

## 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 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	27/01/2018 11:40
Date Of Accident	26/01/2018 14:45
Exact Location Of Accident	UPPER BUKIT TIMAH RD TURING LEFT TO CHOA CHU KANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF618G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAROLINE TENG SU FONG
NRIC No	S7323015B
Email Address	MENGFAI@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98468109
Alternative Phone No	HOME-63449156

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI
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
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	1700088351
Cover Note Number	-

### Driver

Name of Driver	LEOW MENG FAI
NRIC No	S7130950I
Date Of Birth	09/09/1971
Occupation	INDOOR
Date Of Driving Pass	04/10/1989
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98468109
Fax Number	
Contact Number	
Email Address	MENGFAI@SINGNET.COM.SG

Address	15 SERAYA LANE
Postcode	437282
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SEAN WONG SIU TONG GENDER: : MALE
Passenger 2	NAME: : DENNIS NEO SAY KIAT GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO: T/20180126/7013

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDN7518G
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SEAN WONG SIU TONG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKF618G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name DENNIS NEO SAY KIAT  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKF618G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### 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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

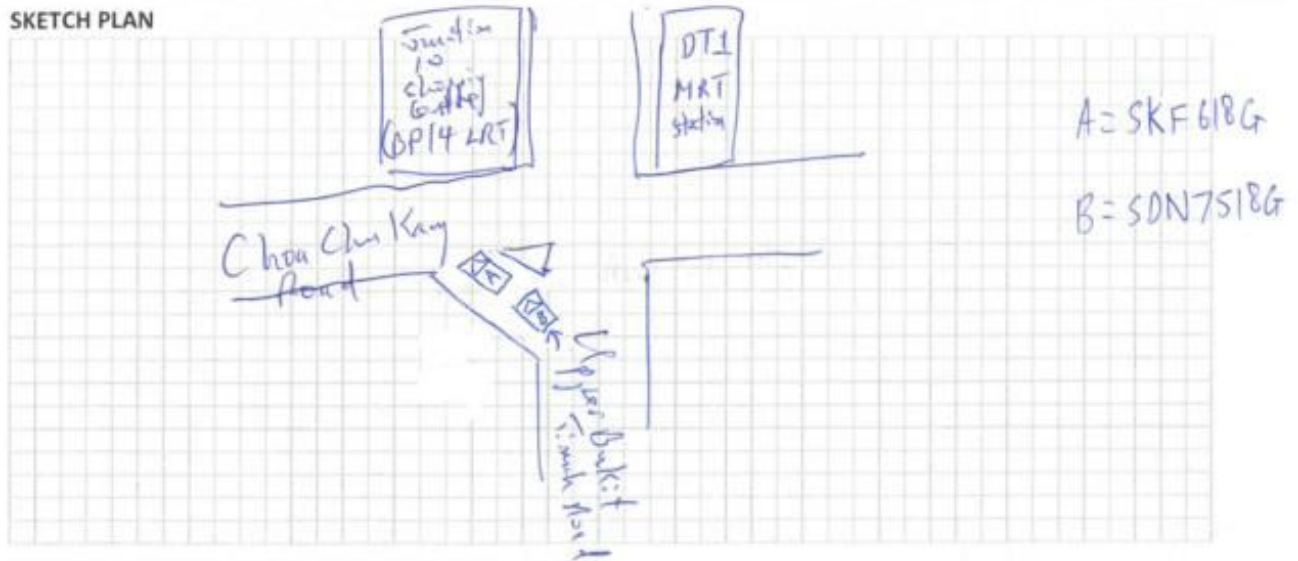
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Tony Foong  
NRIC/FIN No.: 872451A7K



### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Traffic Accident Report T/20180126/7013

## DECLARATION

I/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: 270118  
0925

Reporting Centre Personnel's Signature  
Name: Tony Fong  
NRIC/FIN No.: 670401074



Accident Photo





Accident Photo



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**



1/20180126/013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408565  
Tel No: 65470000

1 of 4

Report No. T/201801267213

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2018 22:11			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: LEOW MENG FAI			Address: 15 SERAYA LANE SINGAPORE 437262			
ID Type / ID No.: NRIC NO / S71309501			Contact No.: Home/Office: Mobile: 98468109			
Nationality: SINGAPORE CITIZEN			Email: mengfai@singnet.com.sg			
Sex: Male	Age: 46	Date of Birth: 08/09/1971	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 3		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2018 14:44	Type of Location: X-Junction
Location:  UPPER BUKIT TIMAH ROAD  Slip road (with zebra crossing) to turn left into Choa Chu Kang road from Upper Bukit Timah Road. Underneath Bukit Panjang Flyover. Vicinity of DT1 Bukit Panjang MRT Station.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SDN7518G	Car	AUDI		Black	Slightly Damaged	0
SKF618G	Car	AUDI	A3	White	Slightly Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180125/7013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408855  
Tel No: 65470000

2 of 4

Report No: T/20180125/7013

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SDN7518G	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
SKF618G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700068351	26/12/2017	25/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Gan Fong Yin		ID No.	S6977101G
Related Vehicle	SDN7518G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	
			NIL	
Passenger				
Name	Sean Wong Siu Tong		ID No.	S8471061Z
Related Vehicle	SKF618G (Car)		Contact No.	98632381
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	26/01/2018
No. of Days granted Medical Leave		NIL	Degree of Injury	
			Slight	
Driver				
Name	LEOW MENG FAI		ID No.	S7130850I
Related Vehicle	SKF618G (Car)		Contact No.	98468109
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	
			NIL	

## Police Report



**SINGAPORE  
POLICE FORCE**



T201801267013

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

3 of 4

Report No: T201801267013

### CONTINUATION OF REPORT

Passenger			
Name	Dennis Neo Say Kiat	ID No.	S8203458G
Related Vehicle	SKF618G (Car)	Contact No.	92393359
Hospital/Clinic	NIL	Class of Driving Licences & 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:

I turned into the slip road off Upper Bukit Timah Road (North bound) so as to turn left into Choa Chu Kang Road. I slowed down as it was a slip road and passed the Zebra Crossing (nil pedestrians) and slowed to a stop about 5 to 10 metres thereafter (prior to the double white parallel dashed lines across the slip road where it meets the main Choa Chu Kang Road). I slowed to a stop as I had to give way to traffic coming along Choa Chu Kang Road.

There were 2 passengers in my car (Sean Wong Shu Tong S8471061Z at the back, and Dennis Neo Say Kiat S8203458G in front). Both of them are my colleagues from the Civil Service Institute.

A few seconds later, my car was rear-ended by Black Audi SUV (SDN7518G) which did not slow down, and my car lurched forward. (I will provide the clip from my in-car rear camera)

I proceeded to filter out into Choa Chu Kang Road and stopped a distance away from the junction, with the other Vehicle stopping behind me.

We exchanged particulars and took pictures of the damage to both vehicles, before moving off.

I and my 2 passengers continued on my journey to Stagmont SAF Camp (207 Stagmont Road, S688793) and arrived there about 10m min later. I dropped my passengers at the drop off point in the camp and proceeded to park my car. When I walked back to the drop off point, Mr Sean Wong had highlighted to the people present he did not feel well and was asked to lie down flat. The people present arranged for a SAF ambulance and medical crew to arrive and attend to him. Thereafter, he was assessed by the SAF medical team, and sent to Ng Tang Fong hospital by SAF ambulance from Stagmont camp.

The other passenger Mr Dennis Neo accompanied him in the ambulance, and also sought medical attention for himself thereafter.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/201801267013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

4 of 4

Report No: T/201801267013

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
YUS MASTARI KHAZALI  
Contact No.: 65476214

Authentication Stamp  
NP168

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

Date/Time:  
26/01/2018 22:11

Classification Of Case: