

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	22/07/2019 13:32
Date Of Accident	19/07/2019 22:00
Exact Location Of Accident	PIE TWDS JURONG EASY BELOW JURONG EAST FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1900T
Insured/Policyholder	
Name Of Registered Owner	ANG LIAN GUAN
NRIC No	S1630254F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83996145
Alternative Phone No	OFFICE-83996145

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI

Exact Purpose for which vehicle was being used at time of accident

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	1700082415-01
Cover Note Number	

Driver

Name of Driver	AARON ANG KIAN HAI
NRIC No	S9616156E
Date Of Birth	10/05/1996
Occupation	INDOOR
Date Of Driving Pass	09/01/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83996145
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	44 CHOA CHU KANG STREET 64 #12-17
Postcode	689105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - -
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	3
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)	5
Passenger 1	NAME: : HO LEE CHENG GENDER: : FEMALE
Passenger 2	NAME: : ALICIA ANG KAI XIN GENDER: : FEMALE
Passenger 3	NAME: : ADRIAN ANG KIAN YANG GENDER: : MALE
Passenger 4	NAME: : ANGELINE ANG KAI QI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20190720/2002.

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	SHC8588H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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	SMG4033M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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	AARON ANG KIAN HAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLU1900T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HO LEE CHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLU1900T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ALICIA ANG KAI XIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLU1900T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name ADRIAN ANG KIAN YANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLU1900T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name ANGELINE ANG KAI QI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLU1900T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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:

22/7/19

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

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

GIA/RC SketchPlanForm_V3

CARZ AUTO

Sketch Plan #2 Pg. 1

SKETCH PLAN

SKETCH PLAN

PIE TOWARD JURONG EAST
BELOW JURONG ELYOVER

VEH A
SLU 1900 T

VEH B
SHC 8588 H

VEH C
SMG 4033 M

C
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.: _____



**SINGAPORE
POLICE FORCE**



T/20190720/2002

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20190720/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2019 00:24	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: AARON ANG KIAN KAI	Address: 44 CHOA CHU KANG STREET 64 #12-17 SINGAPORE 689105		
ID Type / ID No.: NRIC NO / S9616156E	Contact No.: Home/Office: Mobile: 83996145		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 23	Date of Birth: 10/05/1996	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: STUDENT AT NTU	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2019 22:00	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Jurong East, below Jurong East Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8588H	TAXI				Seriously Damaged	4
SLU1900T	Car				Seriously Damaged	5
SMG4033M	Car					0



**SINGAPORE
POLICE FORCE**



T/20190720/2002

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 4

Report No. T/20190720/2002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AARON ANG KIAN KAI	ID No.	S9616156E
Related Vehicle	SLU1900T (Car)	Contact No.	83996145
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/07/2019 at about 2200hrs at PIE towards Jurong East, below Jurong East Flyover. I was driving my vehicle (SLU1900T) on a 3 lane road, at the left lane (slowest), whereby, vehicle was slowing down to turn into Jurong Town Hall Road.

I was driving behind a white car (SMG4033M), as the vehicle had come to a stop, I had to apply emergency brake to prevent hitting the vehicle in front. I managed to brake in time and did not knock onto the white car.

While doing so, I felt an impact from the rear and I realised that one Taxi (SHC8588H) whom did not stop in time knocked onto the rear of my vehicle.

Due to the impact, my vehicle inched forward and my vehicle front knocked onto the rear of the white car, however, the driver did not stop and left after leaving his contact details. The white car suffered scratches at the rear bumper.

After which, both parties alighted and exchanged particulars, and we came to an agreement that we will leave it to our insurance company to settle the issue.

I also made a check with the Taxi driver and his passengers no one was injured. My passengers and I also not injured.

Subsequently, Traffic Police and Ambulance came to scene.

After the Traffic Police Officer spoken to me and informed me that I can leave the location, and both parties left.

Due to the accident, my vehicle rear bumper dented in, and the boot is unable to close.

My car has an in car camera and it is in working condition.

The Taxi driver details
Low Yew Seng



**SINGAPORE
POLICE FORCE**



T/20190720/2002

3 of 4

Report No. T/20190720/2002

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

S1732699F
98769891

The White car details
Bernard
98331182



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20190720/2002

4 of 4

Report No. T/20190720/2002

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: J / Sgt 3 YONG SENG HOCK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2019 00:24
Officer-In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:

Authentication Stamp
NP168