

## 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	15/07/2019 20:35
Date Of Accident	12/07/2019 16:05
Exact Location Of Accident	BLK 449 ANG MO KIO CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6312C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG YENG YII LINDA
NRIC No	S1334443D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97893917
Alternative Phone No	OFFICE-97893917

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
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	1800000246-01
Cover Note Number	

### Driver

Name of Driver	ONG YENG YII LINDA
NRIC No	S1334443D
Date Of Birth	26/06/1958
Occupation	INDOOR
Date Of Driving Pass	03/06/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97893917
Fax Number	
Contact Number	OFFICE-97893917
EEmail Address	NOEMAIL

Address	BLK 121 ANG MO KIO AVENUE 3 #03-1711
Postcode	560121
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	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	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 15 BEDOK SOUTH ROAD #01-117 , <b>POSTCODE:</b> 460015 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2419999 - <b>FAX NO:</b> 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190713/2074

#### 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	SLS4479J
Vehicle Make/Model/Colour	SUBARU IMPREZA
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	ONG YENG YII LINDA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLV6312C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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.

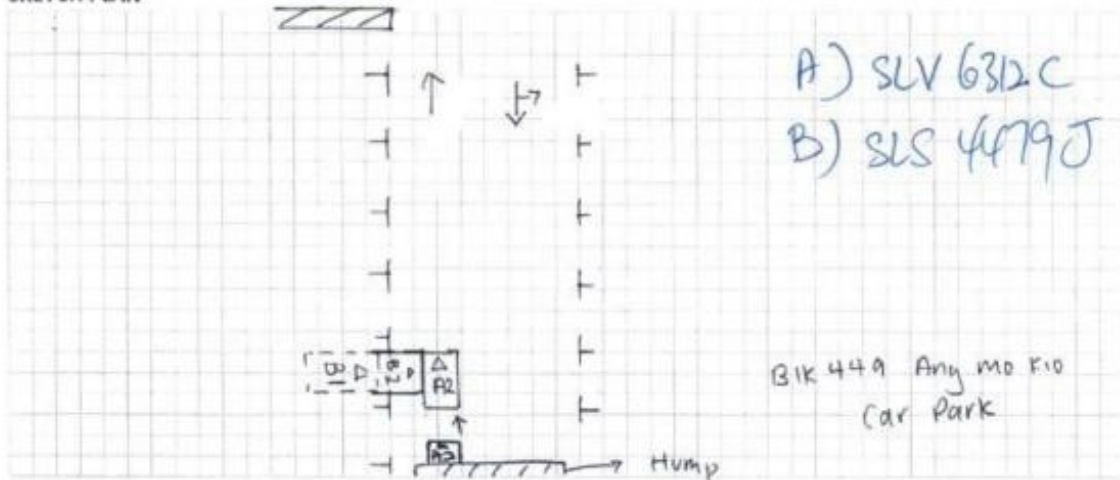
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Reshwanth  
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 travelling straight in my lane, suddenly vehicle 'B' came out of his parking lot had collided against my vehicle 'A' left portion. I was in shocked.

shortly I got down and notice vehicle 'B' car plate was on the floor, and my vehicle damage was on the front left portion.

My rims, tyres were also affected. while driving off, I notice my alignment were off and also I heard sound coming from the front left portion.

POLICE REPORT 1/20090713/2074

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

04  
Policyholder's Signature  
Date & Time:

04  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

15/07/2013  
Reporting Centre Personnel's Signature  
Name: Rohit Kumar  
NRIC/FIN No.:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190713/2074

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

1 of 4

Report No. T/20190713/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2019 14:17	Video Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: ONG YENG YII LINDA		Address: APT BLK 121 ANG MO KIO AVENUE 3 #03-1711 SINGAPORE 560121	
ID Type / ID No.: NRIC NO / S1334443D		Contact No.: Home/Office: Mobile: 97893917	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 61	Date of Birth: 26/06/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Hawker/Stall holder (excluding prepared food or drinks)		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: 12/07/2019 16:20	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 10  Blk 452 carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
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
SLS4479J	Car	SUBARU	IMPREZA 5D 1.6I-S AWD CVT	Black	Slightly Damaged	0
SLV6312C	Car	KIA	FORTE K3 1.6A	Red	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190713/2074

2 of 4

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

Report No. T/20190713/2074

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLV6312C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800000246-01	05/01/2019	04/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG YENG YII LINDA	ID No.	S1334443D
Related Vehicle	SLV6312C (Car)	Contact No.	97893917
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHEN JUNBIN VINCENT	ID No.	S8140446A
Related Vehicle	NIL	Contact No.	92725081
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 12/07/2019 at about 1823hrs, I was driving along Ang Mo Kio Avenue 10, near to Blk 452 carpark heading towards the exit gantry. All of a sudden, a car from one of the parking lot drove out and hit onto the front left side of my car. I immediately stopped my vehicle and alight to check on the damage. The driver of the other car alighted as well. Both of us exchanged particulars and took photos of the scene. The damage on my vehicle range from front left bumper all the way to the left door and the rim of my front left wheel is also damaged. After we took photos and exchanged particulars, we proceed to leave the place.

On 13/07/2019, I experienced pain and sore on both of my hands, the back of my neck, my back area and my right leg. I went to UNIHEALTH 24-HR CLINIC (TOA PAYOH) for medical treatment and received 3 days of MC. I wish to state that my in-car camera has captured the whole incident.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190713/2074

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
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3 of 4

Report No. T/20190713/2074

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190713/2074

4 of 4

Report No. T/20190713/2074

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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 3 SAM YEO WEN MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/07/2019 14:17

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No: 65474885

Classification Of Case:

Authentication Stamp  
NP164

SIGNATURE

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo





# Identification Card

