

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	15/05/2019 08:48
Date Of Accident	14/05/2019 13:30
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1753X
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Insured/Policyholder

Name Of Registered Owner	NG ENG GIM GARY
NRIC No	S6828119I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98234790
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	5-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	
Cover Note Number	

Driver

Name of Driver	FANG MAY MAY JANET
NRIC No	S7126951E
Date Of Birth	03/08/1971
Occupation	INDOOR
Date Of Driving Pass	11/08/1993
Driving Experience	25 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90050467
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 161 BISHAN STREET 13 #19-154
Postcode	570161
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

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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	Name: : JAVIER NG Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD TAKEN BY TRAFFIC POLICE TO LOAD IN LATER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH6660P
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Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAU KAH WEE
NRIC/Passport Number	S8841498E
Contact Number	97871498
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAU KAH WEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBH6660P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JAVIER NG
Approximate Age	
Injuries Sustain	FRACTURED ARM
Injured person in which vehicle?	SGS1753X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

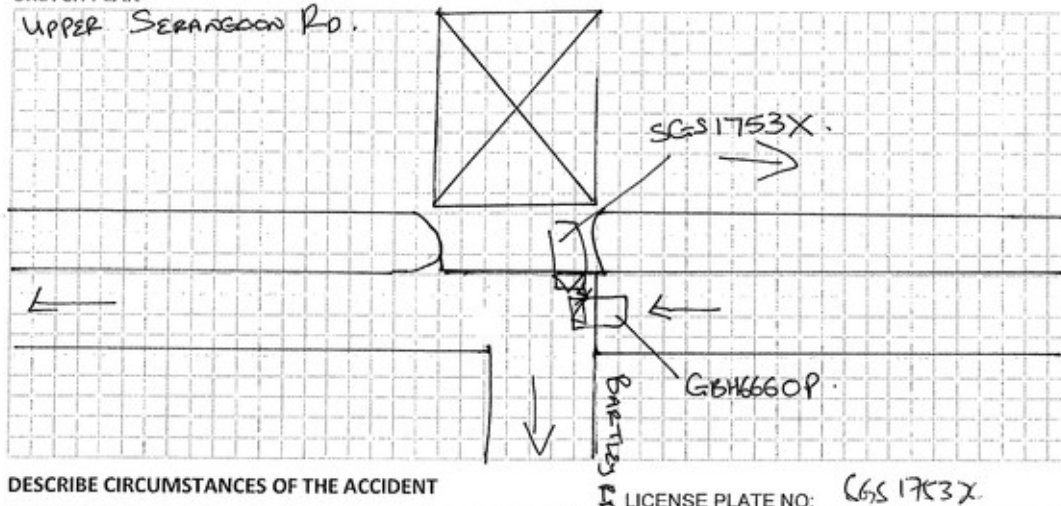
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

UPPER SERANGOON RD.



LICENSE PLATE NO: 6S 1753X

ACCIDENT DATE: 14 May 2013

CONTACT NUMBER: 90050467

ACCIDENT TIME: 1st 1.30 pm.

EMAIL: janetfang@live.com

LOCATION: Upper Serangoon Road.

Refer to police report.

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190514/2165

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20190514/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2019 19:08	Vide Report No.: G/20190514/0099	Station Diary No.: 109
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Informant's Particulars

Name of Informant: FANG MAY MAY JANET			Address: APT BLK 161 BISHAN STREET 13 #19-154 SINGAPORE 570161	
ID Type / ID No.: NRIC NO / S7126951E			Contact No.: Home/Office: Mobile: 90050467	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 47	Date of Birth: 03/08/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ADMINISTRATION AND FACILITY			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/05/2019 13:30	Type of Location: X-Junction
Location: Along Road 1 UPPER SERANGOON ROAD UPPER SERANGOON ROAD TURNING RIGHT ONTO BARTLEY ROAD	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
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
GBH6660P	Van					0
SGS1753X	Car					1

Details of Person Involved

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



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T/20190514/2165

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519457
Tel No: 1800-5852999

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Report No. T/20190514/2165

CONTINUATION OF REPORT

Driver			
Name	LAU KAH WEE (LIU JIAWEI)	ID No.	S8841498E
Related Vehicle	GBH6660P (Van)	Contact No.	97871498
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FANG MAY MAY JANET	ID No.	S7126951E
Related Vehicle	SGS1753X (Car)	Contact No.	90050467
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	JAVIER NG	ID No.	T0330877J
Related Vehicle	SGS1753X (Car)	Contact No.	92710048
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/05/2019	Date Discharge	14/05/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

On 14/05/2019 at about 1330hrs, I was driving my vehicle (Blue Mazda5 bearing license plate SGS1753X) with my son along Upper Serangoon Road. I turned right onto Bartley Road when the traffic light showed green in my favor. As my vehicle was about to finish the turn onto Bartley Road, I noticed a van (Silver Nissan bearing license plate GBH6660P) that was travelling fast on Upper Serangoon Road towards City. I was unable to stop my vehicle in time and collided into the right side of the van on Lane 3. My vehicle came to a halt after the collision but the van continued to drive forwards and the driver then stopped at the side of the road. Smoke began to fill the interior of my vehicle and I quickly exited from the vehicle with my son. I did not manage to pull my vehicle's handbrake and my vehicle rolled onto Lane 1 and onto the kerb.

When my son and I were by the road side, the driver of the van approached me and kept telling me that



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Report No. T/20190514/2165

CONTINUATION OF REPORT

the accident was my fault. The van driver checked on my son and I to ensure that we were not injured. The van driver was still able to walk around and check on the stock in his van. He was also moving the stock from his van onto the road. I had called for Traffic Police and when I informed them that there were no injuries, they advised me that Police will not be proceeding to the accident scene. I do not know who called for ambulance but an ambulance arrived some time after the accident. The paramedics checked on the van driver and he was conveyed to Tan Tock Seng Hospital as he told the paramedics that he felt pain at his back and neck area.

I wish to state that another accident happened after my accident took place. When Traffic Police arrived to attend to the second accident, they came to me and I explained to them what had happened. The Traffic Police took the in-vehicle cameras of my vehicle and the van and advised me to lodge a Traffic Accident report.

I also wish to state that my son felt pain at his right elbow area and went to KK Hospital for a check-up. There was a suspected fracture at his right elbow and he was given 14days MC. I feel pain at my right wrist and back area but I have not seen a doctor yet. I last communicated with the van driver at about 1730hrs and he informed me that he was suffering from neck and back injury and was still waiting for his report.

The whole bonnet and engine of my vehicle were badly damaged. The front license plate and bumper was also dislodged due to the impact. The van sustained some dents and scratches at the driver door and right sliding door. The front right bumper corner of the van was also slightly dislodged.



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T/20190514/2165

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Report No. T/20190514/2165

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:
G /
Sgt 2 CHAN XIANG DA

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
14/05/2019 19:08

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: #G/20190514/0089

I, Sgt 703415 Sofian
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1x 32GB ultra security micro SD
2
3
4
5
6
7
8
9
10

from S7126951E, Fang May May Janet
(Name, NRIC or Passport No. / Rank and No.)

of Bik 161 Bishan St 13 #19 -154
(Address / Police Station / NPC / NPP)

on 14/5/19 at 1454hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Fang May May Janet
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Sgt 703415
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: SQS1753X marks/blue.

To Fairal 65476202

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7126951E**

Name
DARRYL FANG MAY MAY

Birth Date: **03 Aug 1971**
Issue Date: **01 Dec 2003**

0010292678

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7126951E**

Name
FANG MAY MAY JANET

樊美美

Race
CHINESE

Date of birth
03-08-1971

Sex
F

Country/Place of birth
SINGAPORE

S7126951E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
11 Aug 1993

NP 428A

License No: **S7126951E**

5969669

NRIC No: **S7126951E**

Date of issue
02-07-2018

Address
**APT BLK 161 BISHAN STREET 13
#19-154
SINGAPORE 570161**



KK Women's and
Children's Hospital

SingHealth

Reg No 198904227G

To: Teacher-in-charge

Re: Difficulties in writing

JAVIER NG

161 BISHAN STREET 13

#19-154

SINGAPORE 570161



T0330877J

03.11.2003

(M) CHINESE

KKH

The above child has fractured the arm and has been treated with a plaster cast.

This will make the wrist stiff and may impede or almost make it impossible to write.

Please make alternative arrangements to enable the child to complete the forthcoming written examinations in a form of a scribe or extra time.

Thank you for your assistance.

Yours sincerely,



ORTH(P)-2006 (Oct 2012)



ORIGINAL

MEDICAL CERTIFICATE

OTO2019150631

Name JAVIER NG		NRIC No. T0330877J	
This is to certify that the above-named is unfit for duty for a period of <u>1</u> days from <u>14-May-2019</u> to <u>14-May-2019</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		Delivered on : _____	
Discharged on : _____		Operated on : _____	
<input type="checkbox"/> Maternity Leave,		<input type="checkbox"/> Sterilization Leave,	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>15-May-2019</u> to <u>29-May-2019</u>			
Comments : Kindly excuse from PE, CCA, NAFFA, sports and all strenuous activities. Thanks			
The above-named patient attended my clinic at _____ N.A. _____ and left at _____ N.A. _____ No medical leave is necessary.			
Hospital	Date	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.	
KK Women's and Children's Hospital Pte. Ltd.	14-May-2019	NEERAJ MISHRA 181911	

Accident Photo



Accident Photo



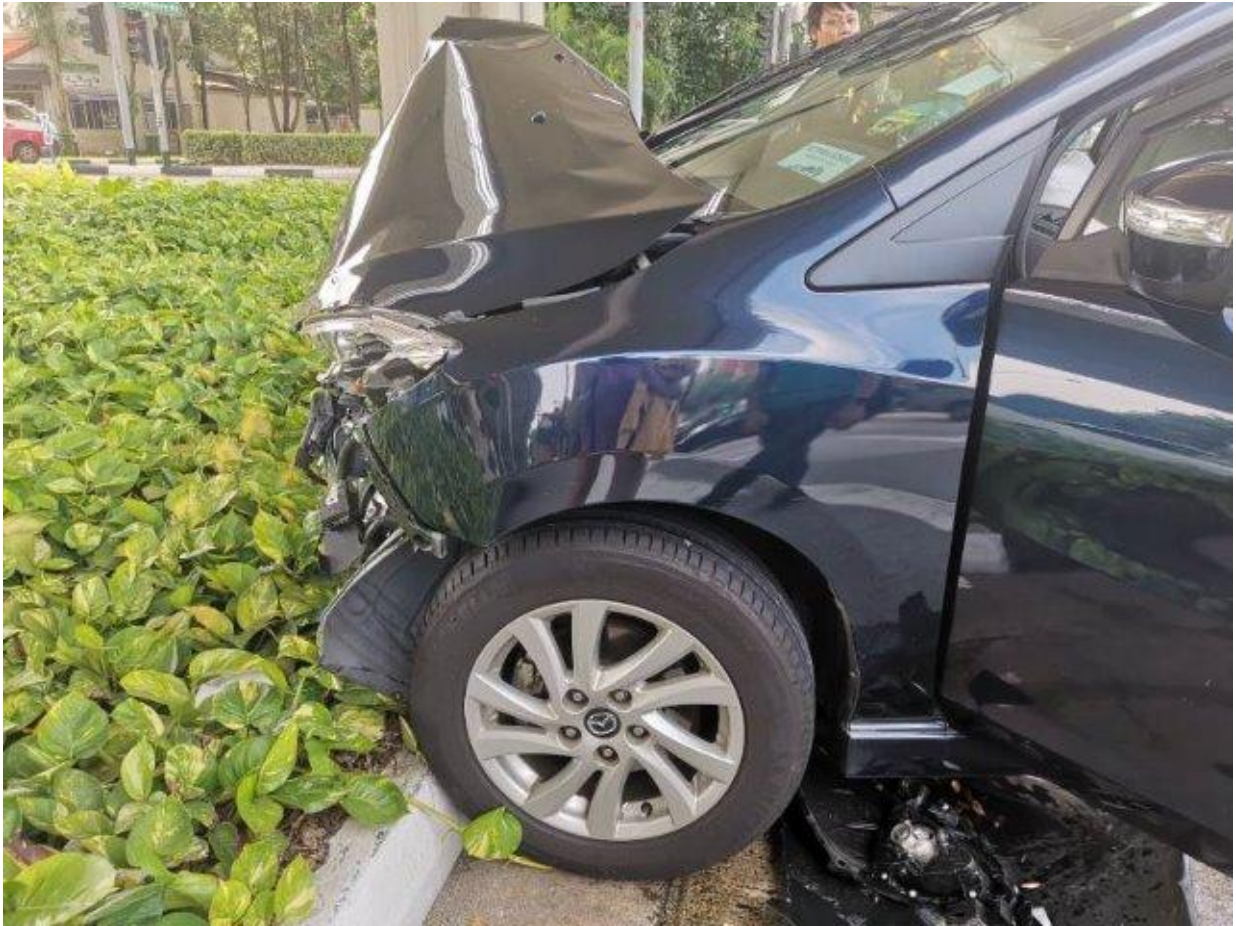
Accident Photo



Accident Photo



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