

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	03/07/2023 08:37 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TAMPINES CONCOURSE TOWARDS TAMPINES CENTRAL 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA187X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG SOK HOON (CHEN XUE YUN)
NRIC No	SXXXX341H
Email Address	WXUAN03@GMAIL.COM
Mobile Phone No	(Phone) +65-94383050
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variation	-
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	7210117674

DRIVER

Name of Driver	LYDIA YAP WEE XUAN
NRIC No	TXXXX840H
Date Of Birth	24/08/2003

Occupation	Indoor
Date Of Driving Pass	04/06/2022
Driving experience	1 YEAR
Gender	Female
Mobile Number	(Phone) +65-92996441
Alt. Phone Number	-
Email Address	WXUAN03@GMAIL.COM
Address	226 PASIR RIS STREET 21
Address complement	# 10-70
Postcode	510226
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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/20230630/7029

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	FBR5901Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LYDIA YAP WEE XUAN
Gender	Female
Phone No	(Phone) +65-92996441
Address	226 PASIR RIS STREET 21
Address Complement	# 10-70
Post Code	510226
Approximate Age Years Old	-
Injuries Sustained	NECK , BACK ,CHEST & BOTH LEFT AND RIGH EARS - GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SJA187X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

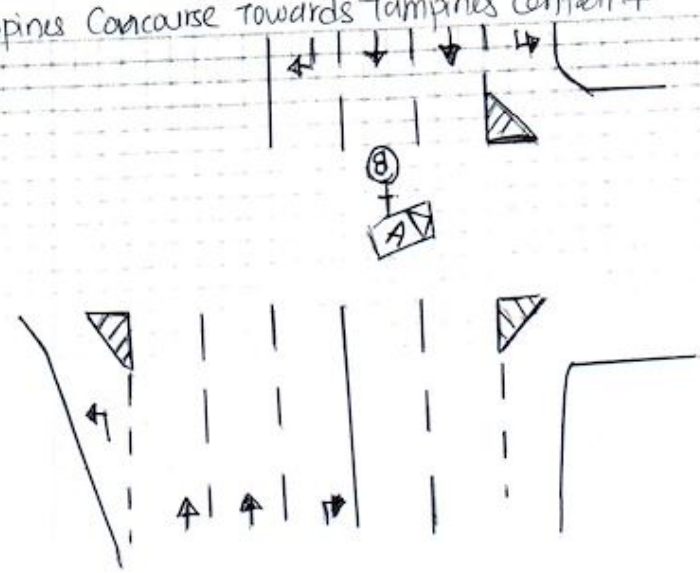
Soh Hean
 Policyholder's Signature / Date & Time

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

[Signature] 27/7/2023
 Witnessed by Reporting Centre Personnel

Sketch Plan Junction of Tampines Concourse Towards Tampines Centre 7

veh A: SJA187X
 veh B: FBR5901Z




Describe Circumstances of the Accident

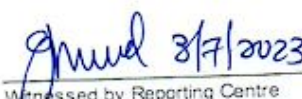
Reported to the police report

Declaration

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

 3/7/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230630/7029

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

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Report No. T/20230630/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LYDIA YAP WEE XUAN	ID No.	T0322840H
Related Vehicle	SJA187X (Car)	Contact No.	92996441
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	30/06/2023	Date	30/06/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I, Vehicle A (SJA187X) was travelling on Lane 1 of Tampines Concourse towards Tampines Central 7. I make the right turn when the traffic is in my favor. Suddenly, Vehicle B (FBR5901Z) from the opposite direction dashed the red light and collided onto my vehicle left portion. I wish to state that due to the huge impact i was injured and i went to consult the doctor at Our Family Physician Clinic and Surgery and was given 5days mc.




















**SINGAPORE
POLICE FORCE**


T/20230630/7029

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

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Report No. T/20230630/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2023 15:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LYDIA YAP WEE XUAN		Address: 226 PASIR RIS STREET 21 #10-70 SINGAPORE 510226	
ID Type / ID No.: NRIC NO / T0322840H		Contact No.: Home/Office: Mobile: 92996441	
Nationality: SINGAPORE CITIZEN		Email: WXUAN03@GMAIL.COM	
Sex: Female	Age: 19	Date of Birth: 24/08/2003	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2023 12:15	Type of Location: X-Junction
Location: TAMPINES CENTRAL 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR5901Z	Motorcycle					0
SJA187X	Car	NISSAN	NOTE		Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230630/7029

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

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Report No. T/20230630/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LYDIA YAP WEE XUAN	ID No.	T0322840H
Related Vehicle	SJA187X (Car)	Contact No.	92996441
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	30/06/2023	Date	30/06/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

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POLICE FORCE**

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



T/20230630/7029

3 of 3

Report No. T/20230630/7029

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD REEZA BIN AHMAD YUSOFF
Contact No.: 97377891

NP168

Signature Of Informant:

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

Date/Time:
30/06/2023 15:12

Classification Of Case: