### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/10/2018 11:41
Date Of Accident	22/10/2018 00:00
Exact Location Of Accident	ALONG SIMS AVENUE TOWARDS BEDOK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN5181Z
Insured/Policyholder	
Name Of Registered Owner	QUEK KUAN YAM @ NG SOON LYE
NRIC No	S0193478C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90664500
Alternative Phone No	OTHERS-90664500
Vehicle Particulars	
Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700090818
Cover Note Number	
<b>=</b> :	

### Driver

Name of Driver QUEK KUAN YAM @ NG SOON LYE

NRIC No S0193478C

Date Of Birth 31/05/1953

Occupation INDOOR

Date Of Driving Pass 23/01/1973

Driving Experience 45 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90664500

Fax Number

Contact Number OTHERS-90664500

EMail Address NOEMAIL

**BLK 422 FAJAR ROAD** Address

#06-501

Postcode 670422

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**

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME: : CATHERINE CHEW(WIFE)

> GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name **BUKIT PANJANG** 

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

NO

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181022/2057

#### 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**

SLX4794Y Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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  facts may allow insurance companies to repudiate policy liability.
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  Interested particle.
- By the ladgment 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.
- B. 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 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 purposets) 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) tarrying out and/or dealing with my instructions or responding to any enquiries by met
  - (IV) administering my claims (including the mailing of correspondence, statements, involves, 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 "Furposes")
- (b) (all Insurer(s) who have Insured vehicle(s) involved in this excident and the insurers lawyers/law fitms, may/are permitted to collect, use, disclose and/or process my Passenel 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 (5)4 to their third party sensite providers or agents (including their lewvers, few firms), which may be sited outside of Sir gapore. For one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile citims history for the purpose of fraud Setection, investigation and management in present and all future citims.
- (a) the information to collected under (d) above may be shared / disclosed:
  - (i) to all ingurars and/or any other third parties that addist in evaluating, investigating, controlling or managing frauding distance, is wenforcement and government agencies as reasonably respected for the outcoses stated, or
  - The foreign plant per thousand a restrict a contract of the co

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## **Accident Sketch Plan**

SKETCH PLAN	
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B) SKN 51812	#
B) 244 2/8/5	5
B13LX 4794	Sins Ave
DESCRIBE CIRCUMSTANCE	
Vn .32- 00t-	2018 at 1200 am, I was travelling along
Upper Soon to	one Road forwards Sims Dre. After dravelling
straight about	150 metres, I det a collision impact from
my left. Yelo	de S collided into my vehicle while chaying
lones.	
	Case Reported at Sight Panjang NPC
	thattic Police Papert No. 6/2018/000/00005.
	IO: ALEV 65470198
	Report No. T/20181023/2017
DECLARATION	
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Y15" -	Kell into

### **POLICE REPORT**





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 1 of 3 Report No. T/20181022/2057

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 118 13:04	fade:	Vide Report No.: G/20181022/0003	Station Diary No.:	
Informa	nt's Partice	ulars		THE REPORT OF THE PARTY AND ADDRESS.	
	Informant: UAN YAM		Address: APT BLK 422 FAJAR ROAD :	#06-501 SINGAPORE 670422	
	/ ID No.: D / S01934	78C	Contact No.: Home/Office:	Mobile: 90664500	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 65	Date of Birth: 31/05/1953	Type of Informant:		
Race: Chinese		1	Language: Institution / School N		
Occupation: Optician			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2018 00:00	Type of Location Straight Road	
Location: Along Road 1 SIMS AVENU Weather:	E	Dood Surface			
Clear		Road Surface: Dry	Ь	Road Speed Limit:	
	Traffic Flow: Traffic Control:				
Traffic Flow:		Traffic Control:	Т	raffic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKN5181Z	Car	AUDI	A4 1.4 TFSI S TRONIC	White	Seriously Damaged	0
SLX4794Y	Car		100000000000000000000000000000000000000			0

Details of V	ehicle Insurance	n Selhassin er	DATE OF THE REAL PROPERTY.	The state of the s
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN5181Z	AIG ASIA PACIFIC INSURANCE PTE.	1700090818	22/12/2017	21/12/2018

### POLICE REPORT



T/20191022/2057

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

2 of 3 Report No. T/20181022/2057

Tel No: 1800-8929999 CONTINUATION OF REPORT

Details of Perso	n Involved	Yacher Lang	STALL STATE OF THE	K.D.D.Godel, Co.	Low St. Land	
Any Pedestrian I			Company of the Party	EARL STORY	CORRECTO	SHOW AND PARTY OF THE PARTY OF
No. of Pedestrian	Use of F	Pedestriar	Cross	ing: NA		
Driver	THE PERSON NAMED IN COLUMN	SCHOOL STANS	7 000 01 1	cucatrial	Cross	ang. NA
Name	QUEK KUAN YAM			ID No	),	S0193478C
Related Vehicle	SKN5181Z (Car)			Conta	act No.	90664500
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis					
No. of Days granted Medical Leave NIL			Date Discharge NIL Degree of Injury NIL			
I STANSBERGER	The state of the state of	AUGUST OF	Dogree	Ormgury	INIL	MINATES AND ADDRESS OF THE PARTY OF THE PART
Name	Unknown			ID No		NIL
Related Vehicle	SLX4794Y (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Di	Discharge NIL		
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

### Brief Details.

On 22/10/2018 at about 0000hrs, I was driving my vehicle SKN5181Z along Sims ave after making out a left turn from Geylang Lor 1. I was travelling to Kallang way direction and suddenly, a car SLX4794Y collided onto my left side of my car. I was infront of the lady driver and I made a stop. We both then came down but she refused to give her particulars. I then called for Police to come to my scene and took photographs of her car plate. My car left side from the front mudguard to the rear was damaged. Before Police arrive, she sped away.

### POLICE REPORT





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20181022/2057

CONTINUATION OF REPORT

## Sketch Plan

NP168

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 A  Sgt 2 CHIN WEI JIE  Signature:	Signature Of Informant:
Signature Office preferonce For Not applicable	Date/Time: 22/10/2018 13:04
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp	





















