

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	21/06/2023 15:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/06/2023 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8386B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OOI KIN YOONG
NRIC No	SXXXX535H
Email Address	angel@carway.com.sg
Mobile Phone No	(Phone) +65-96707246
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800005246-05

DRIVER

Name of Driver	OOI KIN YOONG
NRIC No	SXXXX535H
Date Of Birth	28/08/1984
Occupation	Indoor

Date Of Driving Pass	25/07/2005
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96707246
Alt. Phone Number	-
Email Address	angel@carway.com.sg
Address	APT BLK 522C TAMPINES CENTRAL 7
Address complement	# 03-37
Postcode	523522
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	Side Swipe
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)	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230621/7013

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	SNH976B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH KUAN WEI
NRIC No	SXXXX605B
Contact Number	(Phone) +65-89042265
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	OOI KIN YOONG
Gender	Male
Phone No	(Phone) +65-96707246
Address	APT BLK 522C TAMPINES CENTRAL 7
Address Complement	# 03-37
Post Code	523522
Approximate Age Years Old	-
Injuries Sustained	BODYPAIN
Injured person in which vehicle?	SLV8386B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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' 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.

[Signature] 21/6/23
Policyholder's Signature / Date & Time

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

[Signature] 21/06/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

Along Bartley Road

please Refer to the attached

A- SLV8386B

B- SNH976B

Describe Circumstance of the Accident

please Refer to the attached
Police Report
- T/2023 0621/7013 -

Declaration

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

[Signature] 21/6/23
Policyholder's Signature / Date & Time

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

[Signature] 21/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

v.1.0 2022

2

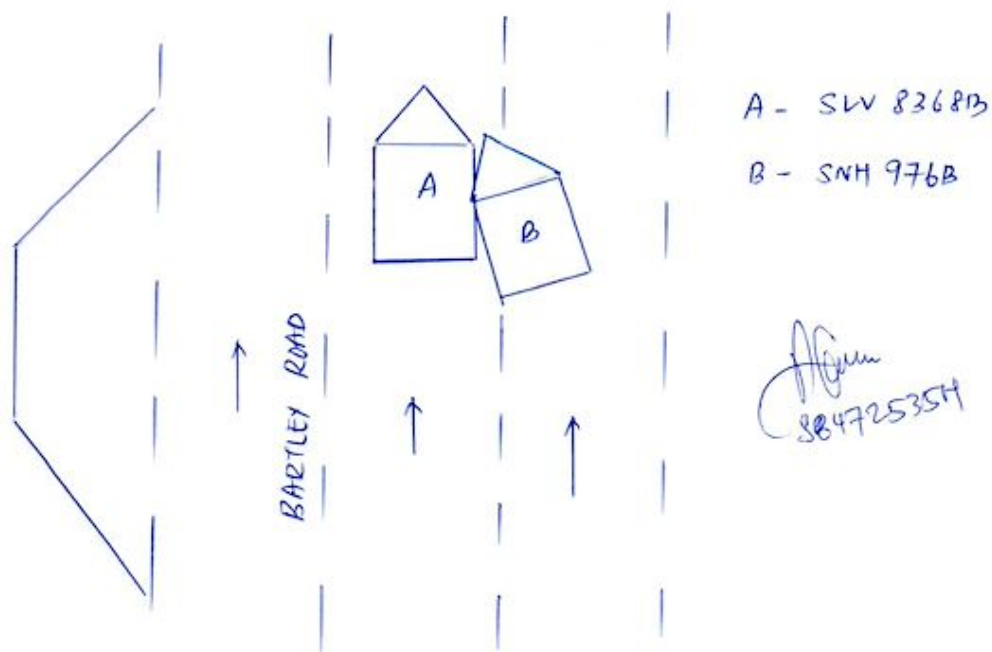
Accident Statement

On 20/06/2023 at about 0845 Hrs, I was driving my vehicle (SLV8386B) along Bartley Road. Suddenly and without warning, a vehicle (SNH976B) had cut into my lane and hit onto right side of my vehicle. My vehicle was badly damaged. I want to state that I have been driving within my own designated lane and I have in-car camera recorded.

I am making a claim against third party.



Name: Ooi Kin Yoong
I/C: S8472535H





**SINGAPORE
POLICE FORCE**



T/20230621/7013

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

2 of 3

Report No. T/20230621/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV8386B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800005246-05	18/01/2023	17/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OOI KIN YOONG		ID No.	S8472535H
Related Vehicle	SLV8386B (Car)		Contact No.	96707246
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	KOH KUAN WEI		ID No.	S7906605B
Related Vehicle	NIL		Contact No.	89042265
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On 20/06/2023 at about 0845 hrs, i was driving my vehicle (SLV8386B) along Bartley Road. Suddenly and without warning, a vehicle (SNH976B) had cut into my lane and hit onto right side of my vehicle. My vehicle was badly damaged. I want to state that i have been driving within my own designated lane and i have a in-car camera recorded.

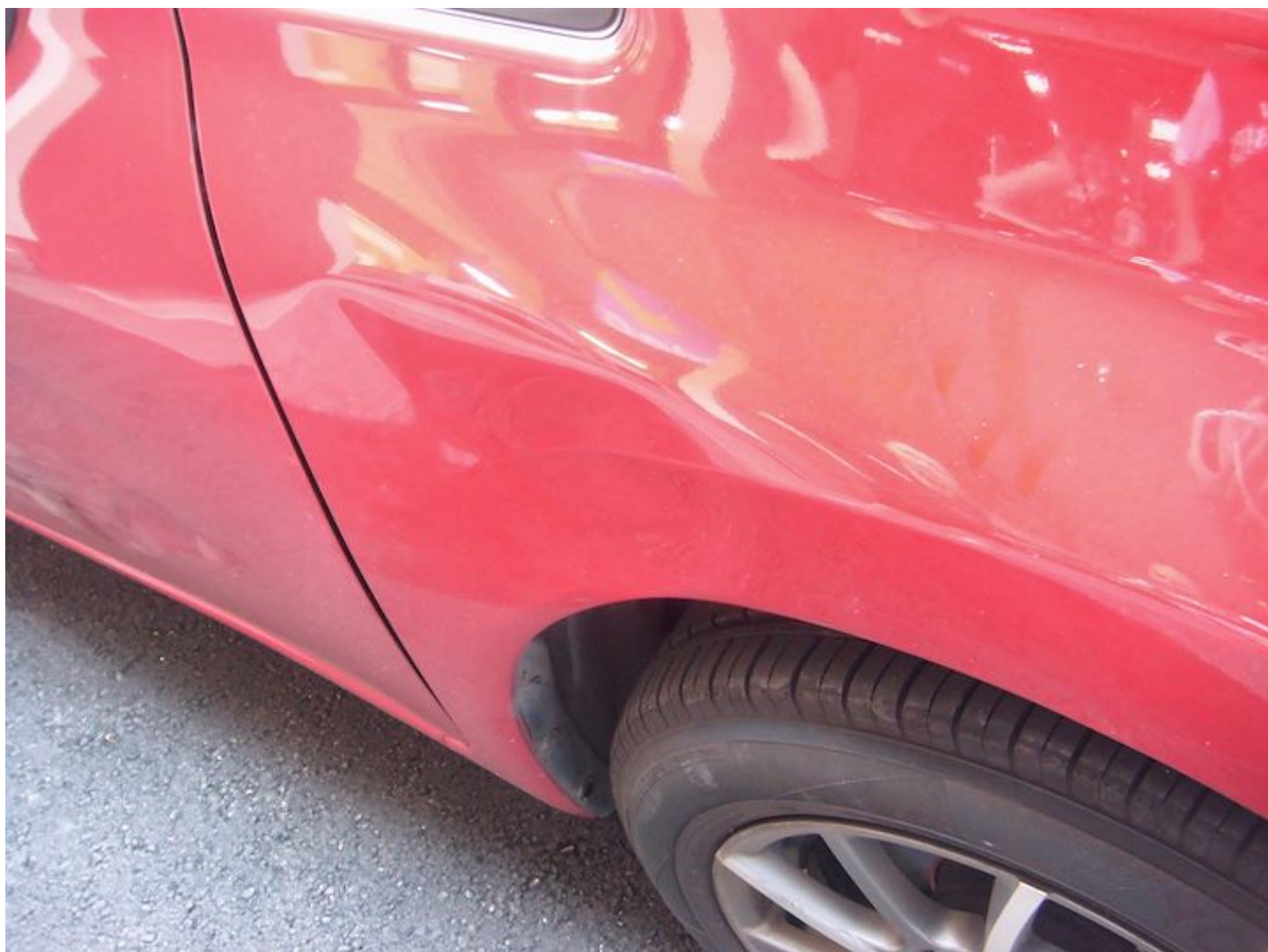




















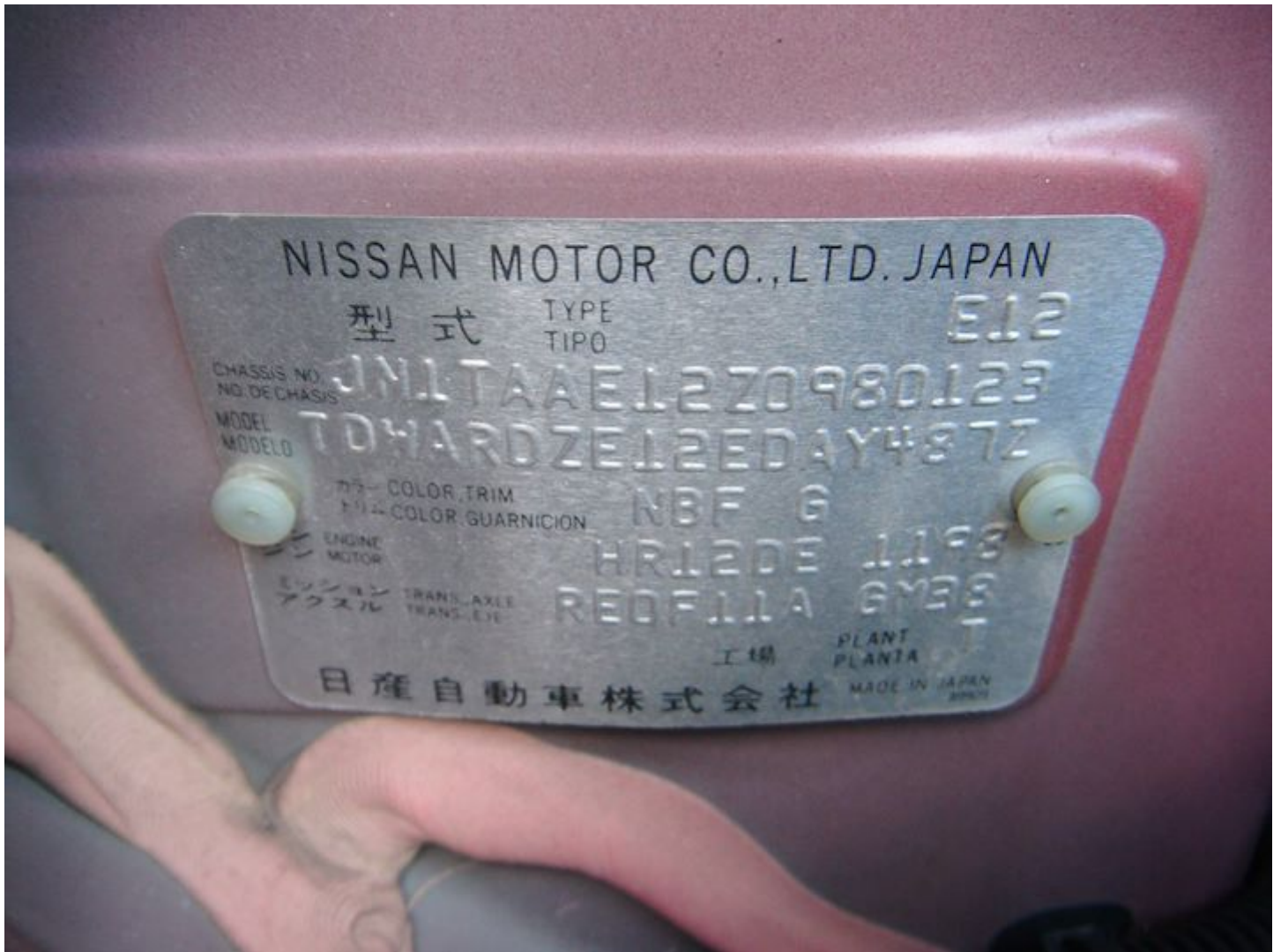














**SINGAPORE
POLICE FORCE**



T/20230621/7013

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

1 of 3
Report No. T/20230621/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2023 10:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: OOI KIN YOONG			Address: 522C TAMPINES CENTRAL 7 #03-37 SINGAPORE 523522		
ID Type / ID No.: NRIC NO / S8472535H			Contact No.: Home/Office: Mobile: 96707246		
Nationality: SINGAPORE CITIZEN			Email: COLDBOILINGICE@HOTMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 28/08/1984	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Energy 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: 20/06/2023 08:45	Type of Location: Straight Road
Location: HOW SUN DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV8386B	Car	NISSAN	NOTE 1.2 CVT	Red		0
SNH976B	Car	HONDA	Shuttle			0

Details of Vehicle Insurance

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



T/20230621/7013

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

2 of 3

Report No. T/20230621/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV8386B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800005246-05	18/01/2023	17/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OOI KIN YOONG		ID No.	S8472535H
Related Vehicle	SLV8386B (Car)		Contact No.	96707246
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	KOH KUAN WEI		ID No.	S7906605B
Related Vehicle	NIL		Contact No.	89042265
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

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T/20230621/7013

Police Station Of Origin:
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10 Ubi Avenue 3 SINGAPORE 408865
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3 of 3

Report No. T/20230621/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
21/06/2023 10:50

Classification Of Case:

NP168