

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	05/07/2023 13:18 (SGT)
Reported by	Actual Driver
Date of Accident	15/05/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 10 TOWARDS TAMPINES AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE3633E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAO HONG
NRIC No	SXXXX009I
Email Address	spencertansb@yahoo.com.sg
Mobile Phone No	(Phone) +65-94237921
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2979

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210149785

DRIVER

Name of Driver	CHUA JIA HONG
NRIC No	SXXXX670D
Date Of Birth	02/05/1985
Occupation	Indoor

Date Of Driving Pass	09/10/2013
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98357923
Alt. Phone Number	-
Email Address	spencertansb@yahoo.com.sg
Address	56 TEBAN GARDENS ROAD
Address complement	# 21-461
Postcode	600056
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	No
Was any injured conveyed to hospital by ambulance?	-
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/20230516/7047

****PLEASE BE INFORMED THAT THERE IS NO PHOTOS OF THE VEHICLE AS THE VEHICLE HAS ALREADY SCRAPPED.**

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL5675H
Vehicle Manufacturer	Yamaha

Vehicle Model	Mt-03
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)	-

SKETCH PLAN

IMPORTANT NOTICE

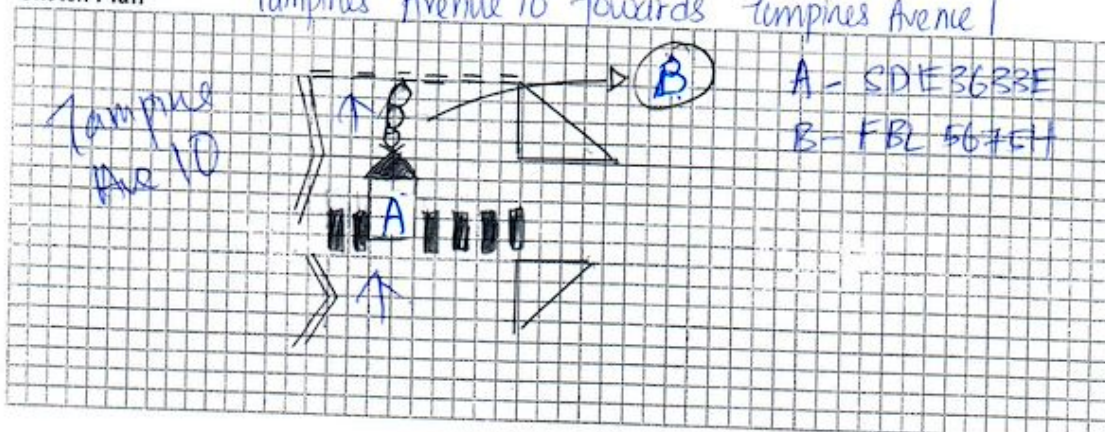
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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.
 - (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

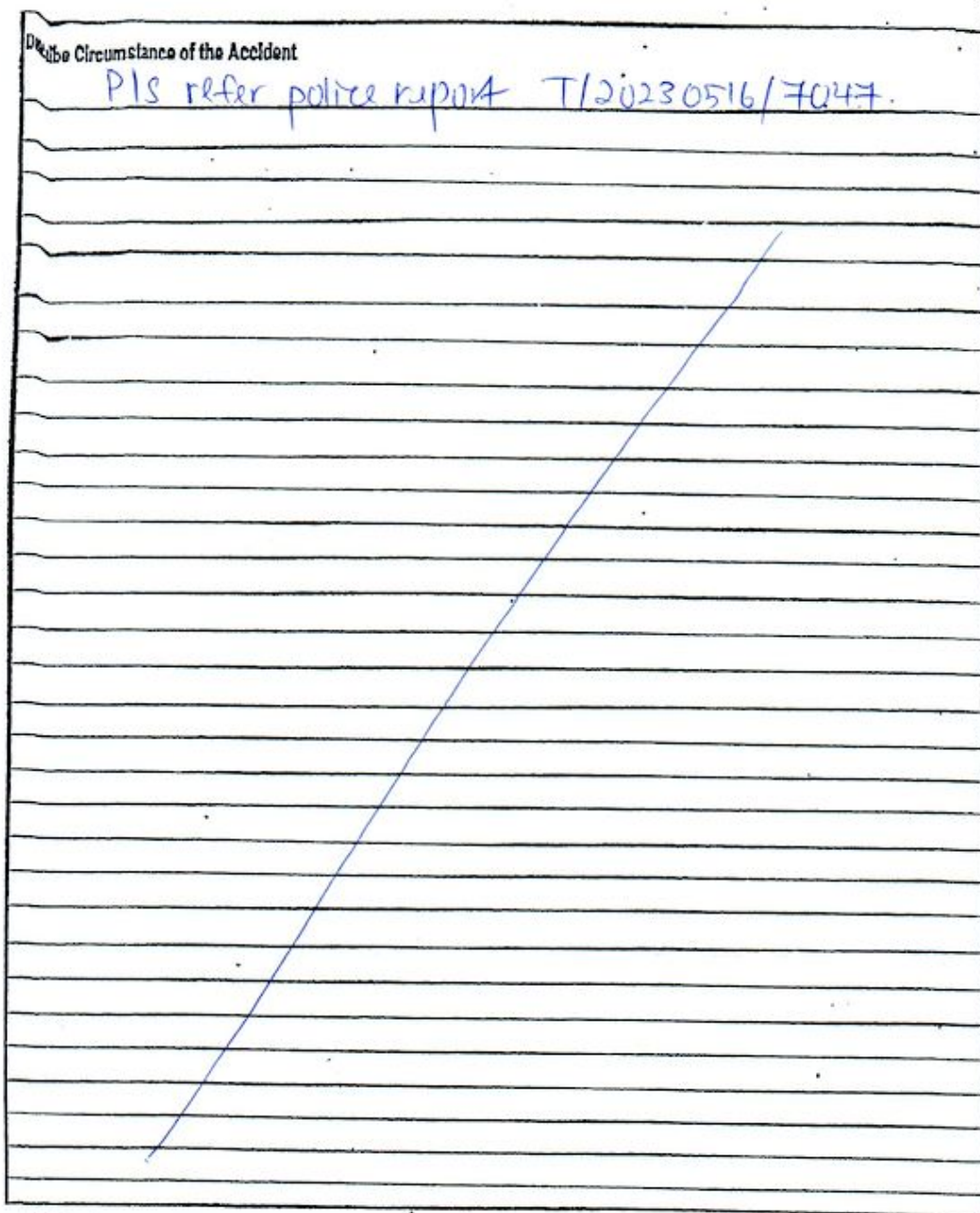
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Pls refer police report T/20230516/7047.



Declaration

We declare the foregoing particulars are true in every respect.

S/L 5/7/23
Policyholder's Signature / Date & Time

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

5/7/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

v.1.2022

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**SINGAPORE
POLICE FORCE**

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



T/20230516/7047

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Report No. T/20230516/7047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA JIA HONG	ID No.	S8513670D
Related Vehicle	SDE3633E (Car)	Contact No.	98357923
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
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	93362901
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/05/2023	Date	15/05/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

im the driver of vehicle no. SDE3633E. approaching filter lane of tampines ave 10 towards tampines ave 1. theres a motorcycle plate FBL5675H stationary after the zebra crossing. Right after the pedestrian crossed, i move off and check the incoming road but unfortunately the motorcycle did not move at all. i did not managed to brake on time therefore i hit onto the motorcycle.


**SINGAPORE
POLICE FORCE**


T/20230516/7047

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

Report No. T/20230516/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2023 15:07	Vide Report No.: G/20230515/0123	Station Diary No.:
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Informant's Particulars

Name of Informant: CHUA JIA HONG	Address: 56 TEBAN GARDENS ROAD #21-461 SINGAPORE 600056
ID Type / ID No.: NRIC NO / S8513670D	Contact No.: Home/Office: Mobile: 98357923
Nationality: SINGAPORE CITIZEN	Email: lenardchua85@gmail.com
Sex: Male Age: 38 Date of Birth: 02/05/1985	Type of Informant: Driver
Race: Chinese	Language: English
Occupation: Food and beverage operations 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: 15/05/2023 18:00	Type of Location: T-Junction
Location: TAMPINES AVENUE 10				
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
FBL5675H	Motorcycle	YAMAHA	MT03	Silver	Slightly Damaged	0
SDE3633E	Car	BMW	640i	Grey	No Damage	0


**SINGAPORE
POLICE FORCE**

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



T/20230516/7047

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Report No. T/20230516/7047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA JIA HONG	ID No.	S8513670D
Related Vehicle	SDE3633E (Car)	Contact No.	98357923
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
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	93362901
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/05/2023	Date	15/05/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

im the driver of vehicle no. SDE3633E. approaching filter lane of tampines ave 10 towards tampines ave 1. theres a motorcycle plate FBL5675H stationary after the zebra crossing. Right after the pedestrian crossed, i move off and check the incoming road but unfortunately the motorcycle did not move at all. i did not managed to brake on time therefore i hit onto the motorcycle.



**SINGAPORE
POLICE FORCE**



T/20230516/7047

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

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Report No. T/20230516/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
16/05/2023 15:07

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

This report is lodged at Tampines NPC Kiosk 1
NP168