MTC318103917 / Tan Chong Motor Sales Pte Ltd - Bukit Timah ENTRY DATE & TIME: 13/08/2018 10:43 SUBMITTED BY: Muhammad Zuhri Bin Ismail

## 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 10:43
Date Of Accident	12/08/2018 12:30
Exact Location Of Accident	X-JUNCTION(NICOLL HIGHWAY TO STAMFORD ROAD)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8726D
Insured/Policyholder	
Name Of Registered Owner	NI TERK SENG
NRIC No	S1237222A
Email Address	PETERNI94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97817061
Alternative Phone No	Office-97817061
Vehicle Particulars	
Manufacturer	NISSAN
Model	ALMERA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100340923-05
Cover Note Number	
Driver	
Name of Driver	NI QINGJING
NRIC No	S8737514E
Date Of Birth	18/11/1987
O compation	INDOOD

**INDOOR** 

06/03/2012

**6 YEARS AND 5 MONTHS** 

Gender MALE

Mobile Number (LOCAL) +65-97817061

Fax Number

**Contact Number** 

EMail Address PETERNI94@HOTMAIL.COM

Address BLK 175 BISHAN STREET 13 #07-171

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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?

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? YES

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

Number of Passengers (Including Driver) 2

Passenger 1 Name: : mok seen yuu

Gender: : Female

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-5529999 - **FAX NO**: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

NO

YES

**Circumstances of Accident** 

refer the attached

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 SGE3279J
Vehicle Make/Model/Colour BMW

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR FOO WENG WEI

S1825583I 96195675

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:

- 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)
  - (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
- 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.
- 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:

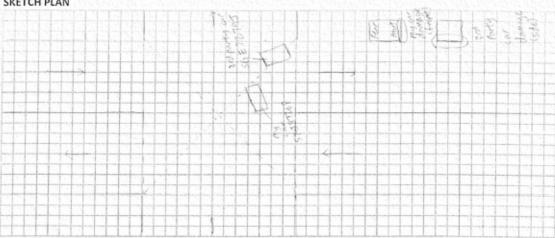
Driver's Signature

Date & Time: 13/08/18, 1040.00

(If driver is not the policyholder)

Reporting Centre Porsonnel's Signature

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT DATE: 17/09/18 ACCIDENT TIME(h	h:mm): 12 30
ACCIDENT LOCATION: Junifor of road 1 Grand2	Nicoll Highway driving toward
Stamford and. At cass junction of Nico	2000년 1일 시간 1일
CIRCUMSTANCES:-	
On 12th August Zoil, at about 1230ha	, I was travelling (SKT87260)
along Nicoll Highmay, turning right into sta	nderd food. I was on the most
right lane A+ the point of time, the t	
making the turn into stamford Road o	[18] 20 16 17 17 17 17 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15
me also tumbo as such I followed.	为中国的"全国"的"大型"的"大型"的"大型"的"大型"的"大型"的"大型"的"大型"的"大型
Suddenly I heard honks and my rehit	le hit outo a vehicle 1 SGE 32797
Mich was travelling the opposite direct	
from my rehitle and make a check.	"내가들이 그렇게 하면요. (시간 15시간) 되었다면 어떤 이 사고를 하는데 하면 하면 되었다면 하는데 하는데
activated. I did exchanged particular	[1] 경기 [1] [1] 경기 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
was injured. I do not have ann	
Note: The 3rd party air (SGE32795) ha	s an in-huilt camera
* Note: In the old hardway police report (T/20	180812/2065), it was mentured that
I was driving along Explanate Drive. In actual, it is at 1	vicill Highway and I had made amendment with
Prince on 13th Angust, 10 15 ha at &	kit Timah. Police Centre
No: SGE32795 Model: RMW	Hp No: 96195675
ver's Name: Foo Weny Wei	ID No: 5/825583I

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: 13/03/18 , 1040 nm Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

GIARMC SketchPlanForm\_V3





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 1 of 3 Report No. T/20180812/2065

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2018 17:00			Vide Report No.: A/20180812/0096	Station Diary No.: 72	
Informa	nt's Partic	ulars			
Name of Informant: NI QINGJING			Address: APT BLK 175 BISHAN STREET 13 #07-171 SINGAPORE 570175		
ID Type / ID No.: NRIC NO / S8737514E			Contact No.: Home/Office:	Mobile: 97817061	
National SINGAP	ity: ORE CITIZ	EN.	Email:		
Sex: Male	Age: 30	Date of Birth: 18/11/1987	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SALES ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2018 12:30	Type of Location X-Junction	
ESPLANADE STAMFORD	. (2015년 1월 1일 : 1	d Stamford Road.		Road Speed Limit:	
그림 하다 하다 하는 아들이 없다면 모든 모든 모든 사람이 되었다. 그리고 얼마나 되었다.		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGE3279J	Car					1
SKJ8726D	Car		AR 1150A36			1





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 3 Report No. T/20180812/2065

### CONTINUATION OF REPORT

### Brief Details.

On 12/08/2018 at about 1230hrs, I was traveling (SKJ8726D) along Esplanade Drive turning right into Stamford Road. I was on the most right lane. At the point of time, the traffic light was green and I was making the turn into Stamford Road and I saw a vehicle in front of me also turning as such I followed.

Suddenly, I heard honks and my vehicle hit onto a vehicle (SGE3279J) which was traveling the opposite direction of my vehicle. I alighted from my vehicle and make a check. Police and ambulance were activated. I did exchanged particulars of with the driver. No one was injured. I do not have any in-built camera in my vehicle.

Particulars of the driver: Foo Weng Wei, S1825583I HP: 96195675





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20180812/2065

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: E / Sgt 2 LIM HWEE JIE, SAMUEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2018 17:00
Officer In Charge Of Case: TP / GIT SI NORASHEN BINTEDAUD Contact No. 65476439	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

