

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 First Submission	04/08/2023 16:14 (SGT)
Reported by	Actual Driver
Date of Accident	04/08/2023 07:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ3328K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOK KUM HOU
NRIC No	SXXXX603I
Email Address	jaydenkok1810@yahoo.com
Mobile Phone No	(Phone) +65-97475071
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	1999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900190229-03

DRIVER

Name of Driver	KOK JUN YAN JAYDEN
NRIC No	TXXXX961E
Date Of Birth	18/10/2003
Occupation	Indoor

Date Of Driving Pass	23/03/2022
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96304566
Alt. Phone Number	-
Email Address	jaydenkok1810@yahoo.com
Address	156 MARIAM WAY #05-08
Address complement	-
Postcode	507082
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	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?	Yes
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	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230804/2025

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	FBT792T
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

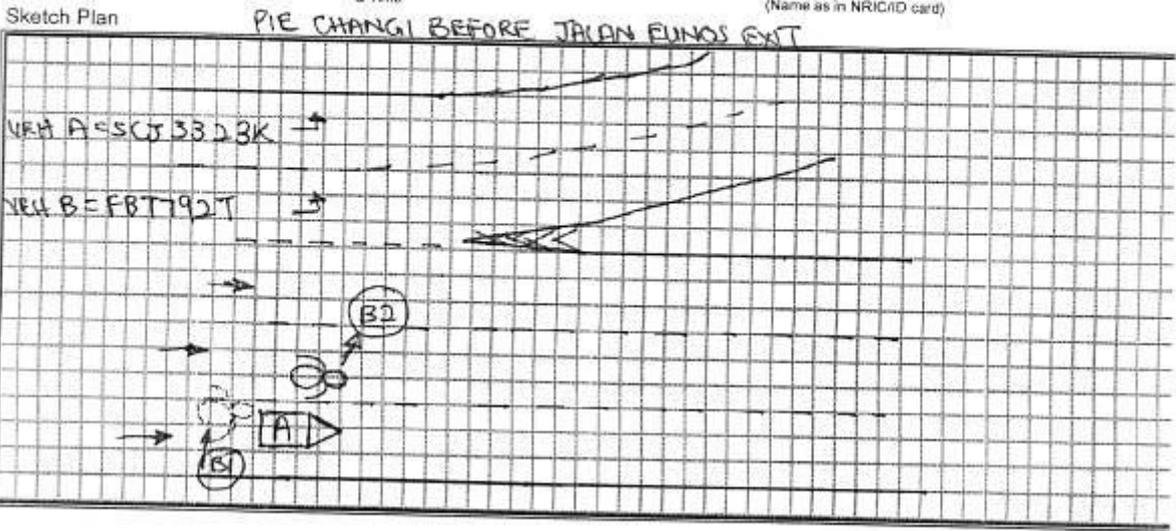
Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	(Phone) +65-96304566
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBT792T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 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.

Jen
Policyholder's Signature / Date & Time
[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
[Signature] 04/08/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



Describe Circumstance of the Accident

Please refer to Police Report: T/20230804/2025

Declaration

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

Justin

Policyholder's Signature / Date & Time

Jayden

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

[Signature]
04/08/2023

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

















**SINGAPORE
POLICE FORCE**



T/20230804/2025

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No: T/20230804/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2023 11:02	Vide Report No.: G/20230804/0041	Station Diary No.: 13
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Informant's Particulars

Name of Informant: KOK JUN YAN JAYDEN		Address: 156 MARIAM WAY #05-08 SINGAPORE 507082	
ID Type / ID No.: NRIC NO / T0329961E		Contact No.: Home/Office: Mobile: 96304566	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 18/10/2003	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Student		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: 04/08/2023 07:45	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBT792T	Motorcycle	YAMAHA	AEROX 155 CONNECTE D	Blue		0
SCJ3323K	Car	JAGUAR	XE 2.0 I4P TSS	Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T 20230804/2025

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Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20230804/2025

CONTINUATION OF REPORT

Driver		ID No.	
Name	KOK JUN YAN JAYDEN	T0329961E	
Related Vehicle	NIL	Contact No.	96304568
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider		ID No.	
Name	Unknown Rider	NIL	
Related Vehicle	NIL	Contact No.	94465805
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 4/8/2023 at about 0745hrs I was driving along lane 1 along PIE before Jln Eunus Exit when suddenly the car in front bearing vehicle registration number SMT2647L H/P 8112 6538 had braked hence I applied the brake to avoid collision when I suddenly felt an impact on the rear of my vehicle. I also noticed that there was a rider that had flown from the rear of the first lane ahead of me to the second lane and landed on the ground.

I then stepped out of the vehicle to make a check on the rider bearing vehicle number FBT792T H/P 94465805 and he showed me that his thumb was bleeding. I also saw that there was an abrasion on his left arm. I then subsequently called for paramedics assistance and they came to make a check on the rider and they had conveyed him back to the hospital for further assessment. My vehicle had suffered multiple damage due to the accident, the damages are, my left rear taillight, left rear bumper, reverse sensor, front left bonnet, crack on my rear left wind shield, rear left boot dented as well as my steering wheel alignment is off. I have no physical injuries sustained on me.

I am lodging this report for insurance claimant and recording purposes.



SINGAPORE
POLICE FORCE



T/20230804/2025

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20230804/2025

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 1 SYED NAWAWI BIN SYED ALI ALKAFF 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MOHAMED SOPHIAN BIN MOHAMED AMIR Contact No.: 91874317

NP168

Signature Of Informant: 
Date/Time: 04/08/2023 11:02
Classification Of Case: