

## 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 .....	19/04/2023 11:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	18/04/2023 14:00 (SGT)
Exact Location of Accident .....	Woodlands Ave 12, Singapore
Additional Location Information .....	WOODLANDS AVENUE 12 TOWARDS CTE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLQ9368Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WANG TUI HAI
NRIC No .....	SXXXX998A
Email Address .....	WANGTUIHAI@YAHOO.COM
Mobile Phone No .....	(Phone) +65-91168141
Alternative Phone No .....	+65-90860766

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A4
Variant .....	SEDAN 1.4 TFSI S
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 .....	1395

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1700014153-05

#### DRIVER

Name of Driver .....	WANG TUI HAI
NRIC No .....	SXXXX998A
Date Of Birth .....	12/10/1977
Occupation .....	Indoor

Date Of Driving Pass .....	24/05/2008
Driving experience .....	14 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91168141
Alt. Phone Number .....	+65-90860766
Email Address .....	WANGTUIHAI@YAHOO.COM
Address .....	BLK 119B CANBERRA CRESCENT
Address complement .....	#09-333
Postcode .....	752119
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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

I WAS DRIVING ALONG WOODLANDS AVENUE 12 AND A MOTORCYCLE COLLIDED WITH THE REAR OF MY CAR. MOTORCYCLIST CLAIMED HE WAS TRYING TO AVOID THE LORRY WHICH WAS SWITCHING LANES ABRUPTLY. HE LOST CONTROL AND FELL. MOTORCYCLIST WAS INJURED AND CONVEYED BY AMBULANCE.

#### 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 .....	FX5513G
Vehicle Manufacturer .....	Kawasaki

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Motorcycle
Name of Driver .....	MUHAMMAD ILHAN FARIS BIN MOHAMMAD FAZLI
NRIC No .....	TXXXX213Z
Contact Number .....	-
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 .....	MUHAMMAD ILHAN FARIS BIN MOHAMMAD FAZLI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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

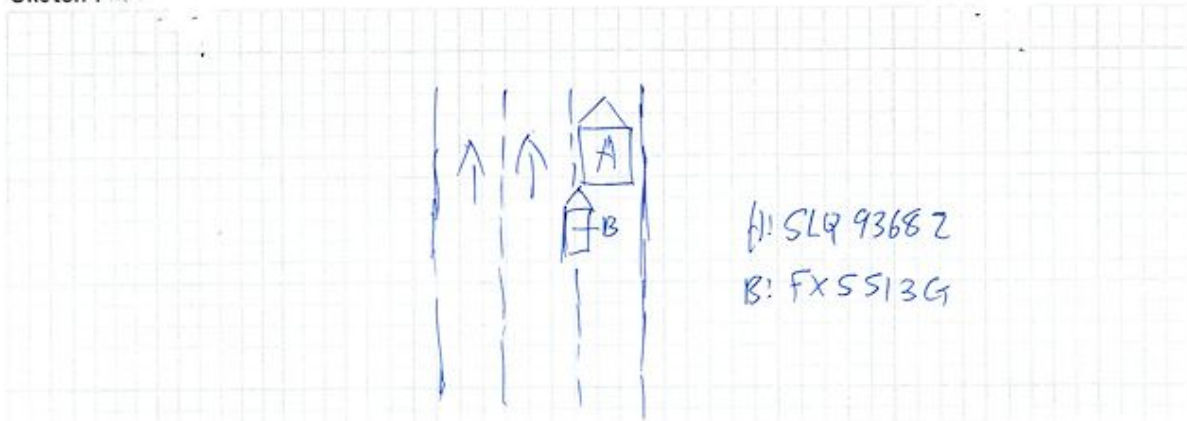
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

I was driving along Woodlands Ave 12 and a motorcycle collided with the rear of my car. Motorcyclist claimed he was trying to avoid a lorry which was switching lane abruptly. He lost control and fell. Motorcyclist was injured and conveyed by ambulance.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 18/4/23 5.45pm

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





Witnessed by Reporting Centre Personnel

















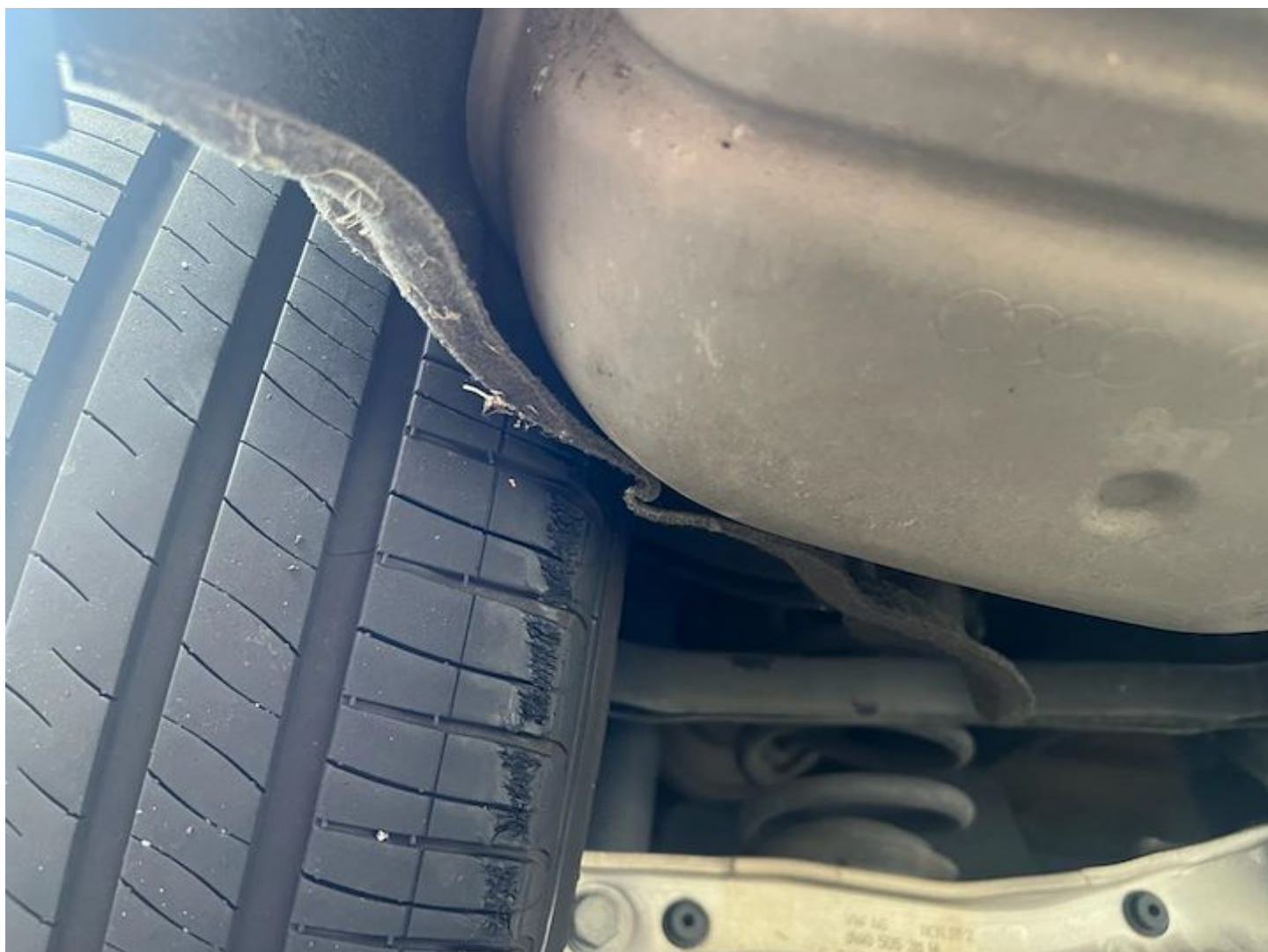




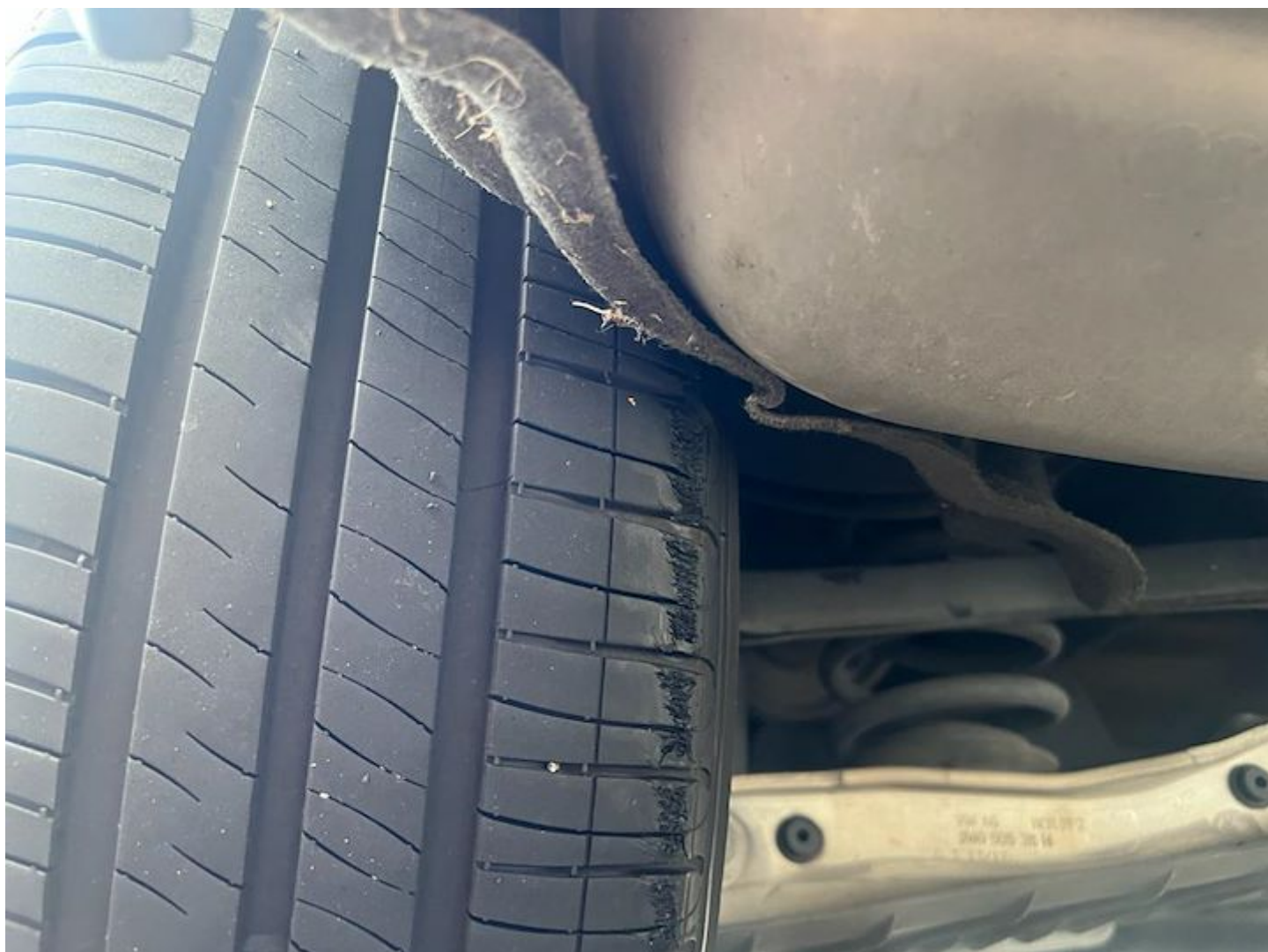




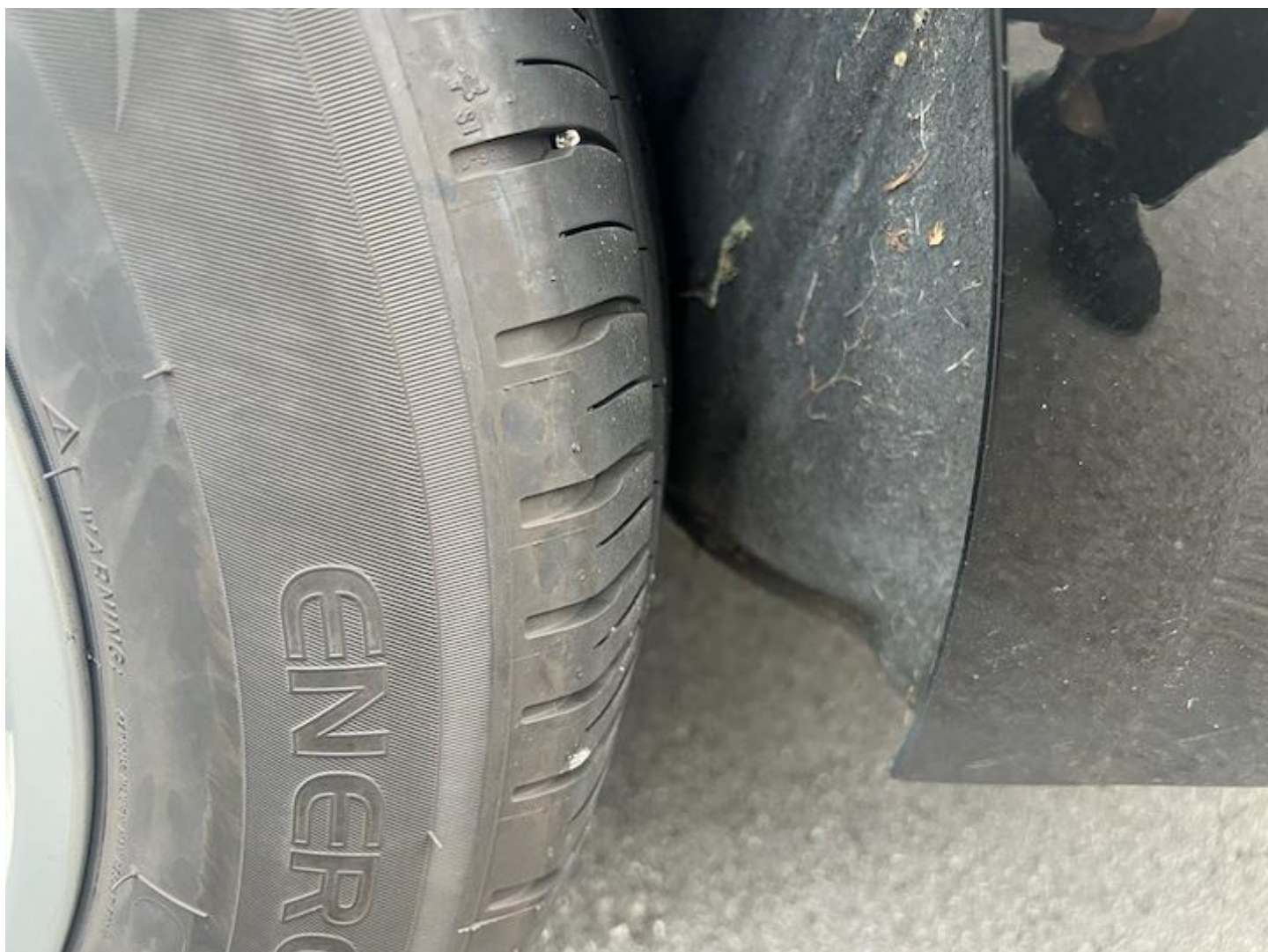










































































































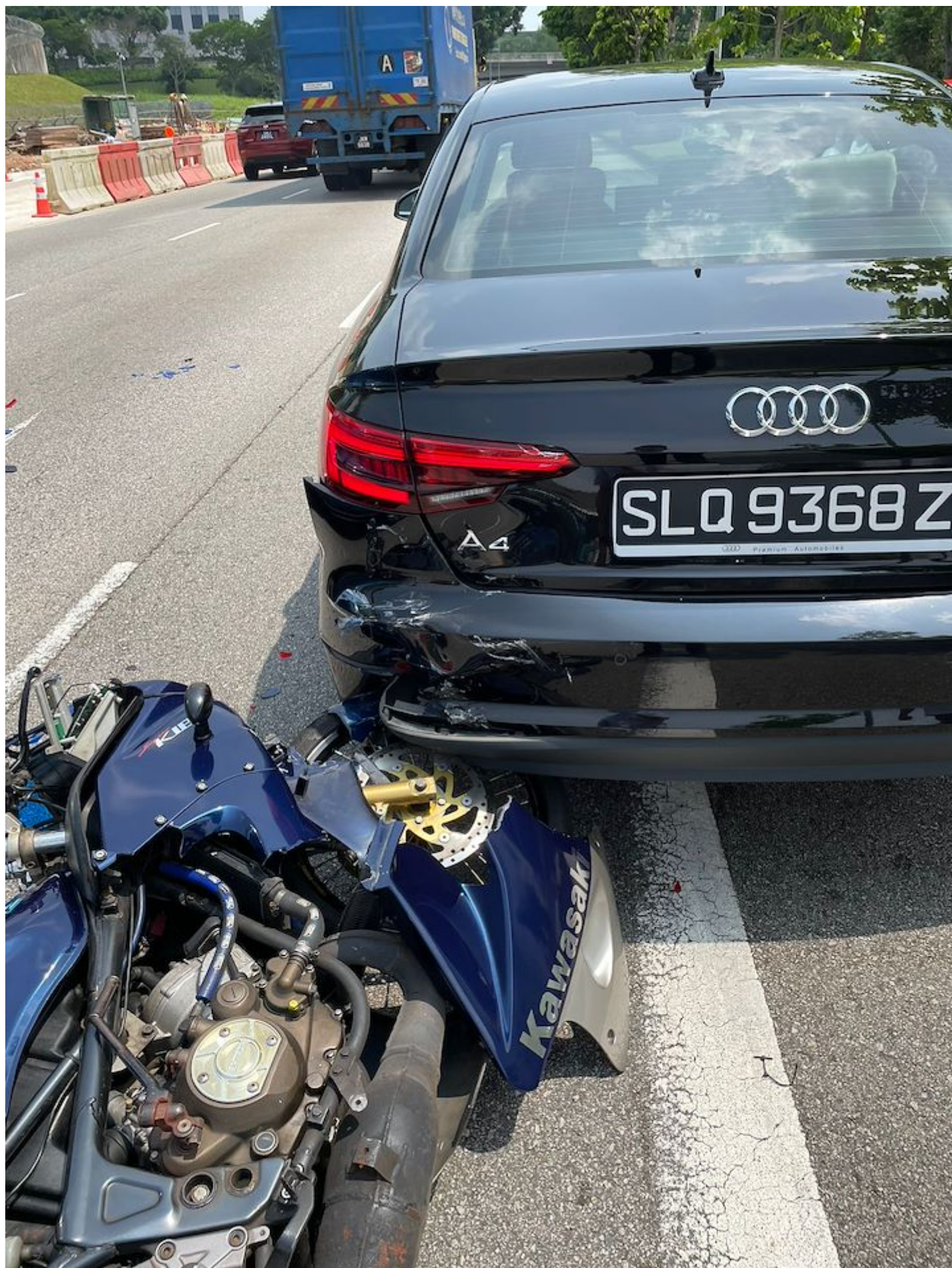




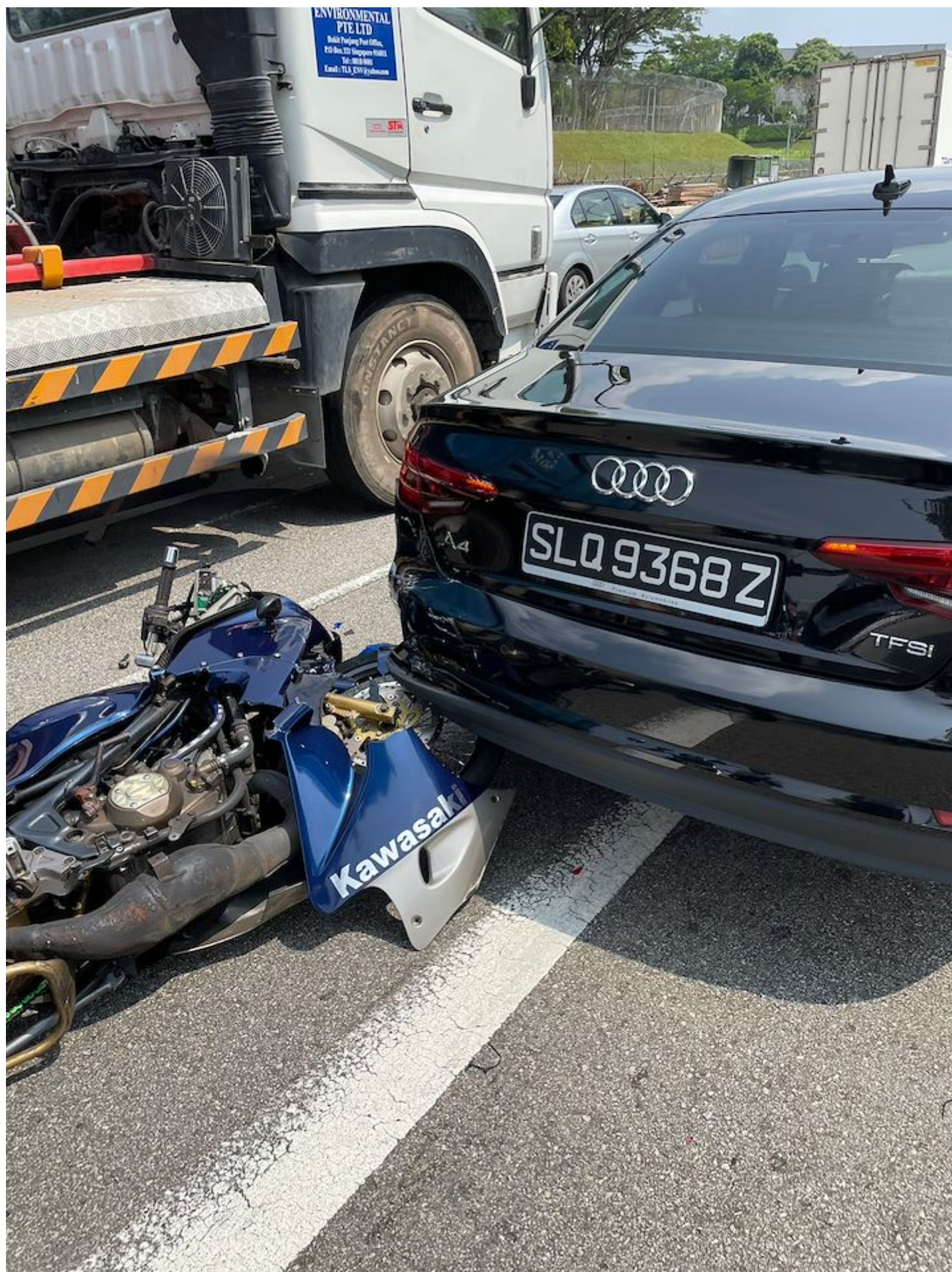
















**SINGAPORE  
POLICE FORCE**



T/20230418/7073

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

1 of 3

Report No. T/20230418/7073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/04/2023 19:03		Vide Report No.: F/20230418/0083		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WANG TUI HAI			Address: 119B CANBERRA CRESCENT #09-333 SINGAPORE 752119		
ID Type / ID No.: NRIC NO / S7777998A			Contact No.: Home/Office: Mobile: 91168141		
Nationality: SINGAPORE CITIZEN			Email: WANGTUIHAI@YAHOO.COM		
Sex: Male	Age: 45	Date of Birth: 12/10/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: ICT service manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/04/2023 14:20	Type of Location: Straight Road
Location: WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX5513G	Motorcycle	KAWASAKI		Blue	Slightly Damaged	1
SLQ9368Z	Car	AUDI	A4 1.4 TFSI S TRONIC	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230418/7073

2 of 3

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

Report No. T/20230418/7073

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ9368Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700014153-05	29/06/2022	28/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD ILHAN FARIS BIN MOHAMMAD FAZLI		ID No.	T0235213Z
Related Vehicle	FX5513G (Motorcycle)		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	Slight
Driver				
Name	WANG TUI HAI		ID No.	S7777998A
Related Vehicle	SLQ9368Z (Car)		Contact No.	91168141
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.

I was driving along Woodlands Ave 12 towards SLE/CTE. A motorcycle collided at the rear of my car. Motorcyclist claimed he was trying to avoid a lorry which was switching lane abruptly. He lost control of his motorcycle and collided into my car.



**SINGAPORE  
POLICE FORCE**



T/20230418/7073

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

3 of 3

Report No. T/20230418/7073

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

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

Date/Time:  
18/04/2023 19:03

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: S665S0020G / 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 : SP14234J0001 Vehicle Registration No: SLQ 9368 Z

Name(as shown in NRIC) : WANG TUI HAI NRIC/FIN/Passport No : SXXXX998A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : BLK 119B CANBERRA CRESCENT, #09-333 Singapore(752119)

Contact (Tel) : \_\_\_\_\_ Mobile No. : 91168141

Email Address : WANGTUIHAI@YAHOO.COM

Date of Accident : 18/04/2023 Time of Accident : 14:00

Place of Accident : WOODLANDS AVENUE 12 TOWARDS CTE

Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

TO UPLOAD VIDEO FOOTAGE.

TO PREPARE

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name: Kee, Jiam

NRIC/FIN No.:

Date: 2/5/2023

