

## 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	19/03/2018 11:44
Date Of Accident	18/03/2018 09:30
Exact Location Of Accident	JUNC EUNOS ROAD 5 & EUNOS AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE6001K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG POW LIAN
NRIC No	S1308866G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98234078
Alternative Phone No	OFFICE-98234078

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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	2100395485-03
Cover Note Number	

### Driver

Name of Driver	NG POW LIAN
NRIC No	S1308866G
Date Of Birth	12/12/1958
Occupation	INDOOR
Date Of Driving Pass	10/03/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98234078
Fax Number	
Contact Number	OFFICE-98234078
Email Address	NOEMAIL

Address	BLK 816 JELICOE ROAD #23-02
Postcode	200816
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	COLLISION - CROSS JUNCTION
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?	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
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180319/2033.

#### 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	SLG6163U
Vehicle Make/Model/Colour	
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)

1

**DETAILS OF INJURED PERSON 1**

Name NG POW LIAN

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SFE6001K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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.
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.

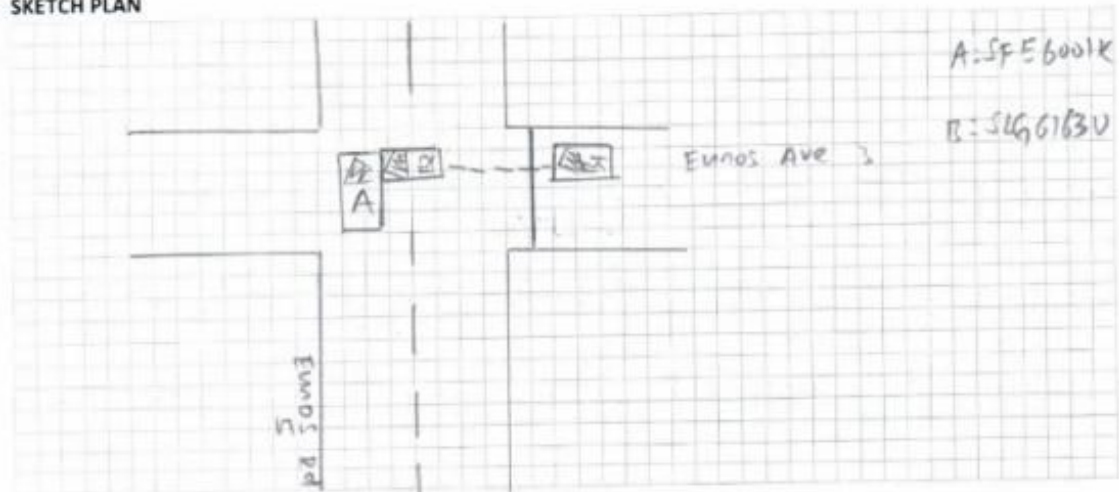
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180319/2033.

[The remaining lines of the section are crossed out with a diagonal line.]

### DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature Blanket volume 08

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180319/2033

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180319/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 11:14	Vide Report No.:	Station Diary No.: 23
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### Informant's Particulars

Name of Informant: NG POW LIAN			Address: APT BLK 816 JELICOE ROAD #23-02 SINGAPORE 200816	
ID Type / ID No.: NRIC NO / S1308866G			Contact No.:	Mobile: 98234078
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 59	Date of Birth: 12/12/1958	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2018 09:30	X-Junction
Location: Junction of Road 1 and Road 2 EUNOS ROAD 5 EUNOS AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFE6001K	Car	MERCEDES BENZ	CLA180 (R18 BI)	Black	Slightly Damaged	0
SLG6163U	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFE6001K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100395485-03	12/12/2017	11/12/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180319/2033

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No: T/20180319/2033

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG POW LIAN	ID No.	S1308866G
Related Vehicle	SFE6001K (Car)	Contact No.	98234078
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/03/2018	Date Discharge	18/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	LOW TECK HOCK	ID No.	S0028885C
Related Vehicle	SLG6163U (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

### Brief Details.

On the above mentioned date time and place, I was driving my vehicle bearing registration plate number SFE6001K along Eunos Road 5. I then saw a vehicle bearing registration plate number SLG6163U approaching out slowly from Eunos Avenue 3 and I press on my horn to warn him. The other vehicle then slowed down and I carried on driving straight. Out of a sudden, the vehicle drove out and collided onto the right side of my vehicle. I tried to swerve away to avoid a collision however I was unable to.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180319/2033

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20180319/2033

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:

G /

Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2018 11:14

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Medical Cert



**Mount Alvernia Hospital  
Medical Certificate**


24-Hour Walk-In Clinic and  
Emergency Department  
No: M18004174

This is to certify that NG POW LIAN (S1308866G) is granted medical leave for 5 day(s) from  
18/03/2018 to 22/03/2018.

**Type of medical leave:**

- ☒ OUTPATIENT SICK LEAVE  
☐ HOSPITALISATION LEAVE  
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

  
\_\_\_\_\_  
NG KWEE CHOON  
MBBS ( SINGAPORE )  
MCR : 02005B

24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

18/03/2018

\_\_\_\_\_  
Date

A black Mercedes-Benz A-Class car is parked in a parking lot. The car is facing the camera, and its license plate reads "SFE 6001K". A yellow caution tape is stretched across the front of the car, and a warning sign is visible on the right side of the frame. The sign reads "WARNING Obstructing vehicle will be Towed Away" and "Please do not obstruct the vehicle". The car is parked on a paved surface, and there are some trees and buildings in the background.

Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



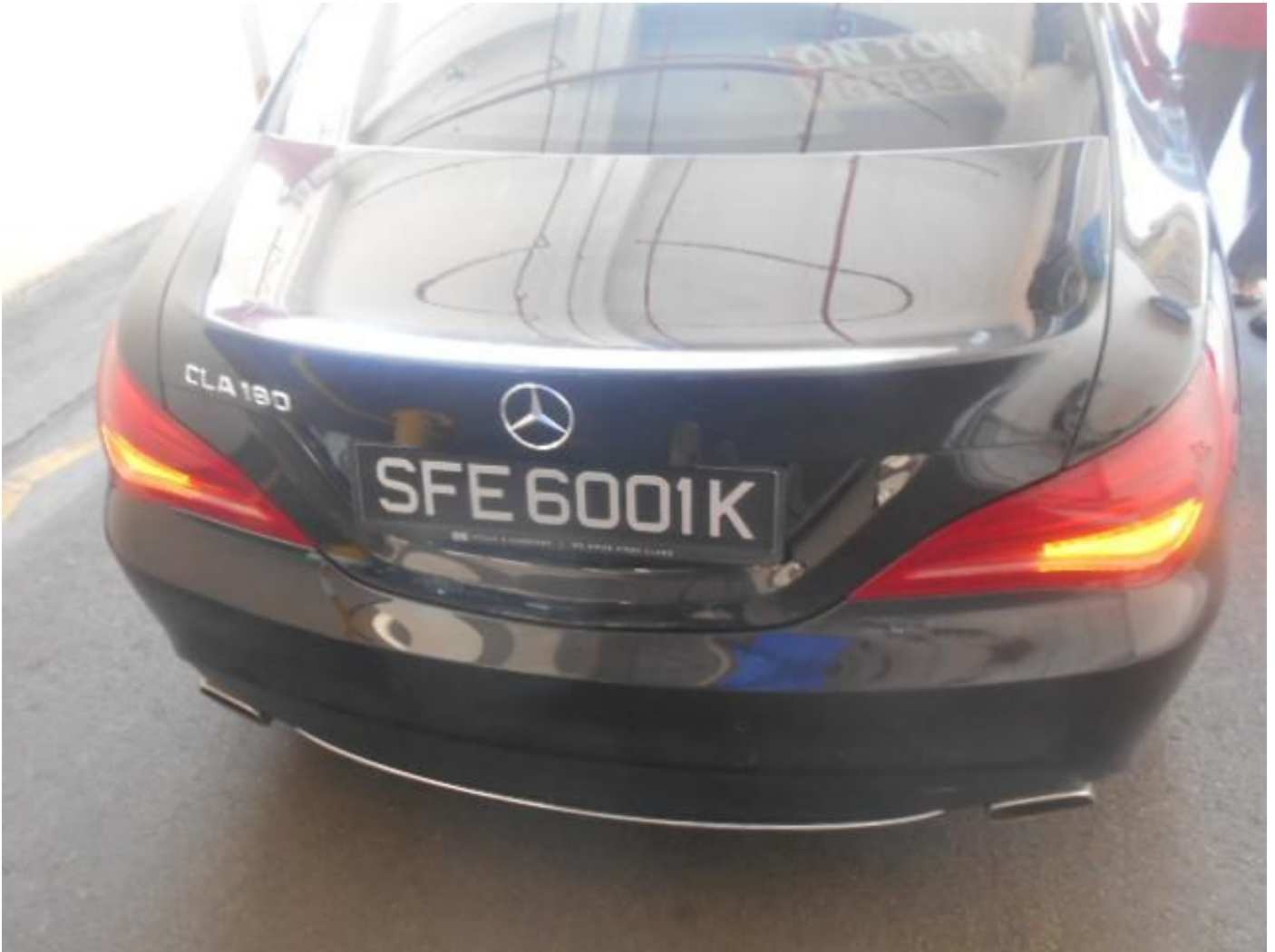
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Accident Photo



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Accident Photo

