

## 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	28/08/2018 12:09
Date Of Accident	27/08/2018 14:00
Exact Location Of Accident	ALONG WOODLANDS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC3183C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31584255
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS-1.5 E GRADE (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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995145
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG BEE CHENG JULIET
NRIC No	S7043403B
Date Of Birth	01/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2003
Driving Experience	15 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92394128
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	249 JALAN BOON LAY
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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: : UNKNOWN Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4169B
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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)	

Name	NG BEE CHENG JULIET
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLC3183C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20180827/2154

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180827/2154

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 19:04		Vide Report No.:	Station Diary No.: 138
<b>Informant's Particulars</b>			
Name of Informant: NG BEE CHENG JULIET		Address: APT BLK 516 JURONG WEST STREET 52 #06-51 SINGAPORE 640516	
ID Type / ID No.: NRIC NO / S7043403B		Contact No.: Home/Office: Mobile: 97333846	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 47	Date of Birth: 01/12/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2018 14:00	Type of Location:
Location: Along Road 1 WOODLANDS ROAD WOODLANDS ROAD TURNING RIGHT ONTO TURF CLUB AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4169B	Lorry				Slightly Damaged	0
SLC3183C	Car				Seriously Damaged	1

Accident Sketch Plan



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Report No. T/20180827/2154

**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:

J/

Sgt 2 SEAN SI HAO

Signature Of Interpreter:

Not applicable

**Singapore Police Force**

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

27/08/2018 19:04

Classification Of Case:

Authentication Stamp

NP168

**Accident Sketch Plan**



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: J/157 20180827 (0157)

I, Sgt. (2) Ross Noh  
(Recipient's Name, NRIC or Passport No. / Rank and No.)  
of TP HQ.  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One SD card labeled Team, SGR
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from 87043403B Ng Bee Cheng Juliet.  
(Name, NRIC or Passport No. / Rank and No.)  
of B/SIC Jimmy Woon Si SD #06-51  
(Address / Police Station / NPC / NPP)  
on 27/8/18 at 1520  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)  
87043403B  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
(Signature)  
Woon  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: To Review 6547 6185  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accident Sketch Plan

## SKETCH PLAN

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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.

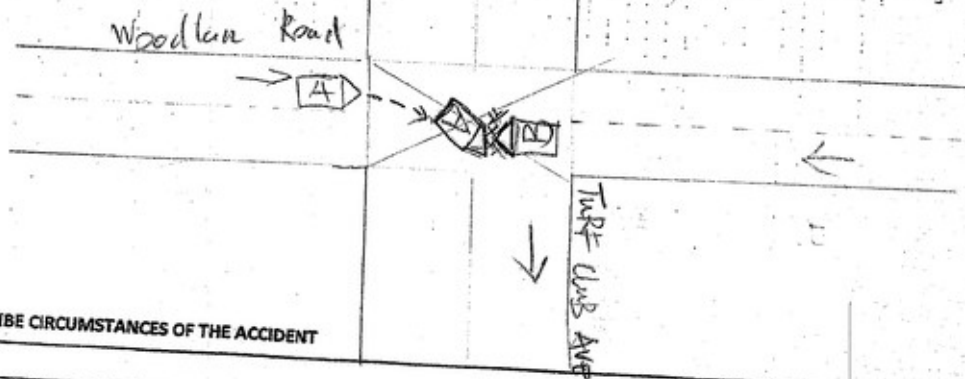
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Person(s) Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer the 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 Person's Signature  
Name:  
NRIC/FIN No.:



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Report No. T/20180827/2154

**CONTINUATION OF REPORT**

**Brief Details.**

On the 27/08/2018 at about 1400hrs, I was driving in my vehicle SLC3183C along woodlands road turning right onto Turf club Avenue, I am on the 2nd right lane. As the traffic light was in green, my vehicle came to a stop for the vehicle going straight, as I check there were no vehicle heading straight on the opposite side, I slowly move forward to turn right, suddenly the vehicle bearing registration number GBD4169B collided onto my left front side which cause my vehicle to spin. I then make a check on my passenger if she need any medical attention,. I then exchange particular with the other driver. Both Traffic police and Ambulance was at scene and my passenger was convey to hospital by ambulance. I suffer a slight laceration chest due to the sit belt and right knee, however I does not wish to be convey to hospital. My car does have in car camera. Which the Traffic police took the in car camera SD card.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

