

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	04/04/2019 08:27
Date Of Accident	03/04/2019 14:40
Exact Location Of Accident	CTE TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS9936U
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Insured/Policyholder

Name Of Registered Owner	NG MENG HUI
NRIC No	S2704682G
Email Address	NG_MENG_HUI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96680157
Alternative Phone No	Office-96680157

Vehicle Particulars

Manufacturer	MAZDA
Model	CX-9-3.7 5-DOOR (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
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

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

Driver

Name of Driver	NG MENG HUI
NRIC No	S2704682G
Date Of Birth	14/07/1965
Occupation	INDOOR
Date Of Driving Pass	29/07/2000
Driving Experience	18 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96680157
Fax Number	
Contact Number	OFFICE-96680157
E-Mail Address	NG_MENG_HUI@HOTMAIL.COM
Address	31 JALAN DUSUN #05-01
Postcode	329370
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	SMH6490H - -
Insurance Company of Driver's Own Vehicle	AIG Asia Pacific Insurance Pte. Ltd. - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1934H
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ANTHONY LIM BOON TONG

NRIC/Passport Number

S1500144E

Contact Number

93257756

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBC6629H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MD BEGAM BIN SE

NRIC/Passport Number

S7537145D

Contact Number

98263180

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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: 3/4/19 1633

Driver's Signature

(If driver is not the policyholder)

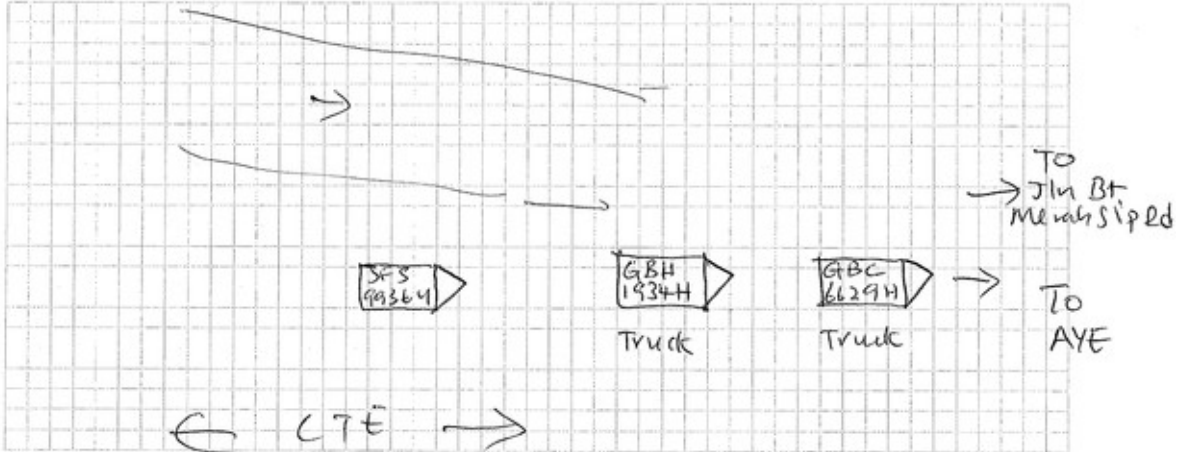
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SF5 99364

ACCIDENT DATE: 3 April 2019
 CONTACT NUMBER: 96680157
 ACCIDENT TIME: 2.40 PM
 EMAIL: Ng-meng-hui@hotmail.com
 LOCATION: CTE toward AYE (just before Jln Bt Merah Sliproad)

was cruising along CTE toward AYE.
 Car in front (GBH 1934H) suddenly jammed brake,
 and I immediately depressed my car brake.
 My car hit the car in front, and both air-bags
 (driver + front passenger) were activated.

Got down to inspect situation and noted there was
 another car in front of (GBH 1934H), and
 realised was a chain collision.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 3/4/19 1633

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

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



1 of 1

POLICE REPORT (NP299)

Report No. E/20190403/7020

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 03/04/2019 17:49	Vide Report No.	Station Diary No.		
Name Of Informant NG MENG HUI	Address 31 JALAN DUSUN #05-01 SINGAPORE 329370			
ID Type / ID No. NRIC NO / S2704682G	Contact No. Home/Office:	Mobile: 96680157		
Nationality MALAYSIAN	Email Address ng_meng_hui@hotmail.com			
Occupation Architect	Sex Male	Age 53	Date of Birth 14/07/1965	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 03/04/2019 14:40 - 03/04/2019 14:40	Location Of Incident 31 JALAN DUSUN #05-01 SINGAPORE 329370			

Brief details.

I was cruising (driving my Mazda CX 9 SFS 9936U) along CTE towards AYE (just before Jalan Bt Merah sliproad). Car(truck) in front (GBH 1934H) suddenly jam braked and I immediately depressed my car brake. My car hit the car in front (GBH 1934H) and both air bags (driver + passengers) were activated. I got down to inspect situation and noted that there was another truck in-front of GBH 1934H) ie truck GBC 6629H; realising it was a chain collision.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	03/04/2019 17:49
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

