### 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 <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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/03/2018 14:15
Date Of Accident	09/03/2018 16:20
Exact Location Of Accident	TOH TUCK RD TOWARDS BUKIT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS4785L
Insured/Policyholder	
Name Of Registered Owner	STARBURST ENGINEERING PTE LTD
Co Reg No	-
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90404108
Alternative Phone No	OFFICE-90404108
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SILVER
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100409490-02000
Cover Note Number	
Driver	

### Driver

Name of Driver NG ENG LONG JOSIAH LAWRENCE

 NRIC No
 \$1531714J

 Date Of Birth
 04/03/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 26/04/2007

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90404108

Fax Number

Contact Number OTHERS-90404108

EMail Address HANCARREPAIRS@GMAIL.COM

Address BLK 6 TOH YI DRIVE

#02-261

Postcode 590006

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

### **Other Information**

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
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.

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 BUKIT TIMAH NEIGHBOURHOOD POLICE POST

NO

Police Station Address ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4689999 - **FAX NO**: 64623782

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

PLEASE REFER TO SKETC AND POLICE REPORT T/20180309/2153

### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number QX574H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category GOVERNMENT
Name of Driver REGINA CHAI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

## SKETCH PLAN

DOA: 01/03/24/8

## IMPORTANT NOTICE

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- 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.
- 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)

t 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' law yers/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
- (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 making 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

PLEASENUTS YOUR INSURER MAY HAVE A 14DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN

Policy holder's Signature / Date & Driver's Signature (If driver is not the policy holder) / Date & Witnessed by Reporting Centre Personnel

Sketch Plan

By Ki+ Both East Ave 3

### **Accident Sketch Plan**

Describe Cir	cumstances of the Accident
I was	travelling along Toh Tuck Road Towards Bukit Botck East Ave
I was	waiting for traffic light to be in my favor before I can
start N	roung off.
	e cars in from of me and the traffic was heavy.
When the	green grow appears, cars from my lone (left) started moving
There	of car on the right lane were still stationary because proceed
the firs	of car on the right lone comnot start moving due to the fact they
if want	ed to turn right but not able to do so the traffic light was req
	It great arrow.
As a res	as it wonked to two left before the traffic higher green own
disapped	
	alighted from our cars, the diver of while (B) told me that
she was	heading to clements which was why she needed to
cha	age lone and make a left turn.
Po	LICK REPORT 1/20/80309/2153

Declaration

We declare the feregoing 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 Centre Personnel





Police Station Of Origin: **Bukit Timah NPP** 

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

1 of 4 Report No. T/20180309/2153

Date/Tim	F A TRAFFIC ne Report M 18 19:10		Vide Report No.: D/20180309/0090	Station Diary No.		
Informa	nt's Particu	ilars		The second subject to the second		
Name of	Informant:	SIAH LAWRENCE	Address: APT BLK 6 TOH YI DRIVE #0	2-261 SINGAPORE 590006		
ID Type	/ ID No.: D / S153171	1070410	Contact No.; Home/Office:	Mobile: 90404108		
National	lationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 56	Date of Birth: 04/03/1962	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Senior Project Manager		ager	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 09/03/2018 16:20	Type of Location	
Location: Along Road 1 TOH TUCK F TOH TUCK A			(6		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Heavy	
Type of Colli Between Mo	sion: ving Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: No	

Details of Volume Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
QX574H	Car	TYTOKING.			Slightly Damaged	1
SKS4785L	Car				Slightly	0

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





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Report No. T/20180309/2153

Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

assenger				ID No.	1	IIL
lame	YAO JUN					41L
	QX574H (Car)			Contact	No.	WIL.
Related Vehicle	QX5/4/1 (Cal)			Class of	1	Class: NIL
lospital/Clinic	NIL			Driving Licence Expiry	8	Date of Expiry: NIL
			Date Disc	harge	NIL	
Date Treatment	NIL	NIL	Degree o	finjury	NIL	
No. of Days gran	ted Medical Leave		HENDEN TH	A PROPERTY.		AUI
Driver				ID No.		NIL
Name	REGINA CHAI				1 4 1 -	NIL
	OVERALL (Car)	QX574H (Car) NIL			ct No.	MIL
Related Vehicle	QX5/4H (Car)					Class: NIL
Hospital/Clinic	NIL				of g ce & y Date	Date of Expiry: NIL
			T D	scharge	NIL	
Date Treatmen	t NIL		Date D	of Injury	ASSESSMENT OF THE PERSON NAMED IN	
No of Days of	anted Medical Leave	NIL	Degree	Of Injury	BECK	THE PLETTER LEVEL
Driver			PENCE	IDN	0.	S1531714J
Name	NG ENG LONG	IOSIAH LAV	KENOL	100000		
Ivanie				Con	tact No	90404108
Related Vehic	le SKS4785L (Car)			Calabasa		NIII.
The second second				Class of Driving Licence Expiry D		Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL					
			Data	Discharge		
Date Treatmo	ent NIL	e NIL	Date	e of Inju	-	

On 09/03/2018 at about 1620hrs, I was driving my company vehicle (registration number SKS4785L) travelling on the left of 2 lanes along Toh Tuck Rd towards Toh Tuck Avenue. I was stopped at the traffic light junction as it was red light at that point of time.

As the traffic light turns green, I then moved off following the front vehicle. At that point of time, a police vehicle from the right merged into my lane. Due to that, both vehicles side swiped. I wish to state that the traffic was quite congested.

My company vehicle sustained some scratches on the side of driver door and front right bumper. I wish to state that there was no one injured and no ambulance was at scene. Traffic Police was at scene.





3 of 4

Report No. T/20180309/2153

Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

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Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999 CONTINUATION OF REPORT

4 of 4 Report No. T/20180309/2153

## 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 Informant:
Date/Time: 09/03/2018 19:10
Classification Of Case:























