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	07/03/2019 09:26
	Date Of Accident	26/01/2019 00:30
	Exact Location Of Accident	TANJONG KATONG RD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SJZ8993B
	Insured/Policyholder	
	Name Of Registered Owner	DAVID TAN MING HONG
	NRIC No	S2556864H
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-96181228
	Alternative Phone No	OTHERS-97839627
	Vehicle Particulars	
	Manufacturer	MERCEDES-BENZ
	Model	ML350
	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	REPORTING ONLY
	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	1800034691
	Cover Note Number	
	Driver	
	Name of Driver	HUNG KING CHUNG
	NRIC No	S6875610C

 NRIC No
 \$6875610C

 Date Of Birth
 27/10/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 24/10/1995

Driving Experience 23 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97839627

Fax Number

Contact Number

EMail Address NOEMAIL

Address 339 ONAN ROAD

Postcode 424731

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2440000 - **FAX NO**: 64443009

NO

Was notice of intended Prosecution given?

If Yes, against whom?

- - - - - in - t . . . h - m- O

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS2011L

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE CHONG KAI

NRIC/Passport Number S9445694J Contact Number 81269045

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- 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:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, sis glaciose 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
 - (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 Sign Date & Time:

SURRECSHELDParkurm, V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN	TANJONG	KATONG RA
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51289938		++++1
71100555		
	13 5 13	
	OD	
1111111111		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Before the	e traffic junction d MOB One KM er vehicle SJS2	on of 19 Katong
Complex an	nd work one KM	, my vehicle Strz899
1:4 - 11	CTC >	all at Hade
hit anoth	er venide siso	ell as the think
of traffiz	lights.	
00.0	0	
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DECLARATION		
DECLARATION We declare the foresping partie	culars are true in every re-Re-d	
DECLARATION //We declare the foregoing partie	culars are true in every replect.	
	culars are true in every ressect.	A1-1
	culars are true in every ressect.	Jym 07/03/19
	culars are true in every resided. Crivery Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature



Police Report





Report No. G/20190217/7021

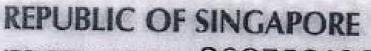
POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 17,02/2019 16:47	Vide Report No. Address 339 ONAN ROAD SINGAPORE 424		Station Diary No.	
Name Of Informant HUNG KING CHUNG			731	
ID Type / ID No. NRIC NO / S6875610C	Contact No. Home/Office: Mobile: 97839627			
Nationality SINGAPORE CITIZEN	Email Address hungkos@yahoo.com			
Occupation	Sex	Age	Date of Birth	Race
Management executive	Female	50	27/10/1968	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/01/2019 00:30 - 26/01/2019 00:40	Location Of Incident TANJONG KATONG ROAD			
Brief details.				

Before the traffic junction of Tg Katong Complex and UOB One KM, my vehicle SJZ8993B has hit another vehicle SJS 2011L at the turn of traffic lights.

Signature Of Officer Recording The Report	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2019 16:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



IDENTITY CARD NO. S6875610C



Name



HUNG KING CHUNG

CHINESE

Date of Birth

27-10-1968

Country of Birth

CHINA



2983:



NRICNO S6875610C



Blood Group

Date of issue

02-10-1997

339 ONAN ROAD NGAPORE 424731

IRIC No: S6875610C

05-07-2006

No: 5424328



