

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	05/04/2018 18:04
Date Of Accident	04/04/2018 11:00
Exact Location Of Accident	5 SUNGEI KADUT AVENUE (729642)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA2880L
Insured/Policyholder	
Name Of Registered Owner	THE ESTATE OF KAM KOK LEONG
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816195
Alternative Phone No	OFFICE-91816195

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.2 (A)
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	210091882-06
Cover Note Number	

Driver

Name of Driver	HUANG GUISHENG
Passport No/FIN	F8290370N
Date Of Birth	05/03/1977
Occupation	INDOOR
Date Of Driving Pass	27/09/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91816195
Fax Number	
Contact Number	OTHERS-91816195
Email Address	NOEMAIL

Address	7 JALAN PUNAI #01-605 TATIANA TERRACE
Postcode	418776
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POICE REPORT G/20180404/2173

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 Witness 1

Name	LI QINFENG
Phone Number	
Email Address	

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:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



 S SUNGEI KADUT
 Ave 5 (729642)

(A) SFA 2880L
 (B) FORK LIFT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT NO 6/20180404/2173

I WISH TO ADD I HAVE 2 WITNESSES.

① NAME - LI QINFENG NRIC - 57765785A

② THANGARASU PUGALENTHI PASSPORT NO K9305418

③ KHAN SOBUT PASSPORT NO PC0235542

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:

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



G/20180404/2173

1 of 2

POLICE REPORT (NP299)Report No. G/20180404/2173

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Date/Time Report Made 04/04/2018 20:52		Vide Report No.		Station Diary No. 91	
Name Of Informant HUANG GUISHENG		Address 7 JALAN PUNAI #01-605 TATIANA TERRACE SINGAPORE 418776			
ID Type / ID No. FIN NO / F8290370N		Contact No. Home/Office Mobile 91816195			
Nationality CHINESE		Email Address			
Occupation Cabinet and furniture maker		Sex Male	Age 41	Date of Birth 05/03/1977	Race Chinese
Institution/School Name		Language Chinese			
Date/Time Of Incident 04/04/2018 11:00		Location Of Incident C/O APT BLK 5 SUNGEI KADUT AVENUE YEW TEE INDUSTRIAL ESTATE SINGAPORE 729642			

Brief details.

On 4/4/2018 at around 1100hrs, while I was travelling in 5 Sungei Kadut Avenue Singapore 729642, my vehicle SFA2880L was being hit on the right side by an orange frog lift that was reversing. The other party did not give me any particulars, contact number and told me that he will contact me soon after the incident but there was no response from him till now.

I am making this report for the purpose of insurance claim.

Signature Of Officer Recording The Report: G / Sgt 2 MOHAMED NASZRUL BIN MOHD HELMI <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2018 20:52
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp IBNU QAYYIM BIN NAWAWI Contact No.: 62447200	Classification Of Case:

Authentication Stamp

Sketch Plan #4



SINGAPORE
POLICE FORCE



G/20180404/2173

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180404/2173

Subjects Involved	
Victim	
Person Name	HUANG GUISHENG (Informant)

Signature Of Officer Recording The Report: G / Sgt 2 MOHAMED NASRUL BIN MOHD HELMI <i>867(3) ZAN MENG CIPANG</i>
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp IBNU QAYYIM BIN NAWAWI Contact No.: 62447200

Signature Of Informant: <i>[Signature]</i>
Date/Time: 04/04/2018 20:52
Classification Of Case:

<p>Authentication Stamp</p> <p>SINGAPORE POLICE FORCE</p> <p><i>[Signature]</i></p> <p>SIGNATURE</p>
--

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA48045691 Vehicle Registration No : SFA 2880 L
Name (as shown in NRIC) : Huang Guishuang NRIC/FIN/Passport No : F8290370 M
☒ (*Vehicle Driver) / ☐ (Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91816695
Email Address : _____
Date of Accident : 04/04/2018 Time of Accident : 11:00
Place of Accident : 5 Suntek Road Ave (79642)
Insurance Company : OCF

(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:

Driver name to Huang Guishuang

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafli Annand
NRIC/FIN No.: 051642018
Date: