

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	21/06/2019 17:57
Date Of Accident	21/06/2019 08:15
Exact Location Of Accident	ALONG NORTH CANAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5124K
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196209
Alternative Phone No	OFFICE-96196209

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 HD (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

Driver

Name of Driver	NG ENG JOO
NRIC No	S1668018D
Date Of Birth	09/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1992
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96196209
Fax Number	
Contact Number	OTHERS-96196209
EEmail Address	NOEMAIL

Address	24 UPPER SERANGOON VIEW #06-28
Postcode	534205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190621/7011

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDN8362G
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	NG ENG JOO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJQ5124K
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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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.



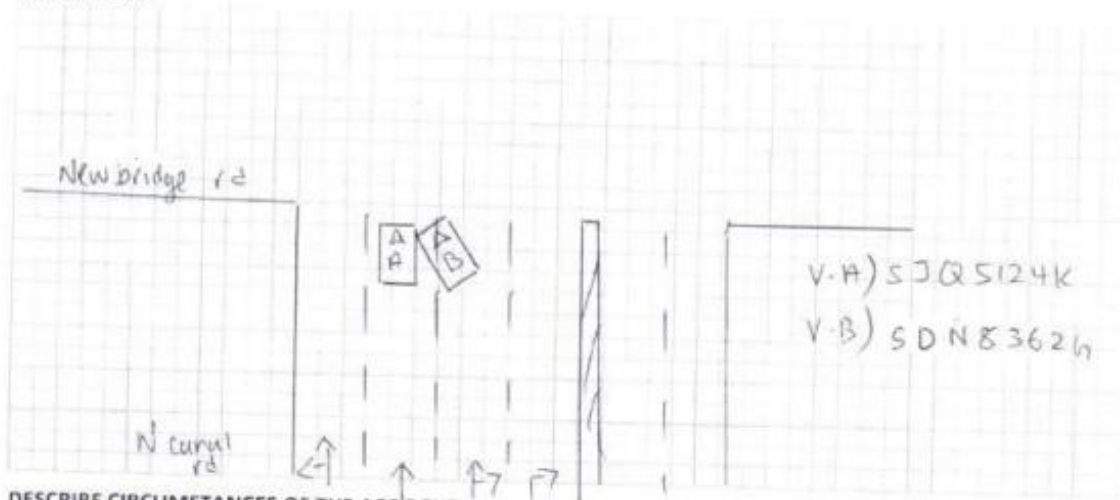
Policyholder's Signature
Date & Time:

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

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was stationary in my lane awaiting green light. When traffic was green, I'm just about to move off, suddenly vehicle 'B' cut into my lane and hit onto my vehicle front right portion. I was in shocked, shortly I got down and realised vehicle 'B' also damaged my vehicle right front rims and tyres.

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.:

21/06/2019
Rashid Ibrahim

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No, T/20190621/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2019 13:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG ENG JOO		Address: 24 UPPER SERANGOON VIEW #06-28 SINGAPORE 534205	
ID Type / ID No.: NRIC NO / S1668018D		Contact No.: Home/Office: Mobile: 96196209	
Nationality: SINGAPORE CITIZEN		Email: ptnexus@yahoo.com.sg	
Sex: Male	Age: 54	Date of Birth: 09/10/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ASSISTANT GENERAL MANAGER SERVICES SALES		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2019 08:15	Type of Location:
Location: NORTH CANAL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDN8362G	Car	VOLKSWAGO N				0
SJQ5124K	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190621/7011

CONTINUATION OF REPORT

Driver			
Name	NG ENG JOO		ID No. S1668018D
Related Vehicle	SJQ5124K (Car)		Contact No. 96196209
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I WAS TRAVELLING ALONG NORTH CANAL ROAD ON 21/06/2019 AT ABOUT 0815HRS. I WAS STATIONARY IN MY LANE AWAITING GREEN LIGHT. WHEN TRAFFIC WAS GREEN, I WAS JUST ABOUT TO MOVE OFF. SUDDENLY I FELT A HUGE IMPACT FROM MY RIGHT. VEHICLE 'B' SDN8362G' CUT INTO MY LANE HAD HIT ONTO MY VEHICLE FRONT RIGHT PORTION. I WAS IN SHOCKED. SHORTLY I GOT DOWN AND REALISED VEHICLE 'B' ALSO DAMAGED MY VEHICLE RIGHT FRONT RIMS AND TYRES. I FELT PAIN AFTER THIS ACCIDENT AND WENT TO CONSULT DOCTOR. I WAS THEN GIVEN 5 DAYS MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190621/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/06/2019 13:19

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

Land Transport Authority

Serial No. A 20503

Name: Ng Eng Joo

NRIC: S16680187

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL)
03 MAR 2019

PDVL Commencement Date: _____

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.
You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car thereafter. Otherwise, your PDVL may be revoked.

Ewan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by _____
(centre officer designation), of _____ (centre name).

For LKK/NAC Use Only