### 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

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	ACCIDENT STATEMENT
Date Of Report	17/12/2018 18:40
Date Of Accident	17/12/2018 10:05
Exact Location Of Accident	JUNCTION OF ENGGOR ST TURN RIGHT INTO TRAS ST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV2772J
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	DESMONDOKH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93874051
Alternative Phone No	OFFICE-87520911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994528
Cover Note Number	
Driver	

Name of Driver ONG KIAM HEONG (WANG JIANXIONG)

NRIC No S7217731B

Date Of Birth 17/05/1972

Occupation OUTDOOR

Date Of Driving Pass 31/01/2008

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87520911

Fax Number

Contact Number OTHERS-93874051

EMail Address DESMONDOKH@HOTMAIL.COM

Address BLK 483 ADMIRALTY LINK

#10-35

Postcode 750483

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 COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

### **Other Information**

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO
NO
NO

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

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

NO

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20181217/2055

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties PEDESTRIAN
Vehicle Category NA/UNKNOWN

Name of Driver NUR

NRIC/Passport Number

Contact Number 93874051

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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:

Driver's Signature

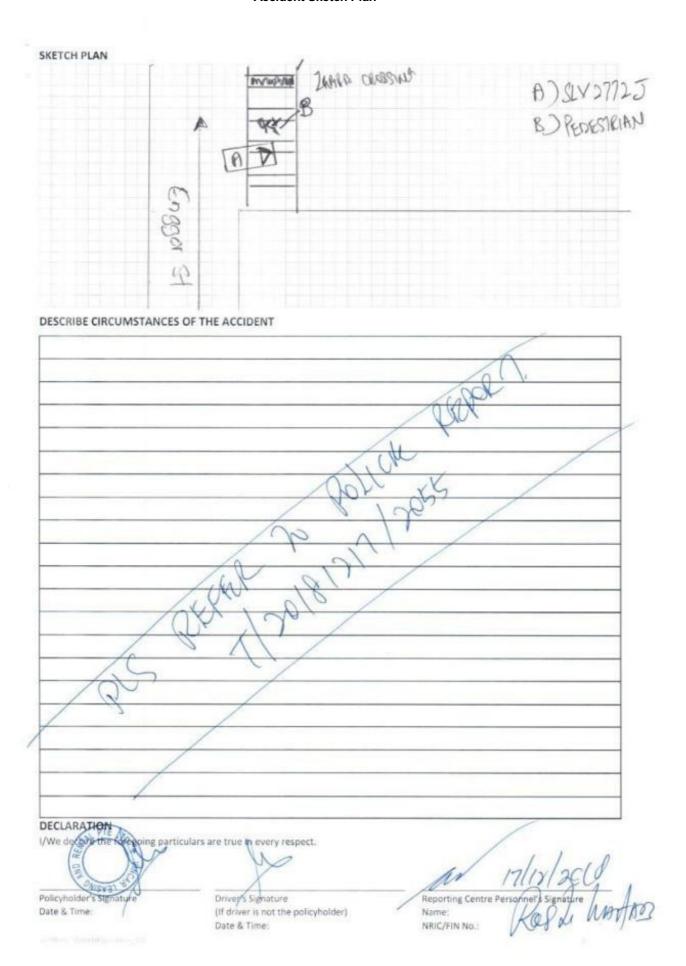
(If driver is not the policyholder)

Date & Time:

eporting Centre Personnel's Sig

NRIC/FIN No.:

# **Accident Sketch Plan**



# POLICE REPORT





1 of 3

Police Station Of Origin:

Report No. T/20181217/2055

Date/Time Report Made: 17/12/2018 12:31			Vide Report No.:					Station Diary No.:	
							16		
nformant's F		lars	4000	20114		- The Strike	H316 - 1		
Name of Informant: DNG KIAM HEONG D Type / ID No.: NRIC NO / S7217731B		Address: APT BLK 483 ADMIRALTY LINK #10-35 SINGAPORE 7504							
		Contact No.: Home/Office: 90583779 Mobile: 8				875209	87520911		
Nationality: SINGAPORE	CITIZ	EN		Email:					
Sex: A	ge:	Date of B		Type of Informant: Driver					
Race: Chinese		1	Lange		uage:		Instituti	Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3A Date of				of Expiry:			
GRAB DRIVI General Information Type of Accident:	matio	n of the Aco Non-Injury Pedestrian /		Class		Date/Tir Accider	ne of		
GRAB DRIVI General Information Type of Accident: Location: Junction of F ENGGOR S'	Road 1	Non-Injury Pedestrian / and Road 2	Cyclist	Class	Drink Drive:	Date/Tir Accider	ne of		Type of Location:
GRAB DRIVI General Information of Accident: Location: Junction of F ENGGOR S' TRAS STRE Pedestrian C Weather:	Road 1	Non-Injury Pedestrian / and Road 2	Cyclist	Class	Drink Drive:	Date/Tir Accider	ne of	5	Type of Location:
GRAB DRIVI General Infor Type of Accident: Location: Junction of F ENGGOR S' TRAS STRE Pedestrian C Weather: Clear Traffic Flow:	Road 1 TREET ET Crossin	Non-Injury Pedestrian / and Road 2	Cyclist	eet Road Dry Traff	Drink Drive: No	Date/Tir Accider 17/12/2	ne of	Road	Type of Location: T-Junction  Speed Limit:
GRAB DRIVI General Information of Accident: Location: Junction of F ENGGOR S' TRAS STRE Pedestrian C Weather: Clear	Road 1 TREET ET Crossin	Non-Injury Pedestrian / and Road 2 g entering T	Cyclist	eet Road Dry Traff	Drink Drive: No	Date/Tir Accider 17/12/2	ne of	Road Traffic Model Anyor	Type of Location: T-Junction  Speed Limit:
GRAB DRIVI General Information of Accident: Location: Junction of FENGGOR S' TRAS STRE Pedestrian Company of Collegar Traffic Flow: One Way Type of Coll Moving Veh	Road 1 TREET ET Crossin	Non-Injury Pedestrian / and Road 2 g entering T	Cyclist	eet Road Dry Traff	Drink Drive: No	Date/Tir Accider 17/12/2	ne of	Road Traffic Model Anyor ambul	Type of Location: T-Junction  Speed Limit: Volume: rate ne conveyed by
GRAB DRIVI General Infor Type of Accident: Location: Junction of F ENGGOR S' TRAS STRE Pedestrian C Weather: Clear Traffic Flow: One Way Type of Coll	Road 1 TREET ET Crossin	Non-Injury Pedestrian / and Road 2 g entering T ainst - Pede	Cyclist	eet Road Dry Traff	Drink Drive: No	Date/Tir Accider 17/12/2	me of t: 018 10:05	Road Traffic Model Anyor ambul No	Type of Location: T-Junction  Speed Limit: Volume: rate ne conveyed by

### POLICE REPORT



Tel No: 1800-3779999

T/20181217/2055

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20181217/2055

# CONTINUATION OF REPORT

Driver			all Cresses			
Name	ONG KIAM HEONG			ID No.		S7217731B
Related Vehicle	NIL			Contact No.		87520911
Hospital/Clinic	NIL.			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL Date			harge		
No. of Days gran	ted Medical Leave NIL		Degree of	ee of Injury NIL		
Pedestrian	The state of the s	- 300				
Name	NUR			ID No.		NIL
Related Vehicle	NIL		Contact No.		93874051	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			harge	NIL	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Degree of Injury NIL		

### Brief Details.

On 17/12/2018 at about 1005hrs, I was driving my car (SLV2772J) along Enggor Street. I then slow down, checked both my left, right mirror and blind spot and made a right turn into Tras Street.

While making a right turn, I noticed a figure at the side of my vehicle, I then brake and stop my vehicle. I make a check on the pedestrian. She have no visible injuries, I asked her if she need ambulance or police. She rejected and left in a hurry. We exchanged name and contact number before she left. She is namely, Nur, HP:93874051.

On the same day at about 1026hrs, I contacted TP hotline, 18005471818 and was advised to lodge a traffic accident report at the nearest police station. I am not sure if she had came into contact with my vehicle.

On the same day at about 1058hrs, Nur's Husband namely, Han, HP:82454322 message me and claim that she is injured and needs to claim medical fee from me. I then came to lodge a police report as she claims that she is injured by the incident. I have in car camera and have already extracted out the footage and sent it to Nur. The husband informed me that he will also lodge a report on his side with regards to the incident.

# **POLICE REPORT**

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 3 of 3 Report No. T/20181217/2055

Tel No: 1800-3779999

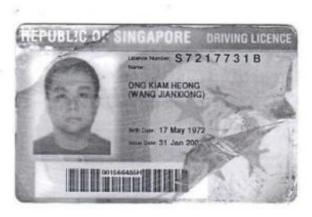
# Sketch Plan

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.

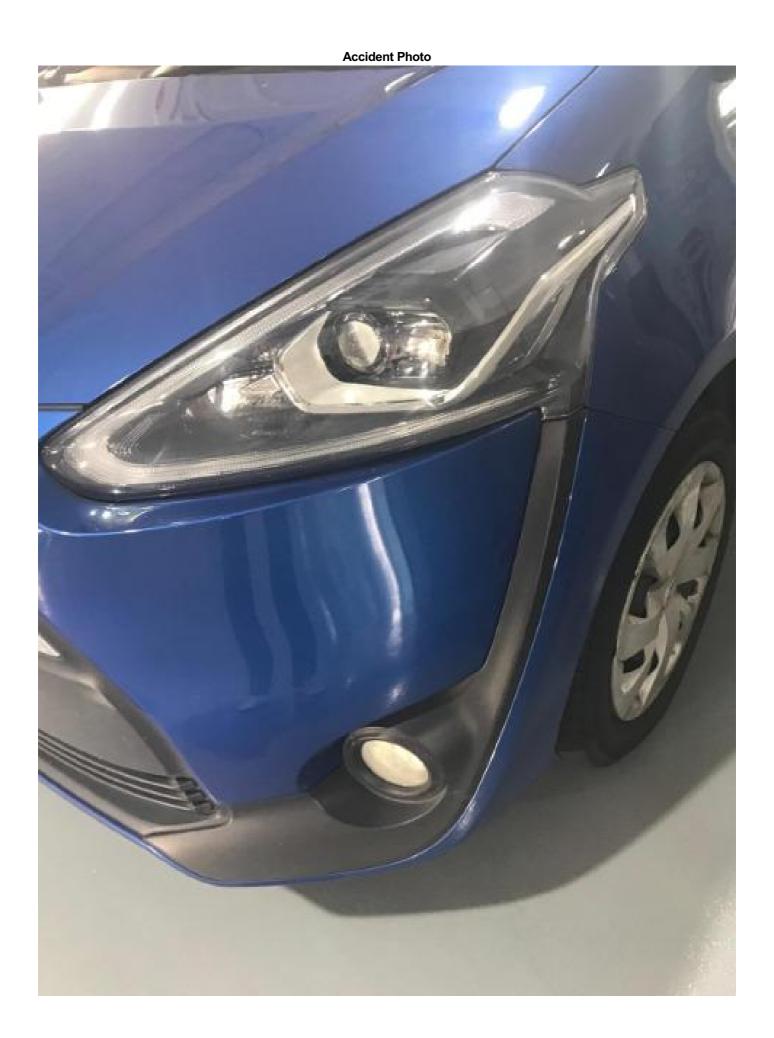
Signature Of Officer Recording The Report: D / Sgt 2 BEE ZHI CHYE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 12:31
Officer in Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168, POLICE FORCE SN 45	
SIGNATURE	

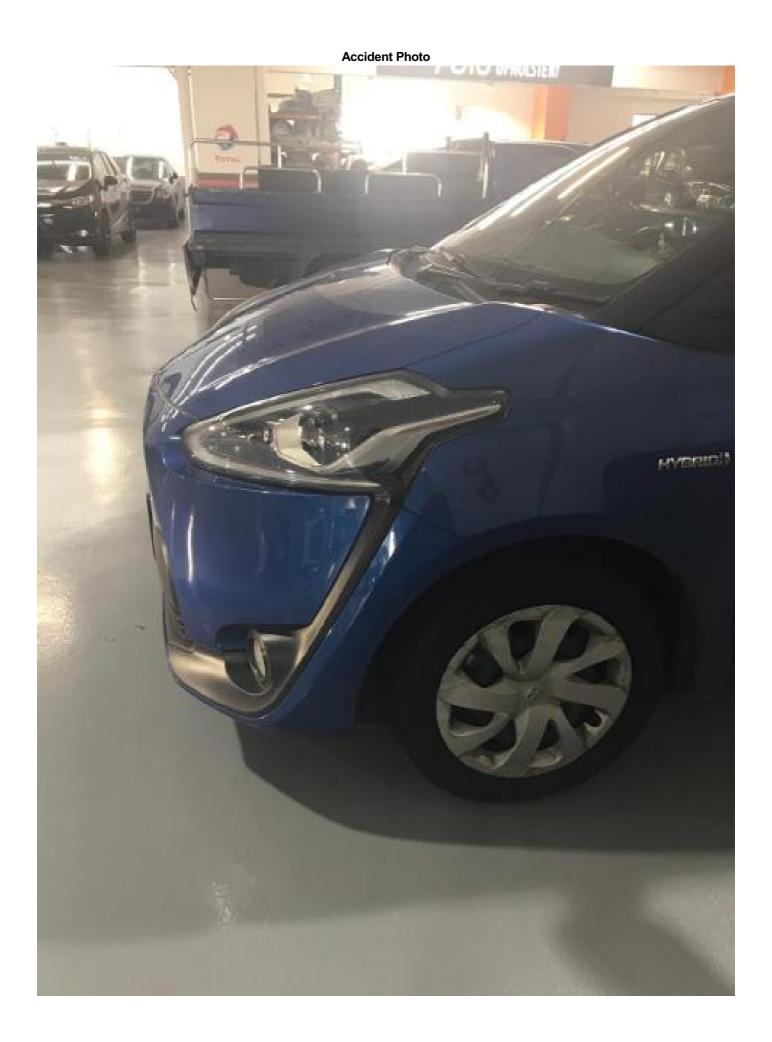








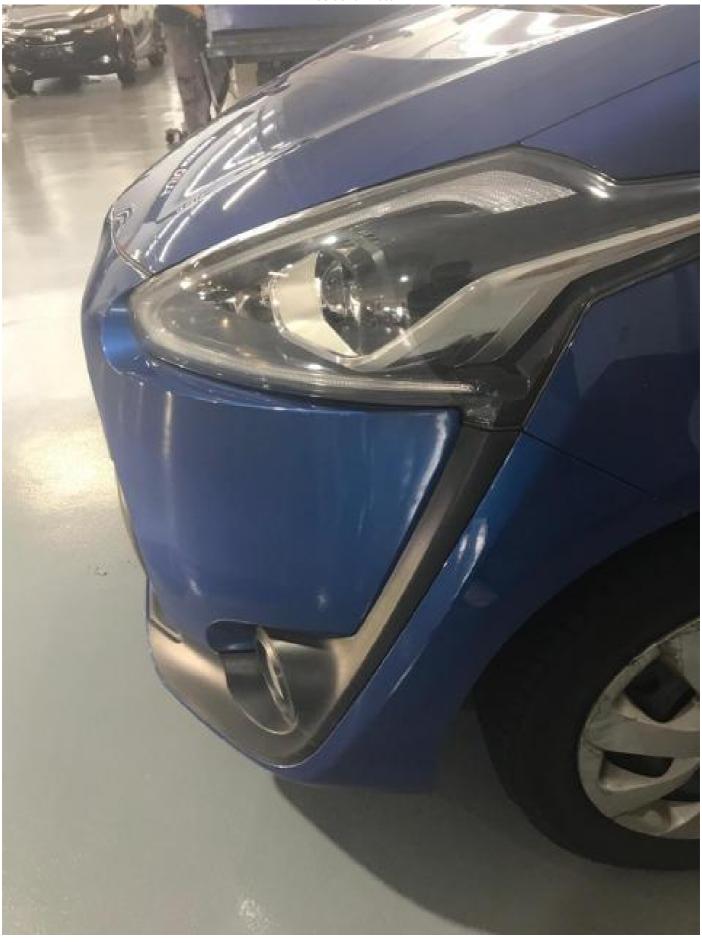












# **Accident Photo**



