

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	19/08/2019 10:12
Date Of Accident	16/08/2019 16:00
Exact Location Of Accident	ALONG AYE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8043Y
Insured/Policyholder	
Name Of Registered Owner	NG CHEE LEONG (HUANG ZHILIANG)
NRIC No	S7522527Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97420867
Alternative Phone No	OFFICE-97420867

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	1700018443-02
Cover Note Number	-

Driver

Name of Driver	NG CHEE LEONG (HUANG ZHILIANG)
NRIC No	S7522527Z
Date Of Birth	22/07/1975
Occupation	INDOOR
Date Of Driving Pass	21/11/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97420867
Fax Number	
Contact Number	OFFICE-97420867
Email Address	NOEMAIL

Address	BLK 838 JURONG WEST ST 81 #12-157
Postcode	640838
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?	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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190817/2035

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	SLM736A
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 SKK2104H
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 SKL5096Y
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 INJURED PERSON 1

Name NG CHEE LEONG (HUANG ZHILIANG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP8043Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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.:

Accident Sketch Plan

SKETCH PLAN


	<p>A - SLP8043J</p> <p>B - SLM736A</p> <p>C - SKK2104H</p> <p>D - SKL5096J</p>
---	--

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

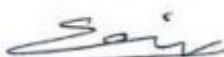
on the stated time and time, I was driving my car A along AYE towards MCP. In front of the vehicle slow down. I fellow suit, suddenly I felt an impact from behind. Then I realized that vehicle B hit on my rear portion. There were 4 cars involved in an accident.

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.:

POLICE REPORT



POLICE FORCE

T/20190817/2035

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4
Report No. T/20190817/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 11:25	Vide Report No.:	Station Diary No.: 83
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NG CHEE LEONG			Address: APT BLK 838 JURONG WEST STREET 81 #12-157 SINGAPORE 640838	
ID Type / ID No: NRIC NO / S7522527Z			Contact No.: Home/Office: Mobile: 97420867	
Nationality SINGAPORE CITIZEN			Email:	
Sex Male	Age 44	Date of Birth: 22/07/1975	Type of Informant: Driver	
Race Chinese			Language:	Institution / School Name:
Occupation: Mechanical engineer (general)			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: 16/08/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Near to NUS, heading towards City				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SKK2104H	Car				Slightly Damaged	1
SKL5096Y	Car				Slightly Damaged	1
SLM738A	Car				Seriously Damaged	1
SLP8043Y	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Blue	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
649452
Tel No. 1800-7929999

REPORT OF AN ACCIDENT INVOLVING A MOTOR VEHICLE
1.2.2019 (12/02/2019)

Page 4

Report No. 1207808/12/02/19

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLP8343Y	AIG ASIA PACIFIC INSURANCE PTE LTD	1700018443-02	16-06-2019	16-06-2020

Details of Person Involved

Any Pedestrian Involved No

No. of Pedestrians Injured NIL

Use of Pedestrian Crossing NA

Driver

Name	Chua Suat Ling	ID No	S8227212G
Related Vehicle	SKK2104H (Car)	Contact No	NIL
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

Driver

Name	Chan Tat Lee Terry	ID No	S2718798F
Related Vehicle	SKL5090Y (Car)	Contact No	NIL
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

Driver

Name	Fuan Pei Pei	ID No	S7175457A
Related Vehicle	SLM736A (Car)	Contact No	98516391
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



7/20190817/2035

3 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20190817/2035

CONTINUATION OF REPORT

Driver			
Name	NG CHEE LEONG	ID No.	S7522527Z
Related Vehicle	SLP8043Y (Car)	Contact No.	97420867
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/08/2019	Date Discharge	17/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the 16/08/19 at around 1630hrs, I was driving my vehicle SLP8043Y along AYE towards City. I just passed exit 9 but I was driving on the first lane. There was vehicle in front of me that suddenly jammed braked. I managed to stop in time but as I was moving off, a car bearing registration SLM736A collided with my vehicle. I felt my car bumper was hit multiple times. I came down and check and realized that a chain collision happened.

my car, SLP8043Y was the first car, SLM736A was the second car, SKK2104H was the 3rd car and SKL5096Y was the 4th car.

My car sustain damage sustained damage to the rear bumper, SLM736A sustained damaged to the front and back bumper. SKK2104H sustained damages to the front and back bumper while SKL5096Y sustained damages to the front bumper. No one was injured and TP and ambulance did not attend to the incident.

No government property or vehicle was involved. I wish to state that I have an in vehicle camera but the car is currently at the workshop and did not recall the vehicle who jammed braked in front of me.

I went for medical attention at Mount Alvernia Hospital on 17/08/19 for pain at the neck area and right arm as the pain became worse overnight. I was given 5 days of MC from 17/08/19 to 21/08/19. I'm lodging this report for insurance claim purpose.

POLICE REPORT



SINGAPORE
POLICE FORCE

T/20190817/2035

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

4 of 4

Report No T/20190817/2035

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/

SHAO QIANKANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABULLAH

Contact No: 65476264

SN 127



Signature Stamp

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

17/08/2019 11:25

Classification Of Case:

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

