

# 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 .....	03/05/2023 09:17 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/05/2023 00:15 (SGT)
Exact Location of Accident .....	Second Link Expy, Kampung Ladang, Gelang Patah, Johor, Malaysia
Additional Location Information .....	TOWARDS TUAS CHECKPOINT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB4848T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HO CHONG CHYE
NRIC No .....	SXXXXX564H
Email Address .....	ho_darren@yahoo.com
Mobile Phone No .....	(Phone) +65-84983977
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Gs350
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 .....	2995

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7210157217

### DRIVER

Name of Driver .....	HO CHONG CHYE
NRIC No .....	SXXXXX564H
Date Of Birth .....	06/08/1981

Occupation .....	Indoor
Date Of Driving Pass .....	17/01/2001
Driving experience .....	22 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84983977
Alt. Phone Number .....	-
Email Address .....	ho_darren@yahoo.com
Address .....	77 ANCHORVALE CRESCENT #14-16
Address complement .....	-
Postcode .....	544663
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	-

#### PASSENGER 1

Name .....	HUANG CAI PING JOANNE
Gender .....	Female

#### PASSENGER 2

Name .....	RAFAEL
Gender .....	Male

#### PASSENGER 3

Name .....	RAEANN
Gender .....	Male

#### PASSENGER 4

Name .....	RAIDEN
Gender .....	Male

#### 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

PLEASE REFER TO POLICE REPORT T/20230501/7015

## 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 ..... SLB4437U  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... HO CHONG CHYE  
Gender ..... Male  
Phone No ..... (Phone) +65-84983977  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SNB4848T  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... HUANG CAI PING JOANNE  
Gender ..... Female  
Phone No ..... (Phone) +65-90068544  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SNB4848T  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

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

  
Witnessed by Reporting Centre Personnel, (Name as in NRIC/ID card)

Sketch Plan

SKETCH PLAN FOR THE ACCIDENT INVOLVED IN THIS CASE



The sketch plan is a grid with a horizontal line representing the road. Two vehicles, labeled A and B, are shown. Vehicle B is on the left, and Vehicle A is on the right. Both vehicles have arrows pointing to the right, indicating their direction of travel. The vehicles are positioned in the center of the grid.

A-SNB48487

B-SLB44374


Describe Circumstance of the Accident

As per police report attached T/20230501/7045

Declaration

I/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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

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**SINGAPORE  
POLICE FORCE**



T/20230501/7045

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

1 of 3  
Report No. T/20230501/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2023 19:11	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HO CHONG CHYE		Address: 77 ANCHORVALE CRESCENT #14-16 SINGAPORE 544663	
ID Type / ID No.: NRIC NO / S8122564H		Contact No.: Home/Office: Mobile: 84983977	
Nationality: SINGAPORE CITIZEN		Email: HO_DARREN@YAHOO.COM	
Sex: Male	Age: 41	Date of Birth: 06/08/1981	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Electronics engineer		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2023 00:15	Type of Location: Straight Road
Location: SECOND LINK				
Weather: Clear		Road Surface: Dry		
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
SLB4437U	Car	TOYOTA	WISH	Silver		2
SNB4848T	Car	TOYOTA	LEXUS GS300	Grey		0

**Details of Vehicle Insurance**

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

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



T/20230501/7045

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Report No. T/20230501/7045

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB4848T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210157217	30/12/2021	03/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	HUANG CAI PING JOANNE	ID No.	S8338969I
Related Vehicle	SNB4848T (Car)	Contact No.	90068544
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/05/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	HO CHONG CHYE	ID No.	S8122564H
Related Vehicle	SNB4848T (Car)	Contact No.	84983977
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/05/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

## Brief Details.

MY VEHICLE (SNB4848T) WAS STATIONARY AT MALAYSIA/SINGAPORE SECOND LINK TOWARDS TUAS CHECKPOINT DIRECTION. SUDDENLY I FELT A HUGE JERK AND HEARD A LOUD 'BANG' FROM MY REAR. UPON ALIGHTING, I REALISED THAT SLB4437U HAD CRASHED INTO THE REAR OF MY VEHICLE. SHORTLY AFTER THE ACCIDENT, I STARTED FEELING SORENESS IN MY NECK AND BACK. MY WIFE WHO IS ONE MY PASSENGERS ALSO COMPLAIN OF SORENESS IN HER NECK, BACK AND PAIN ON HER LEFT ELBOW. WE PROCEEDED TO INTEMEDICAL TECK GHEE TO SEEK TREATMENT. BOTH OF US WERE GIVEN 3 DAYS MC FOR THE INJURIES CAUSED BY THE ACCIDENT.

**SINGAPORE  
POLICE FORCE**

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



T/20230501/7045

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Report No. T/20230501/7045

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

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

Date/Time:  
01/05/2023 19:11

Classification Of Case: