

**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 Authorised 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 ability.
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 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 Report	20/09/2016 10:58
Date Of Accident	07/09/2016 21:30
Exact Location Of Accident	NICOLL HIGHWAY TWDS KPE
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJZ7421S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	I M I KABEL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666436
Alternative Phone No	Office-96666436

**Vehicle Particulars**

Manufacturer	LAND ROVER
Model	FREELANDER 2 LF 3.2L (A) ABS A/B G/D SR
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

**Insurance Company**

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100379879-02000
Cover Note Number	

**Driver**

Name of Driver	NG TUCK CHUAN
NRIC No	S0190140J
Date Of Birth	22/07/1949
Occupation	INDOOR
Date Of Driving Pass	27/12/1968
Driving Experience	47 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666436

Fax Number	
Contact Number	OTHERS-96666436
EMail Address	NOEMAIL
Address	BLK 158D RIVERVALE CRESCENT #18-669
Postcode	544158
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

**General Information of the Accident**

Type Of Accident	COLLISION- CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	1

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT : T/20160908/2033

Are accident photos available for attachment?	YES
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**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHC5860R
Vehicle Make/Model/Colour	RENAULT LATITUDE 2.0L DCI AUTO D/AB 4DR
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF INJURED PERSON 1**

Name KWEK GUAN KWEE  
Approximate Age  
Injuries Sustain NIL  
Injured person in which vehicle? SHC5860R  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name NG TUCK CHUAN  
Approximate Age  
Injuries Sustain NIL  
Injured person in which vehicle? SJZ7421S  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

SKETCH PLANIMPORTANT 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 Authorised Driver**.
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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 Police for investigation.**
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' 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.

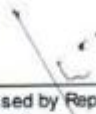
(collectively the "Purposes")

(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.

X   
Policyholder's Signature / Date & Time

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

 20/9/2016  
Witnessed by Reporting Centre Personnel

Sketch Plan

A - SJZ 7421S  
B - SHC 5860R

## Sketch Plan #2

## Describe Circumstances of the Accident

Pls Refer to the Police Report  
T/20160908/2033

## 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

  
Witnessed by Reporting Officer / Date & Time

Sketch Plan #3





**SINGAPORE  
POLICE FORCE**



T/20160908/2033

2 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20160908/2033

## CONTINUATION OF REPORT

Name	Kwek Guan Kwee	ID No.	S0753220B
Related Vehicle	SHC5860R (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	NG TUCK CHUAN	ID No.	S0190140J
Related Vehicle	SJZ7421S (Car)	Contact No.	96666436
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/08/2016 at about 2135hrs, I was driving along Nicoll Highway towards KPE. I was travelling on the middle lane, lane 2, and all of the sudden the taxi, SHC5860R, driven by Mr Kwek Guan Kwee filtered out from left lane towards my car. The impact caused a dent to the left rear bumper of my car.

While checking his vehicle, there was a scratch mark on the right front bumper of the taxi. However it was in white color which does not indicate that the scratch was from my car as my vehicle is Grey in color. I came down and talk to the driver and he had asked for compensation for the damages even though he was the one that hit onto my vehicle.

Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**





**Accident Photo**



Accident Photo



## Accident Photo



**Accident Photo**





## Police Report



**SINGAPORE  
POLICE FORCE**



T/20160908/2033

1 of 3

Report No. T/20160908/2033

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/09/2016 11:05		Vide Report No.:		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: NG TUCK CHUAN			Address: APT BLK 158D RIVERVALE CRESCENT #18-669 SINGAPORE 544158		
ID Type / ID No.: NRIC NO / S0190140J			Contact No.:		Mobile: 96666436
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 22/07/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Consultant			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2016 21:35	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY  Nicoll Highway towards KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHC5860R	Car				Slightly Damaged	1
SJZ7421S	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20160908/2033

2 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20160908/2033

## CONTINUATION OF REPORT

Name	Kwek Guan Kwee	ID No.	S0753220B
Related Vehicle	SHC5860R (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	NG TUCK CHUAN	ID No.	S0190140J
Related Vehicle	SJZ7421S (Car)	Contact No.	96666436
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
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POLICE FORCE**

T/20160908/2033

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569784  
Tel No: 1800-4849999

3 of 3

Report No. T/20160908/2033

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt DANIAL ADETRISNO BIN SARIBAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/09/2016 11:05

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force