SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	13/08/2018 16:19
Date Of Accident	11/08/2018 15:50
Exact Location Of Accident	FIRST LANE OF PIE NEAR TO BEDOK NORTH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM2207Y
Insured/Policyholder	
Name Of Registered Owner	NGO YUH SHING
NRIC No	S6862298J
Email Address	JOHNSONNG036@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91443532
Alternative Phone No	Others-91443532
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3 1.6 SX
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
lf No, Please state action to be taken	
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	2100504994
Cover Note Number	
Driver	
Name of Driver	NGO YUH SHING
NRIC No	S6862298J
Date Of Birth	30/12/1968

INDOOR

11/02/2004

14 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-91443532

Fax Number

Contact Number OTHERS-91443532

EMail Address JOHNSONNG036@YAHOO.COM.SG

BLK 151 SIMEI STREET 1 #04-27 Address

Postcode 520151

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 **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 5

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

Police Station Address ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

Details of Witness 1

Name TRAFFIC POLICE OFFICER

Phone Number **Email Address**

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SI H7379C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver POH TECK BENG

NRIC/Passport Number S6820007E Contact Number 96189709

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGM2076S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE WEI XIONG

NRIC/Passport Number

Contact Number 90664507

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGW1314J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver HONG XIN YA

NRIC/Passport Number

Contact Number 91454114

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKW5184T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHOO LEE PENG

NRIC/Passport Number

Contact Number 83661668

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

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
 - 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:

e Driver's Signature

(If driver is not the policyholder)

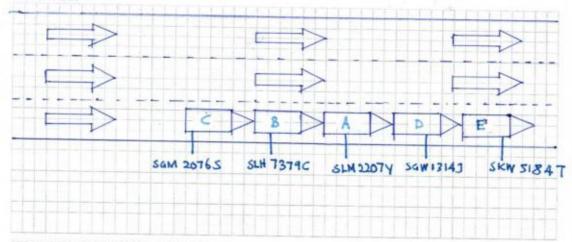
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to report of a traffic accident	

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time: 13/8/18 2.15pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









































Accident Photo

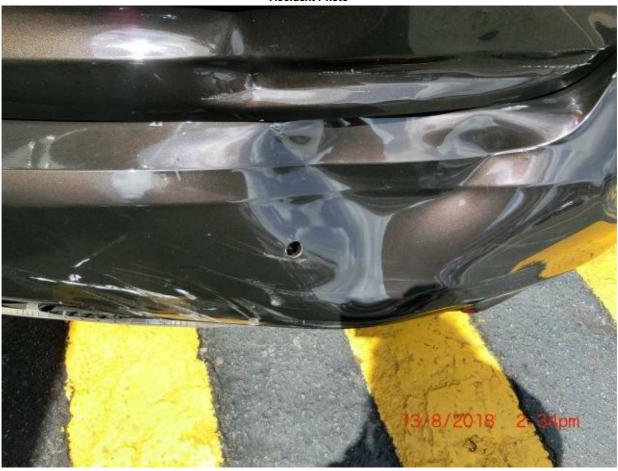






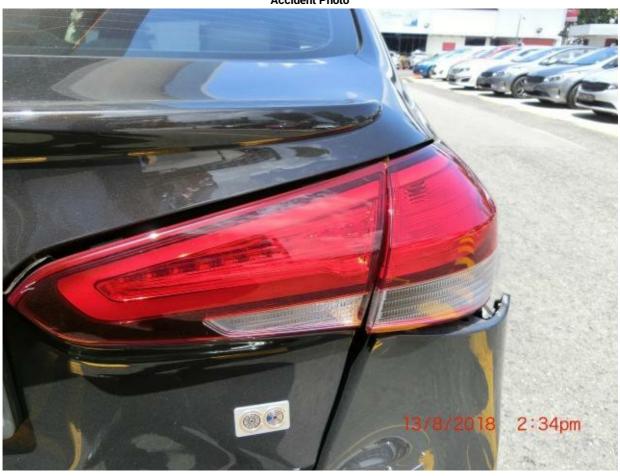




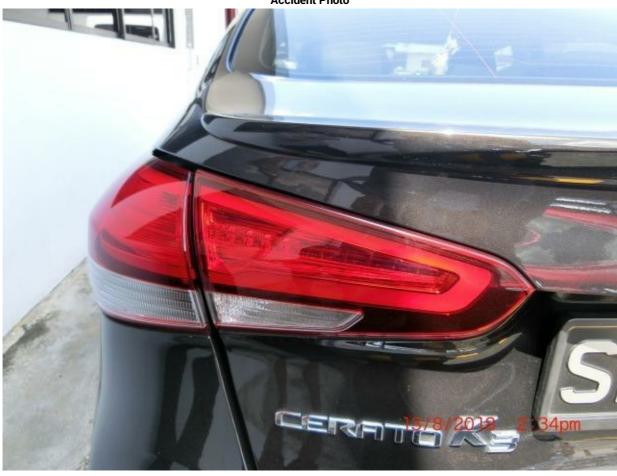












































Police Report



Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Report No. T/20180811/2102

Date/Time Report Made: 11/08/2018 18:57			Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulara				
Name of Informant: NGO YUH SHING			Address: APT BLK 151 SIMEI STREET 1 #04-27 SINGAPORE 52016:			
ID Type / ID No.: NRIC NO / S6862298J			Contact No.: Home/Office:	Mobile: 91443532		
Nationality: MALAYSIAN			Email:			
Sex: Male	Age: 49	Date of Birth: 30/12/1968	Type of informent: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PRODUCTION OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2018 15:50		Type of Location Streight Road	
FIRST LANE	EXPRESSWAY OF PIE NEAR TO BEDO					
		Road Surface: Dry			Road Speed Limit:	
		Traffic Control:	Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way		Prof Continued		NK	derate	

Vehicle No.	Тура	Make	Model	Color	Condition	No of Passenger
SGM2076S	Car	1000000			- Constant	0
SGW1314J	Car					0
SKW5184T	Car					0
SLH7379C	Car					0
SLM2207Y	Car	КІА	FORTE K3 1.6A	Brown		0

Police Report





Police Station Of Origin: Changl N.P.C 9 Simel Street 2 SINGAPORE 529914 Tel No: 1800-5872999

2 of 3

Report No. T/20180811/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLM2207Y	AIG ASIA PACIFIC INSURANCE PTE.	2100504994-01	24/03/2018	The second secon		

Brief Details.

On 11/09/2018 at about 3.50pm while I was driving my car (SLM2207Y) along the PIE on the first lene I noticed that the car's began to slow down and eventually came to a stop. I slowed my vehicle down and came to a stop. Suddenly I felt an impact from the rear which caused my car to surge forward and hit the vehicle in front (SGW 1314J) this vehicle then hit the vehicle in front of I (SKW5184T). I got out of my car to make a check and noticed that vehicle SLH 7379C Collided into my rear. While vehicle SGM 2076S Collided into the rear of SLH 7379C. Nobody was injured at that point of time. All the drivers exchanged particulars. Traffic police attended to us.

SKW5184T - 83681668 SGW1314J - 91454114 SLH7379C - 96187709 SGM2076S - 90664588

Police Report





Police Stetlon Of Origin: Chengi N.P.C 9 Simel Street 2 SINGAPORE 529914 Tel No: 1800-5872999

3 of 5 Report No. T/20180811/2102

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 55474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 RANDY RONALD MINJOOT

Signature Of Interpreter:
Not applicable

Date/Time:
11/08/2018 18:57

Cleasification Of Case:
TP / GIT /
Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN
Contact No. 65478429
Authentication Stamp
Next.





















