

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	13/07/2019 13:54
Date Of Accident	12/07/2019 15:50
Exact Location Of Accident	PIE TWDS CHANGI B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6189B
Insured/Policyholder	
Name Of Registered Owner	ONG THIAM HUAT
NRIC No	S0212879I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92305589
Alternative Phone No	OTHERS-92305589

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE
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	THIRD PARTY
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	1700053820-01
Cover Note Number	

Driver

Name of Driver	ONG THIAM HUAT
NRIC No	S0212879I
Date Of Birth	30/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1972
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92305589
Fax Number	
Contact Number	OTHERS-92305589
Email Address	NOEMAIL

Address	BLK 705 TAMPINES ST 71 #16-54
Postcode	520705
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	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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU8724B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JQC8769
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBP3413P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 UNKNOWN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBP3413P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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. The 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 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.

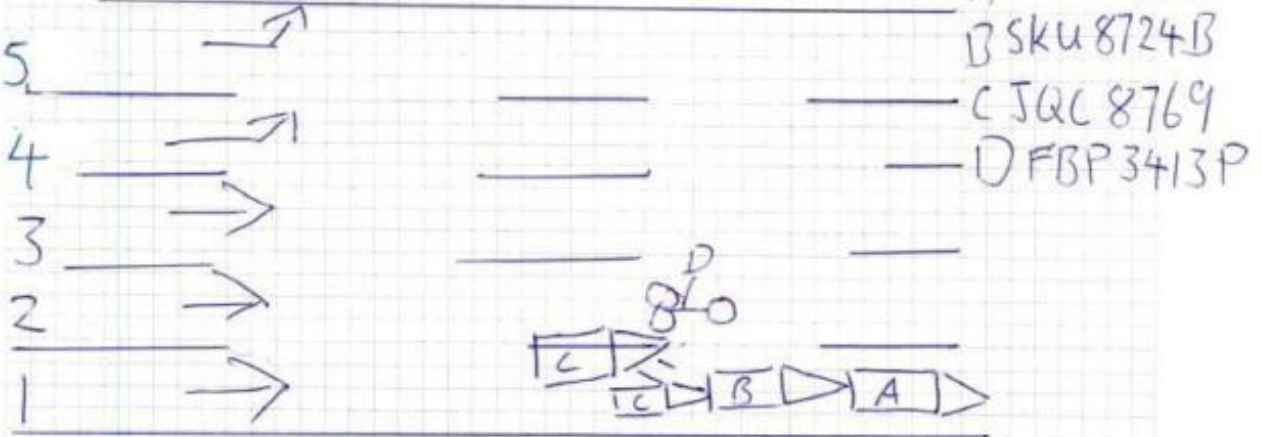
Policyholder's Signature
Date & Time:

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

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at PIE toward changi Before Toa Payoh Exit at the 5 lane traffic I was in the first lane due to heavy traffic in front of my car slow down, and ^{stop} I also slow down ^{and stop} suddenly I felt a heavy impact on my rear so I ^{was} ^{shocked} and I find out I was in 4 vehicle chain collision.

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.:

2020/07/13/19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

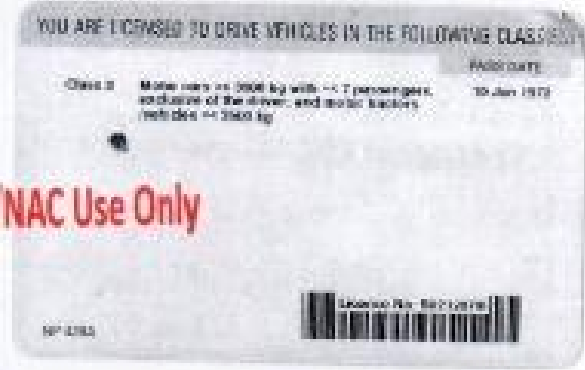




Accident Photo



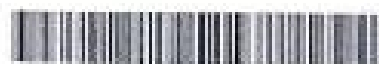
Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



T/20190713/2059

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 408014
Tel No: 1800-8488899

1 of 3

Report No. T/20190713/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 13:11		Vide Report No.:		Station Diary No.: 68
Informant's Particulars				
Name of Informant: ONG THIAM HUAT		Address: APT BLK 705 TAMPINES STREET 71 #15-54 SINGAPORE 520705		
ID Type / ID No.: NRIC NO / S02129791		Contact No.: Home/Office: Mobile: 92305588		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 30/05/1952	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: CONSTRUCTION SUPERVISOR		Driving Licence Information: Class: 3 Date of Expiry:		

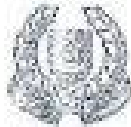
General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/07/2019 15:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi before Toa Payoh				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBP3413P	Motorcycle				Seriously Damaged	0
JQC6768	Car				Seriously Damaged	0
SKU8724B	Car				Slightly Damaged	0
SLP6189B	Car	JAGUAR	XE 2.0 I4D TSS	Silver	Slightly Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T201907132000

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486009

2 of 3

Report No. T201907132000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJF61806	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700053820-01	20/09/2018	30/06/2019

Brief Details:

On the 12/07/2019 at about 1550hrs, I was driving along PIE towards Changi direction just before Tee Payoh. The traffic flow was heavy and slow moving, however the weather was clear and the roads was dry. I was driving about 60km/h on the first of five lanes. The traffic was extremely slow moving and I applied pressure on my brakes as I noticed the vehicle in front of me had already stopped. I then suddenly felt an impact from the rear of my vehicle. I alighted from my vehicle and noticed that I was part of a 4 vehicle collision.

I did not know who called for Ambulance or police, shortly after Traffic police officers and ambulance services arrived. The last vehicle which is a motorcyclist is conveyed to hospital for abrasions and was conscious when conveyed to hospital. The traffic police officers then took the memory card from my in car CCTV and I left scene shortly after. I did not sustain any injuries in this accident.

Police Report



SINGAPORE
POLICE FORCE



T/20190713/2058

Police Station Of Origin:
Gaylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No. 1800-8486995

3 of 3

Report No. T/20190713/2058

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 CHONG YUN CHANG

Signature Of Informant.

Signature Of Interpreter
Not applicable

Date/Time:
13/07/2019 13:11

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDULLAH BIN PALIL
Contact No. 65476246

Classification Of Case

Authentication Stamp
NP/22