

## 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	17/06/2019 18:03
Date Of Accident	15/06/2019 13:30
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5929A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHING KENG GIN
NRIC No	S1471203H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84842302
Alternative Phone No	OTHERS-84842302

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	2100471586-02
Cover Note Number	

### Driver

Name of Driver	CHING YIHONG, GLENN
NRIC No	S9234845H
Date Of Birth	07/09/1992
Occupation	INDOOR
Date Of Driving Pass	21/05/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84842302
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 8 KIM TIAN PLACE #04-55
Postcode	163008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ3337D
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EARNEST TAN REN WEI
NRIC/Passport Number	S9432996E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

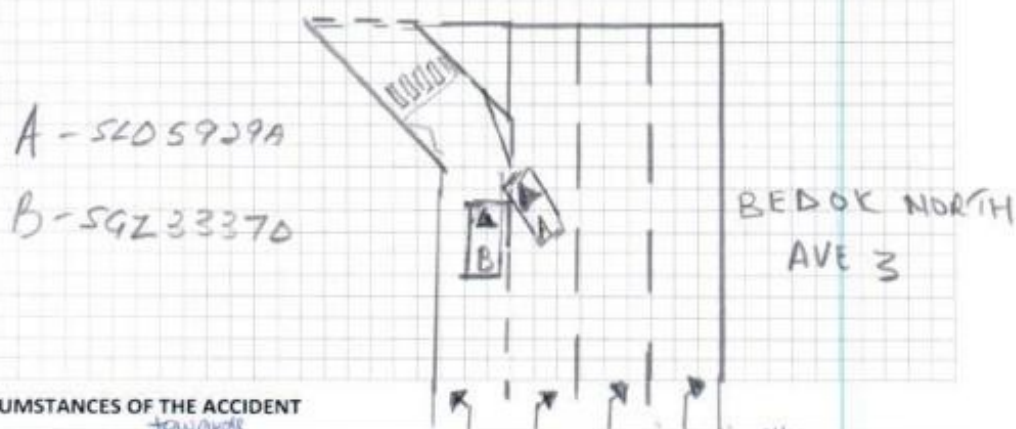
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

9  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/6/19  
16:20

17/06/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along PIE Changi, road was clear & dry. Car B <sup>intentionally</sup> jam his brakes on the first lane without any provocation. No car ahead of him. He came to a near complete stop, causing the car behind me to almost crash into me. There after, he proceeded to lane 2, I followed him to tried to confront him. Along Bedok North Ave 3, he tried to shake me off by abruptly turning. Coming to the T-Junction after lane, he intentionally signalled to turn right but later turned into the after lane behind me. I too decided to change my course of travel. Stopping just before the after lane, he intentionally veered to my car and his front tyre hit my front bumper, no other damage on his / my car, as shown in pictures provided. Following which, he refused to ~~stop~~ <sup>provide</sup> his particulars and left. I made a call to the police to report on the incident and tailed him from a distance, eventually ending at Bedok ~~Police~~ Police station. Rep Notice of report has been filed.

## 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: 11:20

Date & Time: 16:20  
25/6/19.

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

Accident Photo





Accident Photo



Accident Photo



Accident Photo

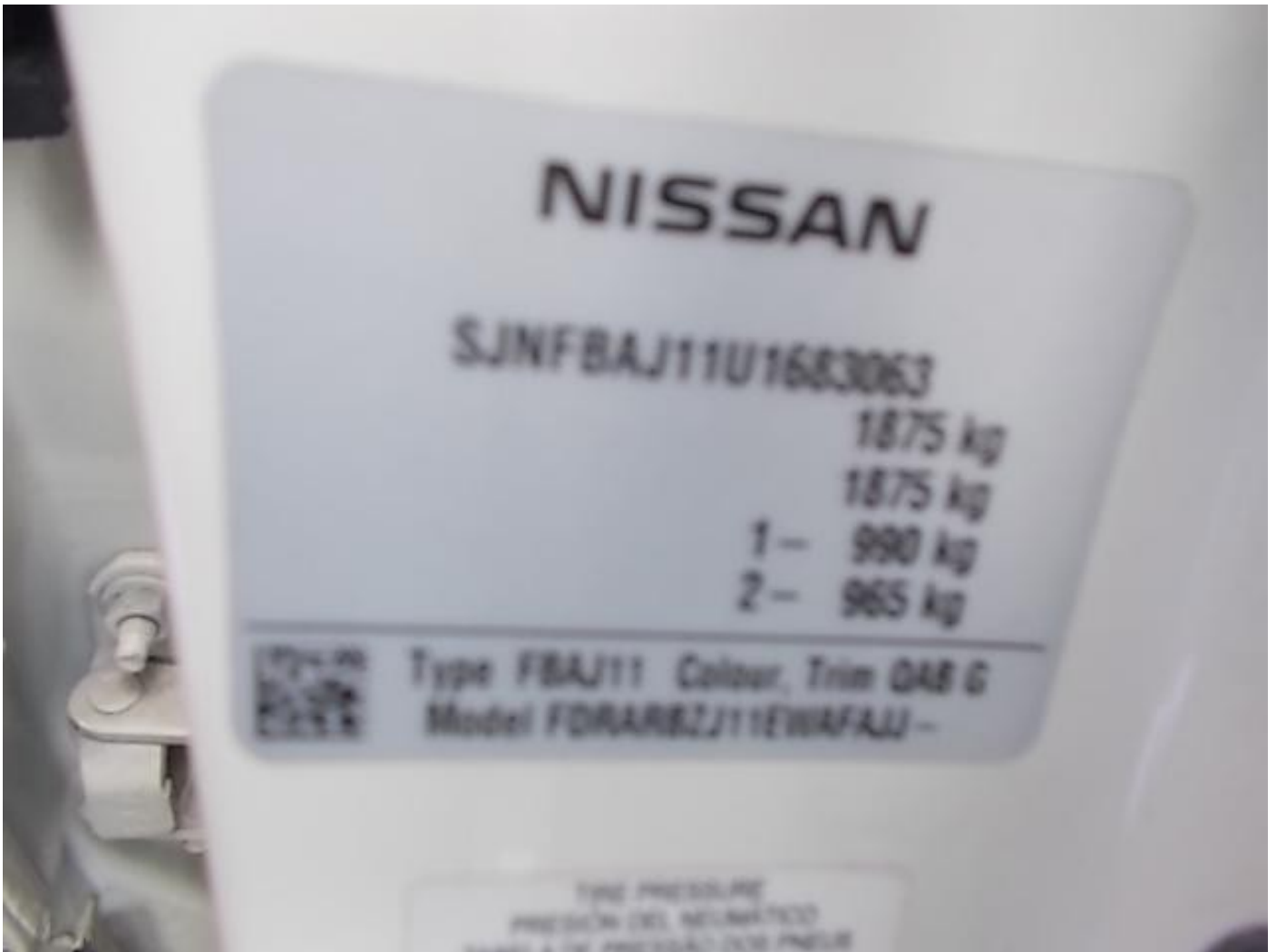




Accident Photo



Accident Photo



NON INJURY POLICE REPORT

ANNEX E

NOTICE OF REPORTING

This is to confirm that CHING YIHONG, GLENN, NRIC: S9234845H, has reported to the Police a non-injury traffic accident which occurred along Bedok North Avenue 3 towards Bedok Reservoir Road on 15/06/2019 at 1330hrs involving the following vehicles:

- SLD5929A (Nissan Qashqai / White)
- SGZ3337P (Honda Fit / Silver)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: **SSGT MUHAMMAD HAFIZAN BIN ASRI**

Date: 15/06/2019

Time: 1420hrs

S/D Ref: 79

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant

Duplicate- to be submitted to Traffic Police

Bedok North NPC  
No. 30 Bedok North Road  
Singapore 469576  
Tel: 1800-3449599



# Identification Card

