730
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4469H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN MAY HIANG
NRIC No	SXXXX235F
Email Address	CHEWYUDE@GMAIL.COM
Mobile Phone No	(Phone) +65-97335983
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTSBACK 1.4 TF
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	1390

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100454915-07

DRIVER

Name of Driver	CHEW YU DE
NRIC No	SXXXX360Z
Date Of Birth	18/05/1994
Occupation	Indoor

Date Of Driving Pass	21/03/2013
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-97536583
Alt. Phone Number	-
Email Address	CHEWYUDE@GMAIL.COM
Address	1 ROSEWOOD DRIVE
Address complement	#11-01
Postcode	737934
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	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

THE INCIDENT TOOK PLACE WHEN I WAS DRIVING ON A STRAIGHT ROAD ALONG YISHUN RING ROAD TOWARDS CHONG PANG DIRECTION. I WAS HEADING HOME URGENTLY DUE TO A FAMILY EMERGENCY AND ACCIDENTALLY SWERVED TO THE LEFT AT THE CROSS JUNCTION AND HIT THE TRAFFIC LIGHT / LAMP POST. NO PEDESTRIANS AND TRAFFIC WERE PRESENT ON THE ROAD.

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	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TRAFFICLIGHT
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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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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

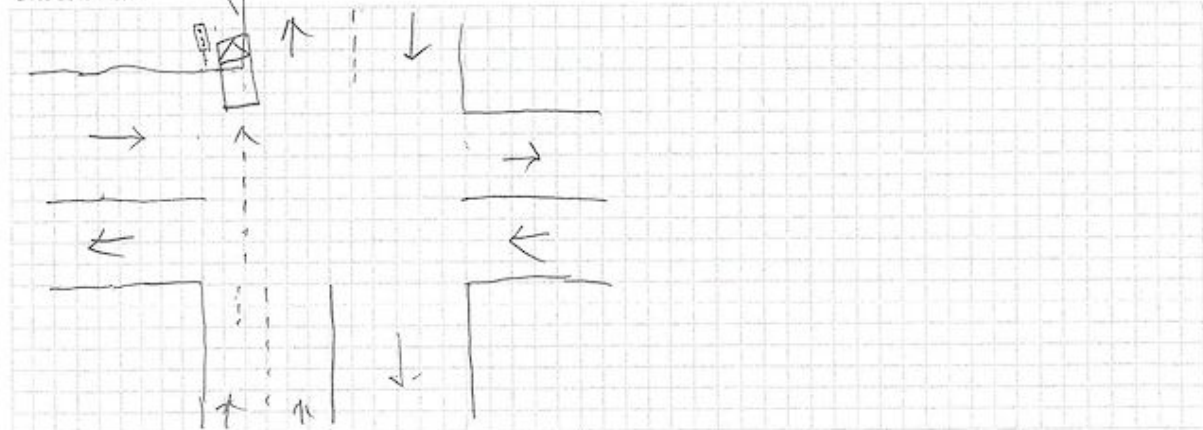
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time 20/3/23 - 1200hrs


Witnessed by Reporting Centre Personnel Tony Foong

Sketch Plan



Describe Circumstances of the Accident

The incident took place when Z was driving in a straight road along Vishnu Ring Road towards Chang Pang direction. Z was heading home urgently due to a family emergency, and accidentally swerved to the left at the cross junction and hit the traffic light / lamp post. No pedestrians and traffic were present on the road.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time 20/3/2023 - 1200



Witnessed by Reporting Centre Personnel Tony Fong





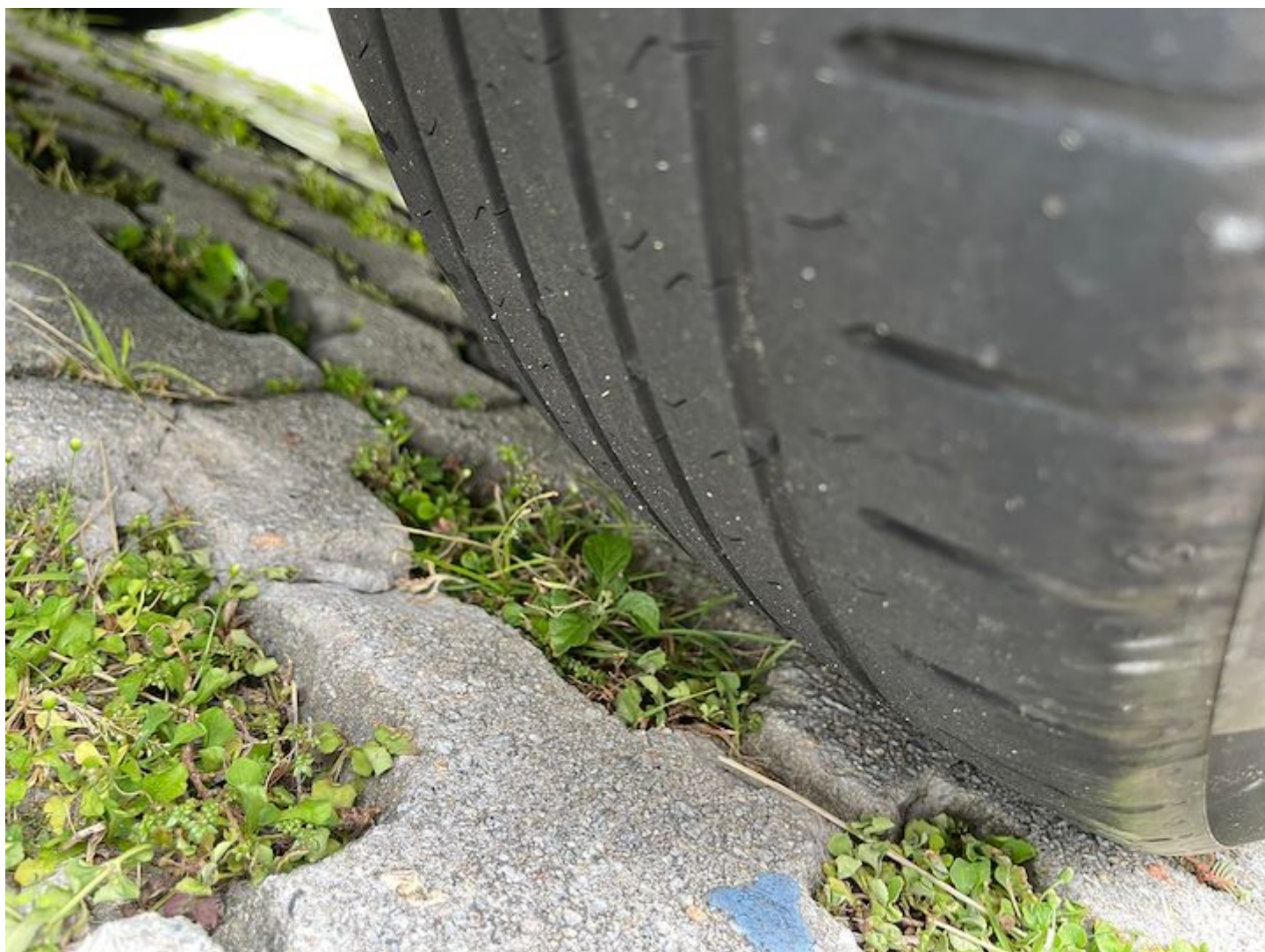


















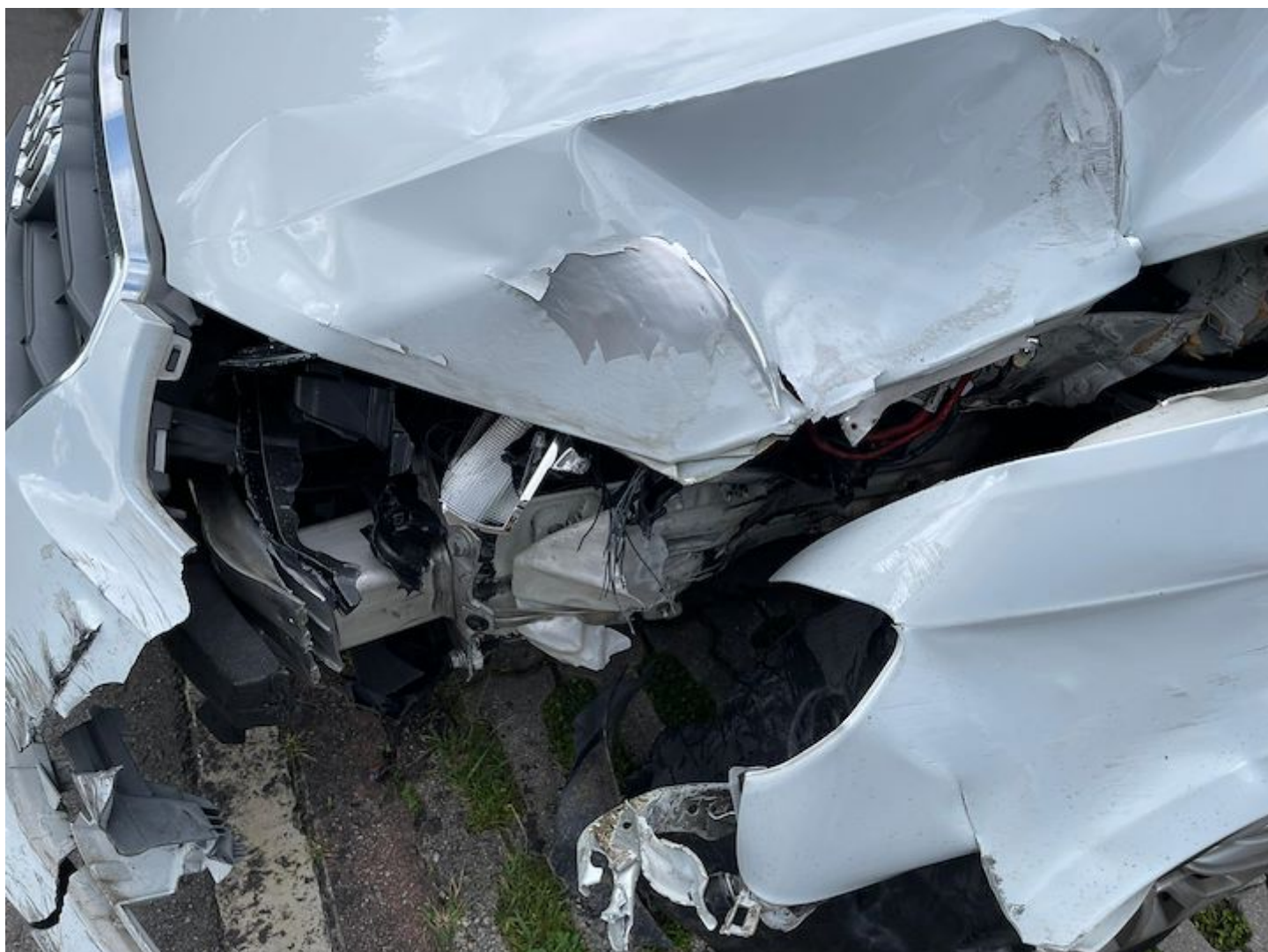
























**SINGAPORE
POLICE FORCE**



T/20230318/7048

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

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Report No. T/20230318/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2023 19:49		Vide Report No.: L/20230318/0036		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZOE TAN			Address: 119 YISHUN RING ROAD #01-455 SINGAPORE 760119		
ID Type / ID No.: NRIC NO / S9700855H			Contact No.: Home/Office: Mobile: 96450535		
Nationality: SINGAPORE CITIZEN			Email: 203TAN@GMAIL.COM		
Sex: Female	Age: 26	Date of Birth: 12/01/1997	Type of Informant: Friend of driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2023 04:30	Type of Location: X-Junction
Location: YISHUN STREET 71				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLA4469H	Car	AUDI	A3	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA4469H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100454915-07	01/03/2023	29/02/2024



**SINGAPORE
POLICE FORCE**



T/20230318/7048

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

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Report No. T/20230318/7048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW YU DE	ID No.	S9418360Z
Related Vehicle	SLA4469H (Car)	Contact No.	97536583
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
Friend of driver			
Name	ZOE TAN	ID No.	S9700855H
Related Vehicle	NIL	Contact No.	96450535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The incident took place when driver was driving in a straight road along Yishun Ring Road towards Chong Pang Direction. He was heading home urgently due to a family emergency, and accidentally swerved to the left at the cross junction and hit the traffic light / lamp post. No pedestrians were present and there were no traffic along the road. Airbag was activated upon collision, but driver did not suffer any injuries. Driver further inspected the surroundings and reconfirmed that no one else was involved.

Driver then urgently called for a friend to assist with the respective reporting / towing of vehicle. Upon her arrival, driver rushed home to attend to the fall accident of his father who was undergoing night dialysis.



**SINGAPORE
POLICE FORCE**



T/20230318/7048

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

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Report No. T/20230318/7048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/03/2023 19:49

Classification Of Case: