

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	05/05/2023 15:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/05/2023 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	57 GRANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4529X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KWOK MENG
NRIC No	S1707850Z
Email Address	SWING2BLUE88@GMAIL.COM
Mobile Phone No	(Phone) +65-93821278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070162533-02

DRIVER

Name of Driver	CHAN KWOK MENG
NRIC No	S1707850Z
Date Of Birth	14/01/1965
Occupation	Outdoor

Date Of Driving Pass	11/10/2011
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93821278
Alt. Phone Number	-
Email Address	SWING2BLUE88@GMAIL.COM
Address	90 TANGLIN HALT RD #08-330 S.141090
Address complement	-
Postcode	-
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 on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	YOYO TAN
Gender	Female

PASSENGER 2

Name	KAREN TAN
Gender	Female

PASSENGER 3

Name	LI TIE
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

REFER ATTACHED POLICE REPORT

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 FILES TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD4370A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver LEE CHIEW KIT
 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 -
 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 PLAN

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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:

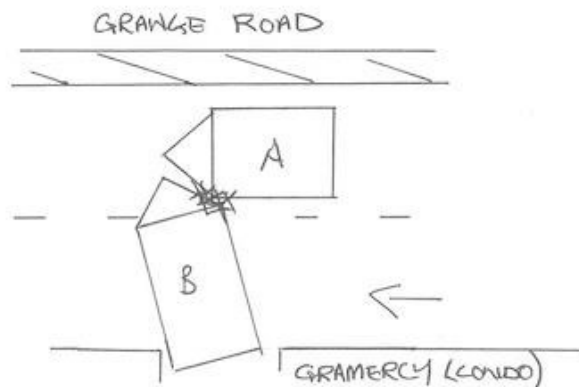
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SKQ 4539 X

B: XD 4370 A

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

Note: Please note that your insurer may have 24 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

Policyholder's Signature / Date & Time


5/5/2023

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

Witnessed by Reporting Centre Personnel



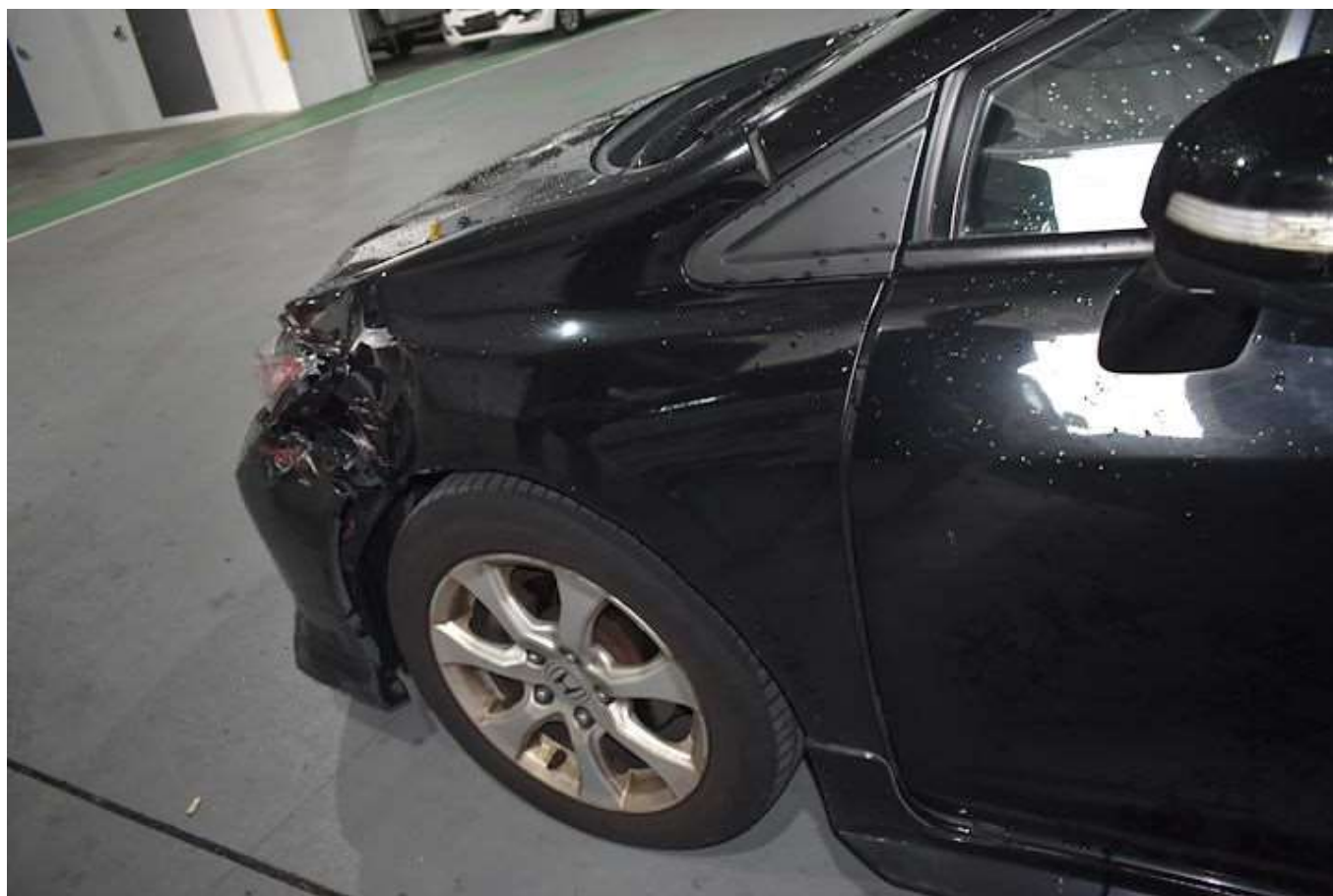



































**SINGAPORE
POLICE FORCE**


T/20230505/7018

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

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Report No. T/20230505/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2023 12:06		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: CHAN KWOK MENG		Address: 90 TANGLIN HALT ROAD #08-330 SINGAPORE 141090	
ID Type / ID No.: NRIC NO / S1707850Z		Contact No.: Home/Office: Mobile: 93821278	
Nationality: SINGAPORE CITIZEN		Email: SWING2BLUE88@GMAIL.COM	
Sex: Male	Age: 58	Date of Birth: 14/01/1965	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Private-hire car driver		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: 04/05/2023 13:10	Type of Location: Straight Road
Location: GRANGE ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ4529X	Car	HONDA	CIVIC 1.6 VTIS A/T ABS D/AIRBAG 2WD	Black	Slightly Damaged	4
XD4370A	Tipper Truck				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230505/7018

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

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Report No, T/20230505/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ4529X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070162533-02	28/11/2022	27/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN KWOK MENG		ID No. S1707850Z
Related Vehicle	SKQ4529X (Car)		Contact No. 93821278
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	04/05/2023		Date 04/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was driving along Grange Road approaching Gramercy Residence, there's this Tipper Truck bearing number plate: XD4370A was reversing into the bin centre. Shortly after the truck reverse into the bin area lot, I started to move off after stationary while Tipper Truck reversing. After which, the Tipper Truck moved forward suddenly and collided into my vehicle front left. We moved to the side of the road as the traffic building up. We exchange particulars and took some on scene photos. I and my on board passenger was feeling unwell and visited doctor for check up.



**SINGAPORE
POLICE FORCE**

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



T/20230505/7018

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Report No, T/20230505/7018

CONTINUATION OF REPORT

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

NP168

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

Date/Time:
05/05/2023 12:06

Classification Of Case:

