

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 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.

ACCIDENT STATEMENT

Date Of Report	25/03/2019 17:43
Date Of Accident	23/03/2019 11:45
Exact Location Of Accident	JUNC OF SHENTON WAY & STRAITS BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5767C
Insured/Policyholder	
Name Of Registered Owner	PACIFIC SORBY PTE LTD
Co Reg No	201436620D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62616612

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800098987
Cover Note Number	

Driver

Name of Driver	WONG CHEE MENG
Passport No/FIN	F7056666N
Date Of Birth	09/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	24/05/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81187017
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	191 PANDAN LOOP
Postcode	128380
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NPP
Police Station Address	ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/2019323/2105

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4334X
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)

DETAILS OF INJURED PERSON 1	
Name	WONG CHEE MENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBG5767C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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, 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.

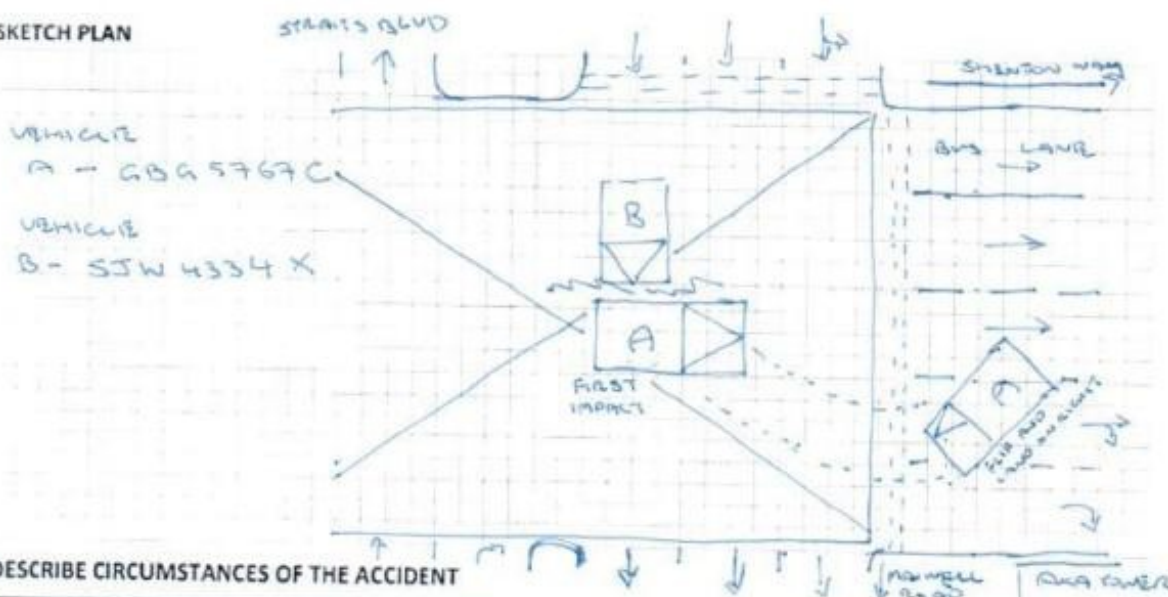

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per Police Report.

REPORT NUMBER

: T/20190323/2105

Vehicle A - GBG5767C

Vehicle B - SJW4334X



DECLARATION

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 Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190323/2105

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20190323/2105

CONTINUATION OF REPORT

Driver			
Name	WONG CHEE MENG	ID No.	F7056666N
Related Vehicle	GBG5767C (Lorry)	Contact No.	81187017
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 23/05/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/03/2019, I was traveling along Shenton Way, at the junction of Straits Boulevard, when a black Volkswagen, bearing registration plate number SJW4334X, did not stop and collided on my left rear side, near to my wheels, which cause my lorry to flip on the side. Before moving off from the junction, I am very sure that the traffic had turned green and that the traffic light on the Volkswagen's side, was red. After the collision, I was shocked and tried to get out of the lorry with the help of a few passer-by, as it was lying side ways. There was no one in the lorry with me except myself. There is one passenger in the other vehicle. There was traffic police and ambulance at scene. I was given a case card vide report: A/20190323/0070, IO Adelina, by the TP officer.

The structure underneath my lorry was been severely damaged due to the collision, causing the wheels to not be able to move. There was leakage from the lorry also. The right side of the lorry was also damaged. The lorry has already been towed to the workshop. The front bumper of the black Volkswagen, bearing registration plate number SJW4334X, suffered severe damage as the front of the car was entirely dented.

I wish to state that I am unsure of the time when the incident happened but the TP officer issued me an NP323 at 1145hrs for my SD card. I have yet to see a doctor and will be proceeding to see a doctor.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190323/2106

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No: T/20190323/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2019 14:46	Vide Report No: A/20190323/0070	Station Diary No: 16
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Informant's Particulars			
Name of Informant: WONG CHEE MENG		Address: 191 PANDAN LOOP SINGAPORE 128380	
ID Type / ID No: FIN NO / F7056665N		Contact No.: Home/Office: Mobile: 81197017	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 09/03/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Delivery Driver		Driving Licence Information: Class: 2B,3	Date of Expiry: 23/05/2023

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2019 11:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SHENTON WAY				
Shenton Way, Junction of Straits Boulevard				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

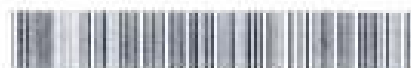
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5767C	Lorry	TOYOTA	DYNA 150 5MT	Silver	Seriously Damaged	0
SJW4334X	Car	VOLKSWAGO N	POLO 1.4 AT 6R13E7	Silver	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190323/005

Police Station Of Origin:
Telok Blangah NPP
61 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729989

2 of 3

Report No: T/20190323/005

CONTINUATION OF REPORT

Driver			
Name	WONG CHEE MENG	ID No.	F7056666N
Related Vehicle	GB35767C (Lorry)	Contact No.	81187017
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: 23/05/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190323/0105

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-118
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No: T/20190323/0105

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:
D /
Sgt 2 DANIEL HO WEI CONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/03/2019 14:46

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI¹⁴⁵
Contact No: 65478904

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Identification Card

