

## 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	10/05/2018 11:54
Date Of Accident	24/04/2018 16:45
Exact Location Of Accident	BALMORAL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8014J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OMAR OSMAN KWANG
NRIC No	S0384142A
Email Address	OMARKWANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97393909
Alternative Phone No	OTHERS-97393909

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	207-1.4 2-TRONIC SPORT (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA094432
Cover Note Number	30/04/2018 - 29/04/2019

### Driver

Name of Driver	OMAR OSMAN KWANG
NRIC No	S0384142A
Date Of Birth	01/04/1947
Occupation	INDOOR
Date Of Driving Pass	18/03/1986
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97393909
Fax Number	
Contact Number	OTHERS-97393909
EEmail Address	OMARKWANG@GMAIL.COM

Address	BLK 103 ANG MO KIO AVE 3 #04-1457
Postcode	560103
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	COLLIDED INTO PROPERTY
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7534R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	OMAR OSMAN KWANG
Approximate Age	
Injuries Sustain	RIGHT HAND,EXPLOROTANY LAPAROTOMY,SMALL BOWEL RESECTION
Injured person in which vehicle?	SJT8014J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN**

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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:

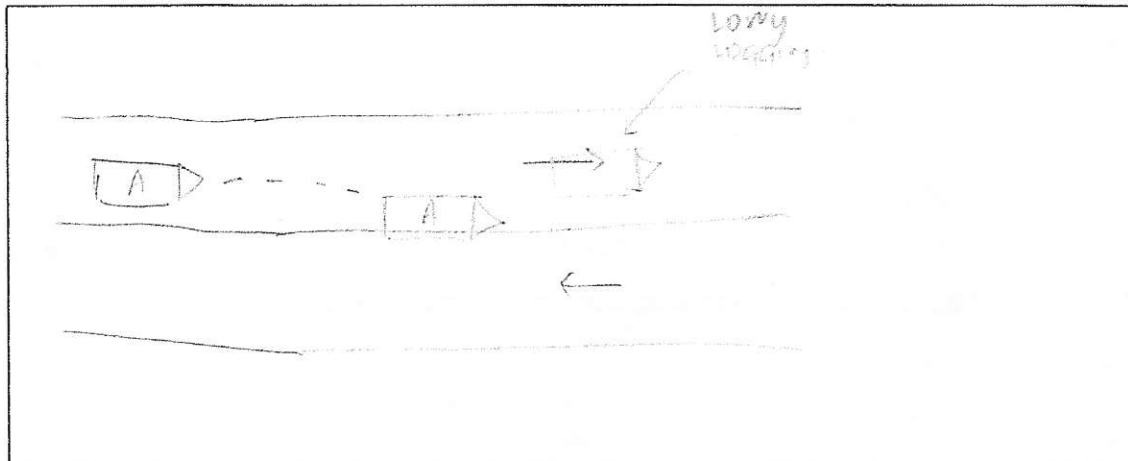


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan Pg. 2

Date of accident: 24/04/18 Time: 16:45 Location: Balmoral Rd  
My Vehicle A: SJT8014J Vehicle B: GBL7534R Vehicle C: —

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : *omar.kwang@gmail.com*  
& myself :

Email address : mocha.jean@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AN LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



F/20180508/7041

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**POLICE REPORT (NP299)**

Report No. F/20180508/7041

Police Station Of Origin  
Ang Mo Kio Police Divisional HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 08/05/2018 12:10	Vide Report No.	Station Diary No.
Name Of Informant OMAR OSMAN KWANG	Address APT BLK 103 ANG MO KIO AVENUE 3 #04-1457 SINGAPORE 560103	
ID Type / ID No. NRIC NO / S0384142A	Contact No. Home/Office:                      Mobile: 97393909                      / 93235524	
Nationality SINGAPORE CITIZEN	Email Address omarkwang@gmail.com	
Occupation Retiree	Sex Male	Age 71
	Date of Birth 01/04/1947	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 24/04/2018 16:45	Location Of Incident BALMORAL ROAD NIL SINGAPORE 259797	

**Brief details.**

24th April, Tuesday

Around 4:45PM

I was on the way to pick my grandson up from school at the Forum Shopping Mall.

I would normally arrive around 5pm.

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: 08/05/2018 12:10
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20180508/7041

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180508/7041

I could only remember, along Balmoral Road, there was a lorry in front hogging the traffic.

I moved to the right slightly, to try and see what was in front of the lorry that was hogging the traffic.

After this point, I cannot recall anything further.

The next thing I knew, I was already carried out of the car and laid on the grass verge.

There was a lady who helped me to retrieve my phone and pouch, and also helped me to call home.

I was unable to recall the number of people who helped me, except for that lady.

That is all.

Subjects Involved			
Victim			
Person Name	OMAR OSMAN KWANG		
ID Type	NRIC NO	ID No	S0384142A
Gender	Male	Age	71
Race	Malay	Language	English
Occupation	Retiree	Address Type	

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: 08/05/2018 12:10
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



F/20180508/7041

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180508/7041

Address	APT BLK 103 ANG MO KIO AVENUE 3 #04-1457 SINGAPORE 560103	Mobile No	97393909
Is Informant A Victim?	Yes		
Person Name	OMAR OSMAN KWANG (Informant)		

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: 08/05/2018 12:10
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	