

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	21/04/2023 14:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/04/2023 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFV80G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUEK JUE WEN
NRIC No	S9104291F
Email Address	MRKUEKJW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91906400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS NX300
Variant	TOYOTA / LEXUS NX300 5DR SUV (AT)(4WD) EXECUTIVE
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001678642-01

DRIVER

Name of Driver	KUEK JUE WEN
NRIC No	S9104291F
Date Of Birth	01/02/1991
Occupation	Indoor

Date Of Driving Pass	15/10/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91906400
Alt. Phone Number	-
Email Address	MRKUEKJW@HOTMAIL.COM
Address	APT BLK 207A WOODLEIGH LINK
Address complement	#10-203
Postcode	361207
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	Collided into Motorcyclist
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?	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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT
REPORT NUMBER T/20220409/2049

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM7540U
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) -

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

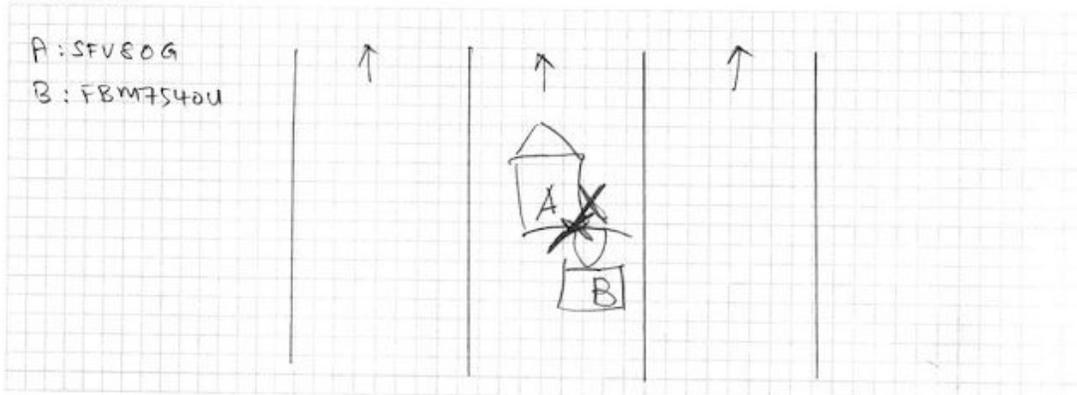
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' law yers/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 law yers/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

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20230409/2049

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20230409/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2023 15:03	Vide Report No.:	Station Diary No.: 59
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Informant's Particulars

Name of Informant: KUEK JUE WEN			Address: APT BLK 207A WOODLEIGH LINK #10-203 SINGAPORE 361207		
ID Type / ID No.: NRIC NO / S9104291F			Contact No.: Home/Office: Mobile: 91906400		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 01/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/04/2023 15:45	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7540U	Motorcycle				Slightly Damaged	1
SFV80G	Car	TOYOTA	LEXUS IS300H EXECUTIVE	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20230409/2049

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20230409/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFV80G	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SPL00019184	28/05/2022	27/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SAMUEL		ID No.	NIL
Related Vehicle	FBM7540U (Motorcycle)		Contact No.	91203715
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
Driver				
Name	KUEK JUE WEN		ID No.	S9104291F
Related Vehicle	SFV80G (Car)		Contact No.	91906400
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 8/4/2023 at around 1545hrs, I was driving my car along Ang Mo Kio Avenue 1 towards Upper Thomson Road and was near to the junction of Marymount Road. I was in the center lane and was going straight travelling at around 40 to 50 km/h. While I was driving, I suddenly heard an impact sound coming from the right side of my vehicle. After that, I stopped my vehicle to one side and alighted to make a check. I then discovered that a motorcycle rider with pillion had tried to perform lane splitting in between my vehicle and another black colored car (Mazda). Due to the impact, the motorcycle rider and his pillion fell off the motorcycle and landed near to where the collision took place. When I saw them, they were both lying down on the road.

Traffic Police and paramedics arrived at scene to attend to the accident. The female pillion was conveyed to hospital and was accompanied by the male rider. My car's ride side was dented due to the impact. The damage is at the rear passenger door. That's all.



**SINGAPORE
POLICE FORCE**



T/20230409/2049

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Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20230409/2049

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SR STAFF SGT ABDUL KHALID BIN ABD. HAMID	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077	

Signature Of Informant:	
Date/Time: 09/04/2023 15:03	
Classification Of Case:	

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 601J234L0002 Vehicle Registration No: 6FV 806
Name(as shown in NRIC) : KUEK JUE WEN NRIC/FIN/Passport No : 6XXXX291F
(*Vehicle Driver / Vehicle Owner)(* Please delete as appropriate
Address : Singapore()
Contact (Tel) : 9190 6400 Mobile No. :
Email Address : Mr.kuekjw@hotmail.com
Date of Accident : 8/4/2023 Time of Accident : 15:40AM
Place of Accident : Ang Mo Kio Ave 1
Insurance Company:

(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:

Re-attach police report and sketch plan

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

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