

## 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	06/08/2019 15:37
Date Of Accident	21/07/2019 09:35
Exact Location Of Accident	ALONG YISHUN STREET 51
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3845C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	EDWINFONG.EFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87484599
Alternative Phone No	OFFICE-87484599

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
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	REPORTING ONLY
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	999994436/100862229-00000
Cover Note Number	

### Driver

Name of Driver	FONG YING CHEUN
NRIC No	S6818550E
Date Of Birth	10/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1990
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484599
Fax Number	
Contact Number	OTHERS-87484599
Email Address	EDWINFONG.EFY@GMAIL.COM

Address	BLK 623 HOUGANG AVENUE 8 #11-250
Postcode	530623
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?	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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190721/2032

#### 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	FBN8190J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HASAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name HASAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBN8190J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

Veh A: SLG 3845C

Veh B: FBH 890J

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

DANDELION ED PTE LTD  
ROC: 201214301M

Policyholder's Signature  
Date & Time:

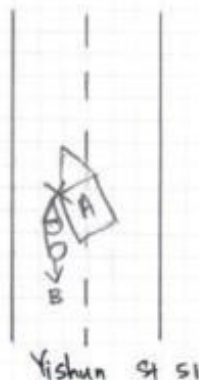
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

6/8/19  
10.30 am

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

### SKETCH PLAN

Veh B: FBW 81903



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20190721/2032

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

Policyholder's Signature  
Date & Time:

Edwin

Driver's Signature  
(if driver is not the policyholder)

Date & Time: 6/8/19  
1030am

Reporting Centre Personnel Signature: *[Signature]*  
Name: *Resd. Ho/A03*  
NRIC/FIN No.: *960808/2009*

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190721/2032

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20190721/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2019 11:54		Vide Report No.:		Station Diary No.: 54	
<b>Informant's Particulars</b>					
Name of Informant: FONG YING CHEUN			Address: APT BLK 623 HOUGANG AVENUE 8 #11-250 SINGAPORE 530623		
ID Type / ID No.: NRIC NO / S6818550E			Contact No.: Home/Office: Mobile: 87484599		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 10/05/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LIMO DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/07/2019 09:35	Type of Location:
Location: Along Road 1 YISHUN STREET 51 S1 Sengkang NPC 2 Sengkang Square #01-02 S(545025) Tel: 1800-3438999 exact location is Blk 505 Yishun St 51				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8190J	Motorcycle					0
SLQ3845C	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/20190721/2032

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20190721/2032

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	HASAN	ID No.	NIL
Related Vehicle	FBN8190J (Motorcycle)	Contact No.	82392867
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
<b>Driver</b>			
Name	FONG YING CHEUN	ID No.	S6818550E
Related Vehicle	SLQ3845C (Car)	Contact No.	87484599
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 21/07/2019 at about 0933hrs, I was driving my limousine SLQ3845C along Yishun Street 51. When I wanted to do a lane change from the right lane to the left lane, I made a check and there is a motorcycle from a distance away and I turned on my left signal and did a lane change. Suddenly there is an impact from the left of my vehicle and it was the motorcycle FBN8190J that had hit onto the left side of my vehicle. After the accident, I got off my vehicle to make a check and the rider was on the ground bleeding from his mouth. I quickly called for the ambulance and the ambulance arrived shortly and he was conveyed by the ambulance. The traffic police also arrived at the scene and I was advised to make a traffic accident report with regards to the accident. I was unable to converse with the rider as he was bleeding from his mouth. I had viewed back my rear car cam and the rider was riding very fast from behind when I was doing the lane change and he squeeze into the left lane which I was changing to.

My vehicle's left side portion was also badly scratched and my left side mirror was damaged.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190721/2032

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No: T/20190721/2032

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: F / Sgt 3 LEOW CHONG WAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2019 11:54
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168  Signature:  SN 085	



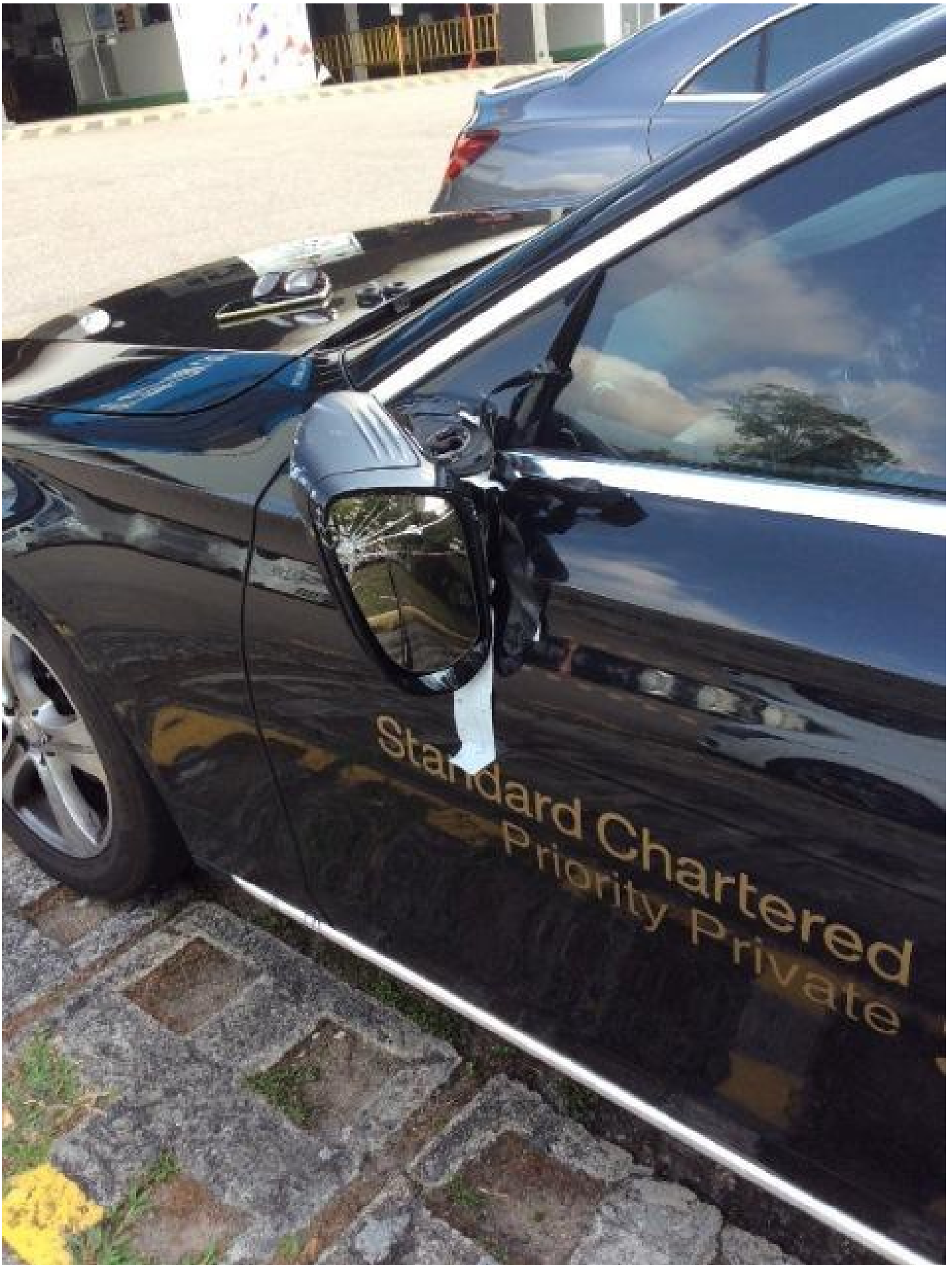
Accident Photo



Accident Photo

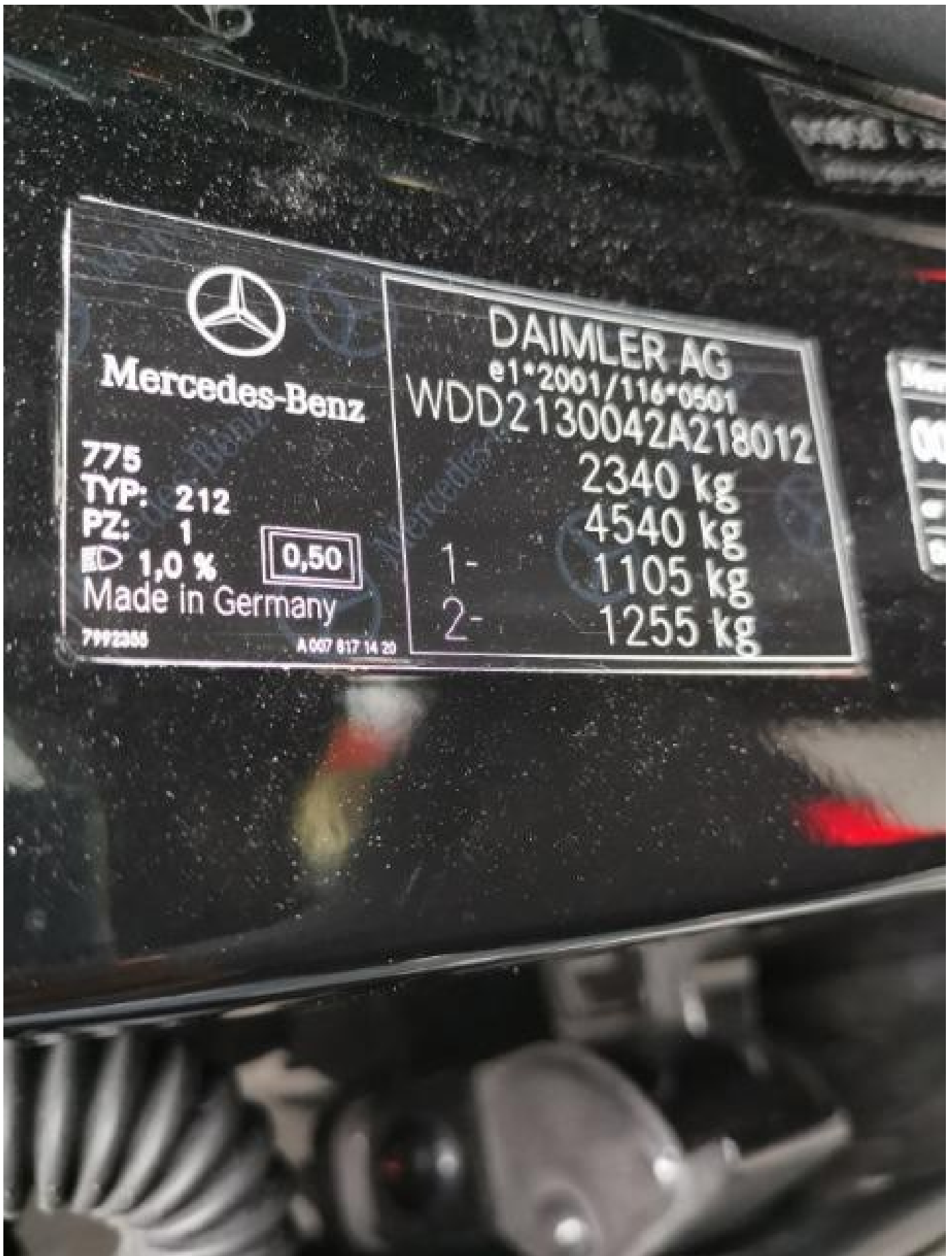


Accident Photo



Accident Photo







Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



# Identification Card

