





## 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	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
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

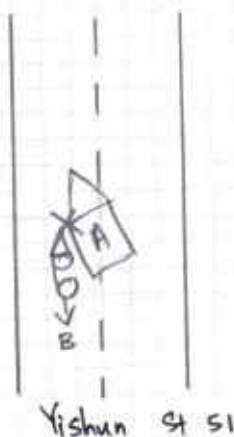
Veh B: FBH 8190 J

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



Veh A: SLG 3845 C  
Veh B: FBN 8190 J

Veh B: FBN 8190J



Please Refer Police Report No. T/20190721/2032

Please Refer Police Report No. T/20190721/2032

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: 10/19

6/8/19  
1030am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



**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 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



**SINGAPORE  
POLICE FORCE**



T/20190721/2032

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

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 ridding 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.





**SINGAPORE  
POLICE FORCE**



T/20190721/2032

Police Station Of Origin:  
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545025  
Tel No: 1800-343 8999

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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

SN 085



Signature:

Continuation of Report

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 21/7/19

\*Time of Accident: 0935 am

\*Accident Location: \_\_\_\_\_

### Vehicle Details

\*Vehicle Number: SLQ 3845C

\*Make & Model: Mercedes Benz E220D

### Insured / Policyholder

\*Owner Name: Dandelion Ed Heed

\*NRIC: 201314301M

\*Address: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*HP: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor)

\*Tel / H / Other: \_\_\_\_\_

### Driver ( ) same as above

\*Driver Name: FONG YING CHEUN

\*NRIC: S 6818550 E

\*Address: B1K 623 Honggang Ave 8 #11-250

\*Date of Birth: 10 May 1968 \*Driving Pass Date: 18 July 1990 \*HP: 87484599

\*Email: edwinfong.efyc@gmail.com \*Gender: Male / Female

\*Occupation: Limousine Driver (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: \_\_\_\_\_ \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: FBN 8190J

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)

\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_

-I/Name: Hasan \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6818550E





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,500.00 (I & II)
CERTIFICATE NO. 999994436/100862229-00000	WINDSCREEN EXCESS	SS\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS\$1.00
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PAFF	YES
2) NAME OF INSURED	SLQ3845C	
	Dandelion ED Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	14 Sep 2018	
4) DATE OF EXPIRY OF INSURANCE	13 Sep 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE \*

Use for the carriage of passengers or goods in connection with the Insured's business.  
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.  
The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

~~3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.~~

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A



HIRE PURCHASE COMPANY AUTO LEASE PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000  
DIRECT CLIENTS 01.4.95  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTP