

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	12/06/2018 14:17
Date Of Accident	09/06/2018 20:45
Exact Location Of Accident	ECP EXIT TO FORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ9782J
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN CHENG
NRIC No	S0761439Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92760697
Alternative Phone No	OFFICE-92760697

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO 9 GT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	2100296117-06
Cover Note Number	-

Driver

Name of Driver	LOW HWI MING(LIU HUIMIN)
NRIC No	S7703118I
Date Of Birth	25/01/1977
Occupation	INDOOR
Date Of Driving Pass	02/05/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92760697
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 3 JLN BATU #09-83
Postcode	431003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : ONG SEI 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	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX5607K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE AI LEEN
NRIC/Passport Number	S7229876D
Contact Number	97454868
Address	

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

DETAILS OF INJURED PERSON 1	
Name	LOW HWI MING(LIU HUIMIN)
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SFZ9782J
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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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.

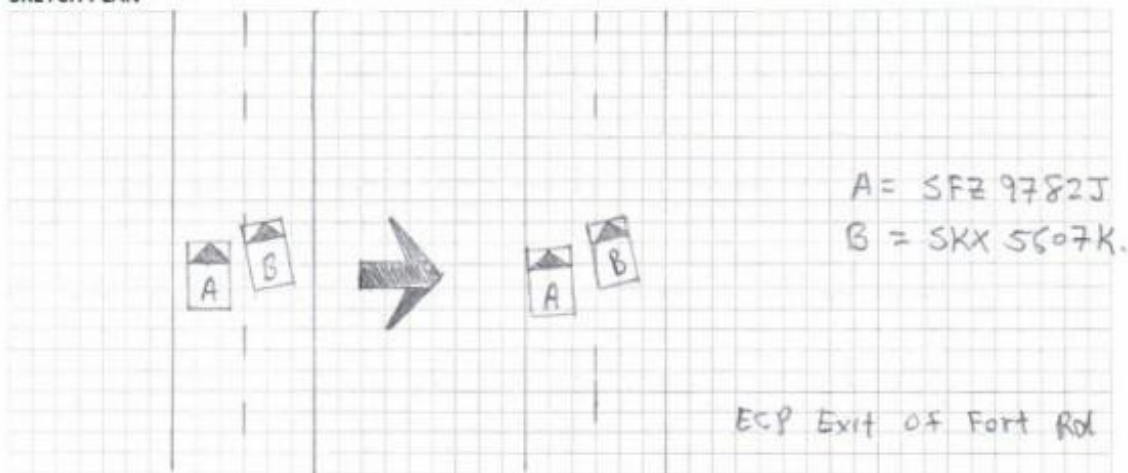
Policyholder's Signature
Date & Time:

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

Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180611/2159

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20180611/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 20:34	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: LOW HWI MING			Address: APT BLK 3 JALAN BATU #09-83 SINGAPORE 431003		
ID Type / ID No.: NRIC NO / S77031181			Contact No.: Home/Office: Mobile: 92760697		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 25/01/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: operations manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2018 20:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST PARKWAY FORT ROAD ECP EXIT OF FORT ROAD				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ9782J	Car				Slightly Damaged	1
SKX5607K	Car				No Damage	2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20180611/2159

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Police Station Of Origin:
Mountbatten NPP
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390060
Tel No: 1800-3449999

Report No. T/20180611/2159

CONTINUATION OF REPORT

Driver			
Name	LOW HWI MING	ID No.	S7703118I
Related Vehicle	SFZ9782J (Car)	Contact No.	92760697
Hospital/Clinic	TANG MEDICAL & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WEE AI LEEN	ID No.	S7229876D
Related Vehicle	NIL	Contact No.	97454868
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 09/06/2018 at about 2046hrs, I was driving my vehicle (SFZ9782J) along ECP and exited at Fort Rd. As I was travelling at about 50km/h on the left lane of the 2 lane road. At that point of time, I was halfway through the exit where I spotted a white colour vehicle (SKX5607K) that was travelling on my right.

I continued on driving passing the said vehicle when I noticed that it started encroaching on to my lane. I sounded my honk but to no avail. The said vehicle eventually went into my lane. Due to that, I was forced to swerve to the left to avoid collision with the said vehicle. As such, my vehicle hit onto the kurb on the road shoulder. I then sounded my honk again however the said vehicle did not stop.

Following that, I managed to catch up with the said vehicle along Mountbatten Road near to Kampong Arang estate. I signaled to the driver of the said vehicle requesting her to stop the vehicle. We both alighted and I then asked her about earlier incident however she was not aware about it and did not realized that she had encroached onto my lane. I suggested that we settle the matter privately however she wanted to settle the matter through insurance claims. We both exchanged particulars and left scene.

I observe that there were 2 other passengers in the said vehicle whereas I was driving with my son at the back seat. There were no damages on the said vehicle however my vehicle suffered scratches on the left front fender and also the left side of the rims.

On the 10/06/2018, I felt strain on my neck and shoulder area. As such, on 11/06/2018 I proceeded to Tang Medical & Surgery Pte Ltd to assess my injury. I was dispensed with some medications and given a total of 5 days medical leave. I also wish to inform that I have the video recording of the whole incident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180611/2159

Police Station Of Origin:
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CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
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T/20180611/2159

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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 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SLDZUL HAIRIE BIN RAMLI

Contact No: 65476220

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

11/06/2018 20:34

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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