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 witholding 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

7. By the lodgement of this report to the insurers, you nereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/07/2019 16:14
Date Of Accident	30/06/2019 14:35
Exact Location Of Accident	CHOA CHU KANG WAY CROSS JUNCTION
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR5601H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	DAVIDNG14@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94559425
Alternative Phone No	OFFICE-94559425
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	999994316
Cover Note Number	

Cover	Note	Νι

Driver

Name of Driver NG CHENG LAM NRIC No S7035397J 16/10/1970 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 19/05/1994 **Driving Experience** 25 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94559425

Fax Number

Contact Number OTHERS-94559425

EMail Address DAVIDNG14@YAHOO.COM.SG Address 75 PASIR RIS GROVE

#4-31

Postcode 518207

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 COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address 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 POLICE REPORT T/20190701/7003

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 SKF139Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 23

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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 :
 - 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 insucers' 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: polo7/20 9

Reporting Centre Personnel's Signature
NAIC/FIN No.: ROLL WOAAGS

Accident Sketch Plan

SKETCH PLAN CHO CHO C	<
BAP	
	A) SKR 56017
	B) SKF 139Y
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to po pol	ice report a Hach
There is another nor and	notorcycle met an
The defails are:	accident location,
1) SKG 39 FK 2) FBH 7009 P	
1640K Myor 7/29	0170701/2003
	*
DESI ADAYON CONTRACTOR OF THE PROPERTY OF THE	
I/We declare the dregon carriculars are true in every respect.	/ 1 1 2



REPORT OF A TRAFFIC ACCIDENT

Occupation: EHS MANAGER



Date of Expiry:

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

1 of 4 Report No. T/20190701/7003

Date/Tir 01/07/20	ne Report N 019 11:02	Made:	Vide Report No.: J/20190630/0143	Station Diary No.:
Informa	nt's Partic	ulars	是可能的表现的。 第15章	THE WEST CHAIN STORY OF THE SEC
	f Informant: NG LAM		Address: 75 PASIR RIS GROVE	#04-31 SINGAPORE 518207
ID Type / ID No.: NRIC NO / S7035397J		Contact No.: Home/Office:	Mobile: 94559425	
National SINGAP	ity: ORE CITIZ	EN	Email: davidng14@yahoo.com	n.sg
Sex: Male	Age: 48	Date of Birth: 16/10/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:

Driving Licence Information:

Class:

				SEASON STREET, SALVANDE
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2019 14:30	Type of Location X-Junction
Location:		1.141	THUMIZUE IN SE	
Choa Chu Ka	ng Way			ř.
Weather: Sunny	-	Road Surface: Dry	-	Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To Sid	de		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						Low Land to the
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKF139Y	Car	KIA	CERTTO	Blue	Slightly Damaged	5
SKR5601H	Car					0

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





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

2 of 4 Report No. T/20190701/7003

CONTINUATION OF REPORT

Driver			TV 1000 255	S ESH	CHECK THE	
Name	NG CHENG LAM			ID No).	S7035397J
Related Vehicle	SKR5601H (Car)			Conta	act No.	94559425
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	
Passenger		SENSON SE	No Still Office of the	No. of Street, or other party of the	93169	
Name	Unknown Passenger			ID No		NIL
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licens Explry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
	ted Medical Leave	NIL	Degree o			
Rider		Section 2	and the same	- migary	Oligin	
Name	Unknown Rider			ID No.		NIL
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
	led Medical Leave	NIL	Degree o		Slight	

On 30 June 2019 at about 1432 hours, I was traveling within the road speed limit on my vehicle SKR5601H along Choa Chu Kang way towards Sungei Kadut drive with the intention to go back to my place located at Pasir Ris.

While approaching the junction just before I wanted to turn right to KJE toward BKE, I saw the green light in my favor and I drove across the junction but I realized I had a collision with a car bearing registration number SKF139Y in front. Then the front car went out of control and started to spin 180 degree and that is the immediate I can witness after the collision.

For further facts, the traffic police at scene ask me to indicate police report number J/20190630/0143.



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



3 of 4 Report No. T/20190701/7003

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20190701/7003

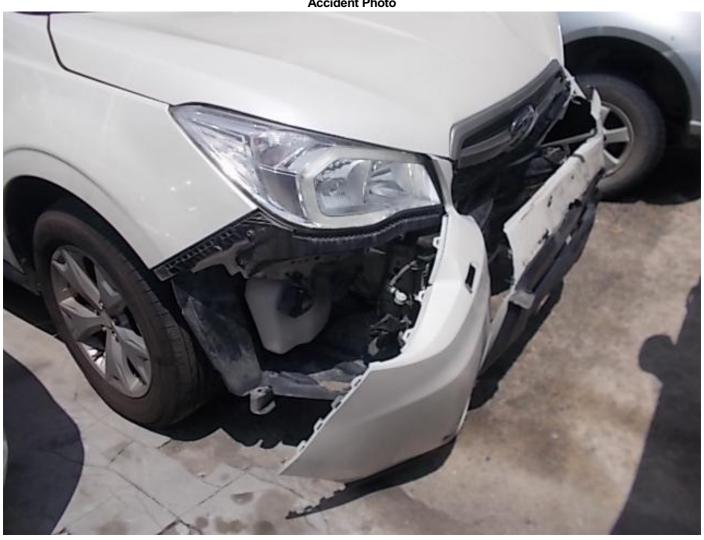
CONTINUATION OF REPORT

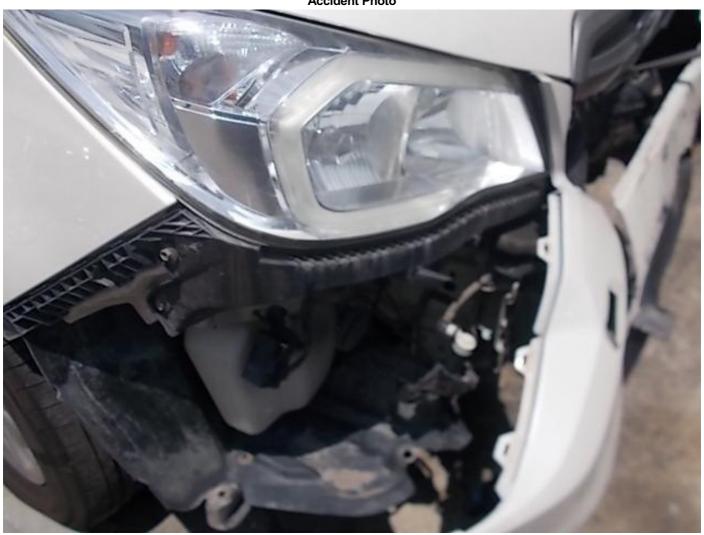
Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2019 11:02
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

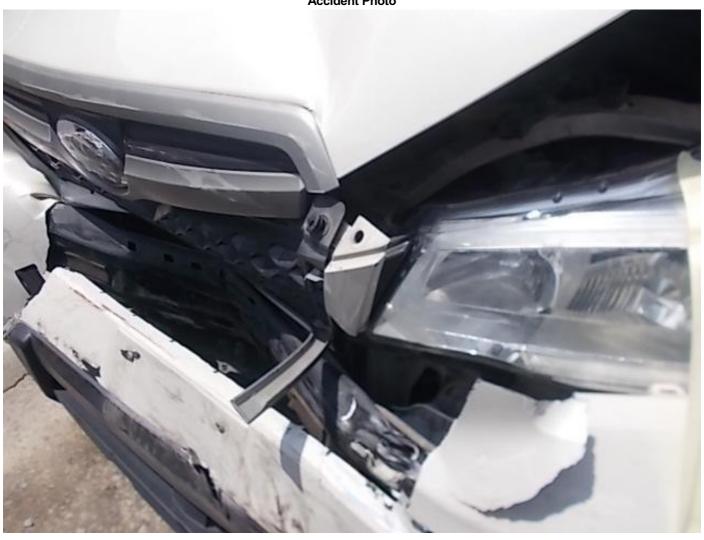










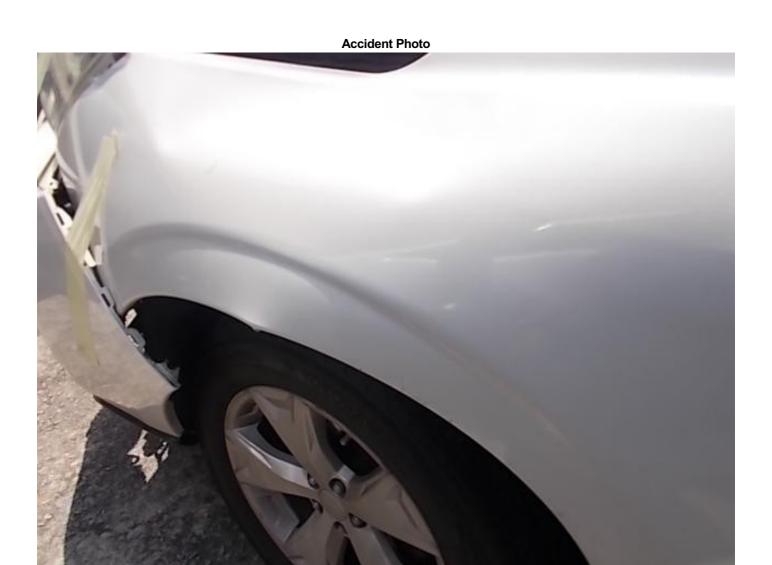




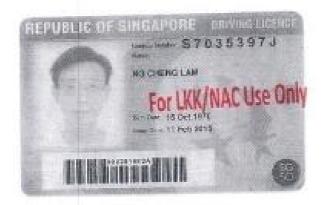














Driving License



