

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 16:00
Date Of Accident	15/08/2019 15:30
Exact Location Of Accident	ALONG TAO CHING ROAD TOWARDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5904D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NITEZSHAZ_85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98491285
Alternative Phone No	OFFICE-98491285

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	T6 VAN TDI NWB DSG
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	YES
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver	NG CHOON HWA (WU JUNHUA)
NRIC No	S8541231J
Date Of Birth	28/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98491285
Fax Number	
Contact Number	OTHERS-98491285
Email Address	NITEZSHAZ_85@HOTMAIL.COM

Address	BLK 602 CLEMENTI WEST STREET 1 #07-14
Postcode	120602
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190816/2006 (1)VEHICLE AND DRIVING LICENCE AT THE POLICE CUSTODY)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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B. 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/TIN No.:

SKETCH PLAN

REFER to J (one)

As attach Police Report 7/20/90 8/16/2006

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

Date & Time:

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

~~None~~

NRIC/FIN No. _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190816/2006

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190816/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2019 01:17	Vide Report No.: J/20190815/0094	Station Diary No.: 15
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Informant's Particulars

Name of Informant: NG CHOON HWA			Address: APT BLK 602 CLEMENTI WEST STREET 1 #07-14 SINGAPORE 120602		
ID Type / ID No.: NRIC NO / S8541231J			Contact No.: Home/Office: Mobile: 94891285		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 28/11/1985	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Other commercial and marketing sales representatives			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2019 15:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TAO CHING ROAD CORPORATION DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5904D	Van				No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190816/2006

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190816/2006

CONTINUATION OF REPORT

Driver			
Name	NG CHOON HWA	ID No.	S8541231J
Related Vehicle	GBF5904D (Van)	Contact No.	94891285
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.

Reference to incident: J/20190815/0094.

On 15.08.2019 at about 0700hrs, I started to drive my company van GBF5904D and I was detail to send the company goods at western side of Singapore.

At about 1530hrs, I was driving along Tao Ching Rd towards Corporation Drive. At the cross junction of the said road, I observed that there is no vehicle along Corporation Drive. I then slowly turn left to towards Corporation Drive.

At that time, I did not notice any pedestrian crossing the road. Out of sudden, I collided with one female Chinese pedestrian, who is jay-walking. I stop my van and came out to assist the pedestrian. I also called for ambulance and Police assistance.

Upon arrival of the paramedic, they pronounced the pedestrian dead. The Traffic Police officer arrived at scene and arrested me for road traffic offence. My company van was also towed by the officer at scene.

I wish to state that this is the first time it happened to me and there is in-car camera installed inside my van. The memory card was also seized by the officer at scene. I am lodging this report for Traffic Police follow up.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190816/2006

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190816/2006

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:

D /

Staff Sgt ROSLAN BIN ROHANY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2019 01:17

Officer In Charge Of Case:

TP / FAIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp
NP168

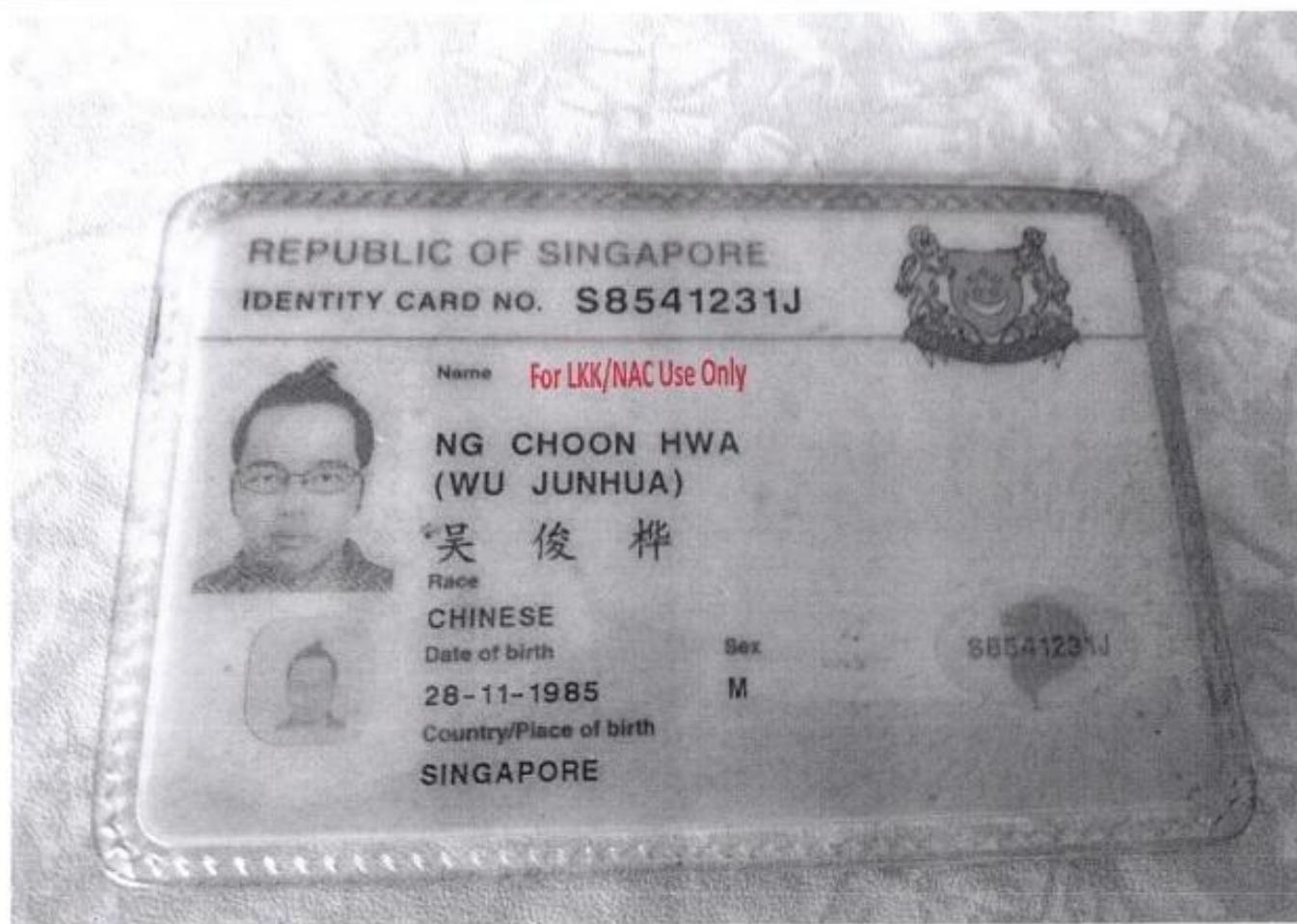


SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Identification Card



Identification Card

