

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 19:58
Date Of Accident	20/07/2019 21:45
Exact Location Of Accident	JOHOR CUSTOM TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8207G
Insured/Policyholder	
Name Of Registered Owner	CELESTE WONG
NRIC No	S8106403B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85337637
Alternative Phone No	OTHERS-85337637

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
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	1900090210
Cover Note Number	

Driver

Name of Driver	SEAH MENG TECK (XIE MINGDE)
NRIC No	S7425048C
Date Of Birth	07/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85337637
Fax Number	
Contact Number	OTHERS-85337637
Email Address	NOEMAIL

Address	BLK 165 HOUGANG AVENUE 1 #10-1602
Postcode	530165
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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)	3
Passenger 1	NAME: : CELESTE WONG GENDER: : FEMALE
Passenger 2	NAME: : DENISE SEAH NING YI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190721/2004

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	SMJ4132U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANGEL

NRIC/Passport Number
Contact Number 82888664
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEAH MENG TECK (XIE MINGDE)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMK8207G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CELESTE WONG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMK8207G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name DENISE SEAH NING YI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMK8207G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

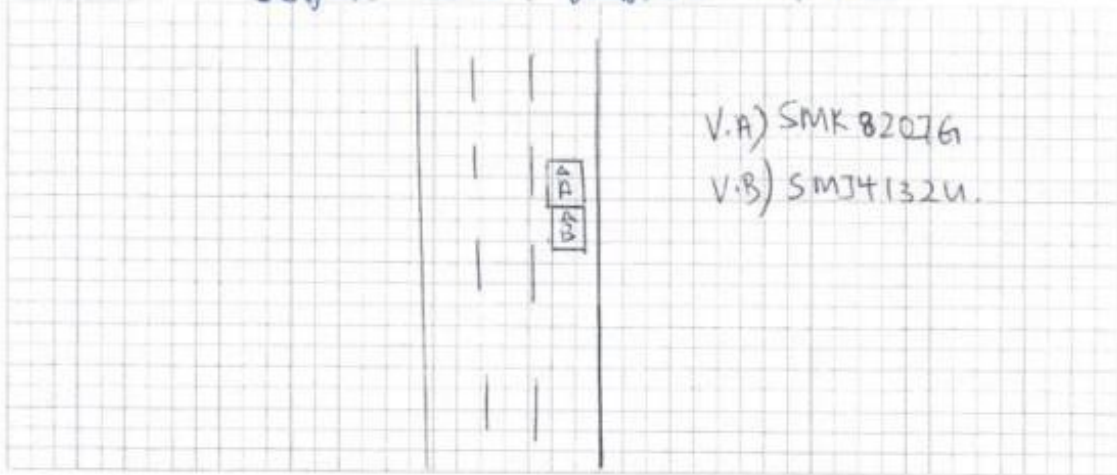
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Joyor Custom towards SPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane. Suddenly I felt an impact on my vehicle rear. Shortly I got down and realised vehicle 'B' SMJ4132U had collided against my vehicle rear portion.

POLICE REPORT F/20190721/2004.

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



**SINGAPORE
POLICE FORCE**



F/20190721/2004

1 of 2

POLICE REPORT (NP299)

Report No. F/20190721/2004

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 21/07/2019 01:00	Vide Report No.	Station Diary No. 18
Name Of Informant SEAH MENG TECK	Address APT BLK 165 HOUGANG AVENUE 1 #10-1602 SINGAPORE 530165	
ID Type / ID No. NRIC NO / S7425048C	Contact No. Home/Office	Mobile 85337637
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 44
Institution/School Name	Date of Birth 07/08/1974	Race Chinese
Date/Time Of Incident 20/07/2019 21:45 - 20/07/2019 22:00	Language English	
	Location Of Incident Johore Customs MALAYSIA	

Brief details.

On 20/07/2019 at about 2145hrs, I was driving my car(Registration No. SMK 8207G, Blue Colour Honda Freed Hybrid) along Johore Custom towards Singapore on the 1st lane of the 3lanes road when the traffic was congested and my car was cruising at a slow speed. Suddenly another car(Registration No. SMJ4132U, Black Colour Mazda) collided onto my car's rear resulting in scratch damages. My passenger and I suffered impact on my back and neck area. We then came down from our car to inspect the damages and take photo. The other driver then informed me to meet at Blk 30 Masiling drive to settle the

Signature Of Officer Recording The Report: F / Sgt 2 BOH YONG SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2019 01:00
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt TAN SZE HERNG Contact No.: 64890999	Classification Of Case:

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190721/2004

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190721/2004

accident as the traffic was congested. I later met up with the driver angel(H/P: +65 82888664) at said location however she refused to exchange particulars. We then agree on Insurance Claim and left the scene. There is dashcamera in my car facing front however it is faulty. I am lodging this Police report for my own record purposes for Insurance Claim. There is 2 passenger in my car. We have not seek medical attention yet.

Signature Of Officer Recording The Report:

F / Sgt 2 BOH YONG SENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt TAN SZE HERNG
Contact No.: 64890999

Authentication Stamp



Signature Of Informant:

Date/Time:
21/07/2019 01:00

Classification Of Case:

POLICE REPORT



SINGAPORE
POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999



1 of 2

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Nationality SINGAPORE CITIZEN		Email Address			
Occupation GRAB DRIVER		Sex Male	Age 44	Date of Birth 07/08/1974	Race Chinese
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F / Sgt 2 BOH YONG SENG

Signature Of Informant:

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Not applicable

Date/Time
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Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt TAN SZE HERNG
Contact No. 64890999

Classification Of Case:

Authentication Stamp



Signature

Singapore Police Force

POLICE REPORT



SINGAPORE
POLICE FORCE

POLICE REPORT (NP299)

CONTINUATION OF REPORT



F/20190721/200A

2 of 2

Report No. F/20190721/200A

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Amendment:

I also wish to state that the two passenger inside of my vehicle during the accident mentioned above are my wife and daughter. Their details are as follows:

1. Celeste Wong, S8106403B
2. Denise Seah Ning Yi, T0605255F

SSS Salamu

PRYALEBAR NEP
BLK 114 HOUGANG AVE
SINGAPORE 530114
TEL: 1800-2898999

Signature Of Officer Recording The Report:

F / Sgt 2 BOH YONG SENG

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time
21/07/2019 01:00

Officer In-Charge Of Case:
F / Hougang N P C /
Sr Staff Sgt TAN SZE HERNG
Contact No. 64890999

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

