

## 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 .....	22/03/2023 10:43 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/03/2023 13:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHOA CHU KANG DRIVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLM932A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHONG TECK WEI
NRIC No .....	SXXXX442I
Email Address .....	twcscg15@singnet.com.sg
Mobile Phone No .....	(Phone) +65-97934137
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Pulsar
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 .....	1200

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2100504518

#### DRIVER

Name of Driver .....	CHONG TECK WEI
NRIC No .....	SXXXX442I
Date Of Birth .....	08/11/1962
Occupation .....	Indoor

Date Of Driving Pass .....	03/06/1989
Driving experience .....	33 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97934137
Alt. Phone Number .....	-
Email Address .....	twcscg15@singnet.com.sg
Address .....	201 PETIR ROAD #16-689
Address complement .....	-
Postcode .....	670201
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	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

SEE ATTACHED 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 .....	GBF8459C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LEONG EE HAN DANIEL
NRIC No .....	TXXXX835Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

#### WITNESS DETAILS

##### WITNESS 1

Name .....	MICHAEL NEO
Phone .....	(Phone) +65-94889981
Email .....	-

SKETCH PLAN

IMPORTANT NOTICE

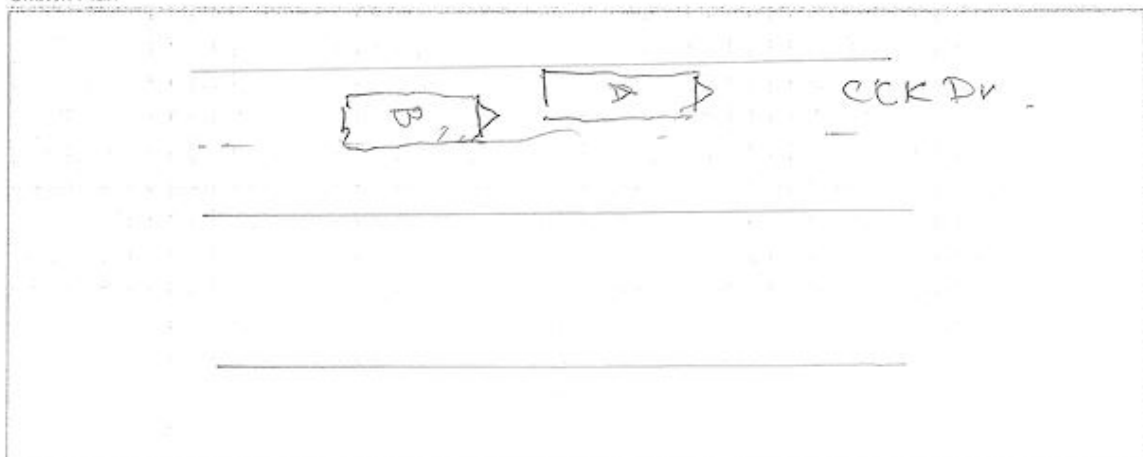
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 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



v. Jun 2022

## Describe Circumstances of the Accident

Accident Location:

Accident Date:

Time:

am/pm

Owner Email:

Driver Email:

See Attached police report -

## OTHER VEHICLE NO INVOLVE DETAILS : -

B	Veh No:	Hp:	Total Pax:	Driver Name:
C	Veh No:	Hp:	Total Pax:	Driver Name:

## Declaration

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



Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel













































**SINGAPORE  
POLICE FORCE**



T/20230321/7072

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

1 of 4

Report No. T/20230321/7072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2023 19:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHONG TECK WEI			Address: 201 PETIR ROAD #16-689 SINGAPORE 670201		
ID Type / ID No.: NRIC NO / S25504421			Contact No.: Home/Office: Mobile: 97934137		
Nationality: MALAYSIAN			Email: TWCSCG15@SINGNET.COM.SG		
Sex: Male	Age: 60	Date of Birth: 08/11/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 21/03/2023 13:30	Type of Location: Straight Road
Location:  CHOA CHU KANG DRIVE				
Lamp Post Number: 5				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF8459C	Van	MERCEDES BENZ	Vito	White	Slightly Damaged	3
SLM932A	Car	NISSAN	Pulsa	Grey	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230321/7072

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

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Report No. T/20230321/7072

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM932A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100504518-06	21/03/2023	20/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Officer				
Name	Unknown Officer		ID No.	NIL
Related Vehicle	GBF8459C (Van)		Contact No.	NIL
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
Driver				
Name	CHONG TECK WEI		ID No.	S2550442I
Related Vehicle	SLM932A (Car)		Contact No.	97934137
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	LEONG EE HAN DANIEL		ID No.	T0215835Z
Related Vehicle	NIL		Contact No.	NIL
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



SINGAPORE  
POLICE FORCE



T/20230321/7072

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

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Report No. T/20230321/7072

CONTINUATION OF REPORT

Brief Details.

I was travelling towards Choa Chu Kang direction on Choa Chu Kang Drive; to pick up my friend for a badminton session. After passing the traffic junction (opposite Masjid AL-Khair)" I slowed down and put up a side signal and then a hazard light signal to pull over to pick up my friend; when my car come to a complete stop, the vehicle at the back then try to overtake from the right but not manage to make it and then hit head on to my car real bumper. My car right side real bumper was scratch damaged while the third party vehicle left front bumper was dented and its front left tire was punctured. The third party vehicle was an army van and the driver was from Singapore Armed Forces.



SINGAPORE  
POLICE FORCE

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



T/20230321/7072

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Report No. T/20230321/7072

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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
21/03/2023 19:23

Classification Of Case:

This report is lodged at Bukit Panjang South NPP Kiosk 1  
NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: STOS 233M0002 Vehicle Registration No: SLM932A  
 Name (as shown in NRIC): CHONG TECK WEI NRIC/FIN/Passport No: S2504427  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: BLK 201, 16-689 SINGAPORE 670201 Singapore (670201)  
 Contact (Tel): 97934137 Mobile No.: 97934137  
 Email Address: twrcsg15@singnet.com.sg  
 Date of Accident: 21.03.2023 Time of Accident: 1.20pm  
 Place of Accident: OCK DRIVE  
 Insurance Company: AIG

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to claim against third party.

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[Signature] 19.04.2023  
 Policyholder / Actual Driver's Signature  
 Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):