#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

**Date Of Driving Pass** 

**Driving Experience** 

Mobile Number
Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	04/01/2018 16:11
Date Of Accident	03/01/2018 21:25
Exact Location Of Accident	PIE (TOWARDS TUAS BEFORE CORPORATION RD)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3346X
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944919
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	999995170
Cover Note Number	
Driver	
Name of Driver	NG JUN HUAT
NRIC No	S9219712C
D ( O(D) ()	0.4/0.0/4.0.0.0

04/06/1992

**OUTDOOR** 

30/03/2012

**MALE** 

**NOEMAIL** 

5 YEARS AND 9 MONTHS

Page 1 of 18

Address BLK 744 JURONG WEST STREET 73 #07-33

Postcode 640744

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO PHOTOS, VIDEO AND POLICE REPORT. THANK YOU.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TO BIG. \*REQUEST IF NEEDED\*

Was there any audio recorded? NC

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGV3202R

Vehicle Make/Model/Colour

Details Of Properties VEH B

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 18

Postcode

# Name NG JUN HUAT Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF TI	A T T	Car A: SLR3346X Car B: SQV 3202R  Location: PIE (Towards Tuas Before Corporation Rd)
RIO	ase refer	to police report.
J'E	100	to police rolar.
	7 2018	10/04/7005
	1 000	100 1003
	***************************************	
DECLARATION  I/We declare the foregoing perticulars a PTE  Ros. No. 1000/4597K  Policyholder's Signature  A Time:	Driver's Signature (If driver is not the policyho	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

## **POLICE REPORT Pg. 1**







Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3 Report No. T/20180104/7005

Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2018 13:46			Vide Report No.: J/20180104/7003	Station Diary No.:			
Informan	t's Particu	lars					
Name of I NG JUN I			Address: APT BLK 744 JURONG WEST STREET 73 #07-33 SINGAPORE 640744				
ID Type / ID No.: NRIC NO / S9219712C			Contact No.: Home/Office:	Mobile: 967	Mobile: 96743555		
Nationality: SINGAPORE CITIZEN			Email: ng_junhuat@hotmail.com				
Sex: Male	Age: 25	Date of Birth: 04/06/1992	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name				
Occupation: UBER CAR DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		oiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2018 21:2	Type of Lo Straight R	
	EXPRESSWAY  uas before Corporation F	Road Exit.			
Weather: Clear	Road Surface: Dry			Road Speed Lin	nit:
Traffic Flow: One Way	Traffic Control:			Traffic Volume: Moderate	
Type of Collisi Between Movi	on: ng Vehicles - Head To Ro	ear		Anyone conveye ambulance:	ed by

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGV3202R	Car	MAZDA	2	Red	Seriously Damaged	
SLR3346X	Car	MITSUBISHI	LANCER EX	Silver		0

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

#### POLICE REPORT Pg. 2





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

2 of 3 Report No. T/20180104/7005

#### **CONTINUATION OF REPORT**

Driver			O P	30		
Name	NG JUN HUAT		ID No	•	S9219712C	
Related Vehicle	SLR3346X (Car)			Conta	ct No.	96743555
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	04/01/2018		Date Disc	harge	04/01	/2018 NANYANG NPC
No. of Days granted Medical Leave 05		Degree of		Serio	us 2 JURONO NPC	
Brief Details.	040.04.05					2 JURONG WEST A SINGAPORE 64948 TEL: 1800-7930000

#### Brief Details.

Brief Details.

On 3rd January 2018 21:25 hrs, along PIE before Corporation Road Exit, Vehicle No: SGV3202R (Mazda 2), driven by Ms. LIM SIEW KHEM; S1218001B clashed her vehicle on my rented vehicle SLR3336X SLR 334 (Mitsubishi Lancer EX). I, (NG JUN HUAT S9219712C) was the driver of the car at the point of accident. The rented vehicle belongs to Lion City Rental.

The accident happened in the last lane (most left) as I was exiting Corporation Road via PIE. The weather was fine, road condition was dry and traffic condition was smooth. However, there were two cars (one of which is SJX7950S - BMW) stopped at the road shoulder which I believe was involved in an accident prior to this incident. As the road shoulder is narrow, their vehicles were stopped in between the road shoulder and the last lane which I was traveling on.

Vehicles behind had to slow down and filter to another lane, as I was slowing down and preparing to make way for the car in front of me, SGV3202R came in and collided with my car at high speed. The damage caused to the car was catastrophic with a deep dent on the boot, bumper fell off, boot failure, car plate fell off. My car was beyond driving condition and I had to call for a tow truck. Later on, LTA Officer, as well as EMAS, arrived to take some photographs on the accident sites before the tow truck arrived. Picture and video has been taken, however live in-cam footage is with LCR car workshop.

I suffered several injuries from the impact caused by the accident which includes chest pain, shoulder, and spinal chord pain. I seek medical attention on 4th January 2018 11:00 hrs as the pain persist overnight. I have been granted medical leave for 5 days from 4th January 2018 - 8th January 2018 at Mount Alvernia Hospital A&E Clinic.

## POLICE REPORT Pg. 3





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

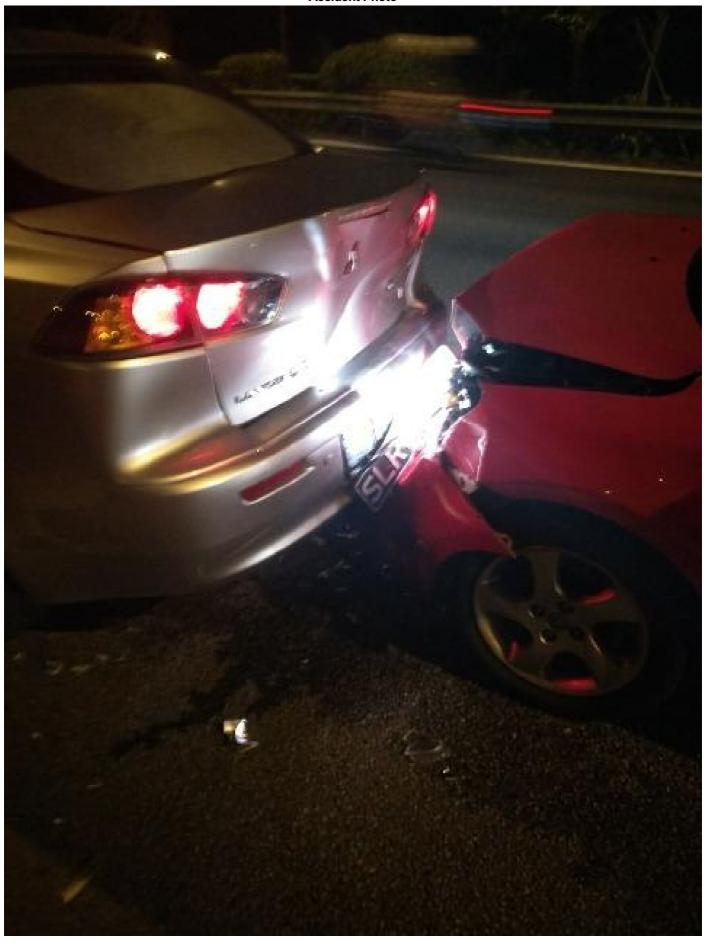
3 of 3 Report No. T/20180104/7005

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

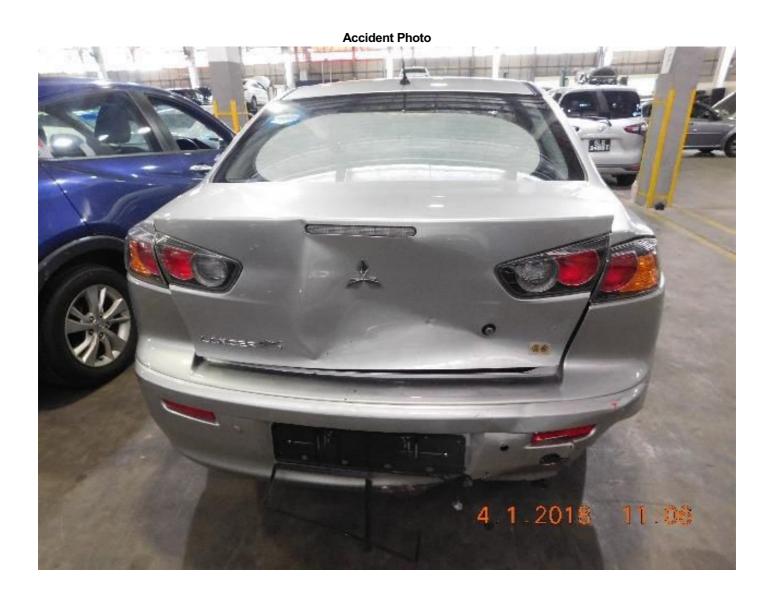
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2018 13:46
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp	

















#### **Identification Card**

00200





#### Addendum Sheet Pg. 1

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

 $\underline{\textbf{IMPORTANT NOTE}}: \textbf{Please submit the completed Addendum form to the } \underline{\textbf{same}} \ \textbf{Authorised Reporting Centre with}$ whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MV MCT (8002 (3) Vehicle Registration No: LCR Name(as shown in NRIC): (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate NRIC/Passport No: 201504622 Address: Contact (Tel): (H/P): (Email): Date of Accident : Time of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Signature of Vehicle Owner / Driver Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm

## Addendum Sheet Pg. 1

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
Original Report No :	mVMA (3002131 Vehicle Registration No: SLR 3346x
Name(as shown in NRIC):	LCR
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No:	201504622
Address :	
Contact (Tel):	66944919 (H/P):
(Email) :	
Date of Accident :	03 01 18 Time of Accident: 21:25 PM
Place of Accident :	PIE (Towards Tuas Refore
Insurance Company:	ALGComporation
	( Pd)
(B) A have made a report on the a	DDITIONAL INFORMATION / AMENDMENTS:
ine following amendments:	above mentioned accident and would like to include additional information or make
Hoderdun ->	police report.
	Value - Value
- SIA/SC	
To Rog No.	
\$\tag{\partial}	
gnature of Vehicle Owner / D	priver
ate:	

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm