

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	29/10/2019 15:54
Date Of Accident	10/10/2019 10:00
Exact Location Of Accident	ALONG HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA911L
Insured/Policyholder	
Name Of Registered Owner	KOH RI MING, DEREK
NRIC No	S8620740J
Email Address	DEREKKOH1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82889634
Alternative Phone No	Office-82889634

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WAS DRIVING TO OFFICE, DURING THE PERIOD OF ACCIDENT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800156041
Cover Note Number	

Driver

Name of Driver	NG LI TING
NRIC No	S8832384Z
Date Of Birth	19/08/1988
Occupation	INDOOR
Date Of Driving Pass	18/08/2009
Driving Experience	10 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-82889634
Fax Number	
Contact Number	
E-Mail Address	ALICIA.NLT@OUTLOOK.COM
Address	92 DAWSON ROAD #11-32. SINGAPORE 141092
Postcode	141092
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM5490M
Vehicle Make/Model/Colour	HONDA FREED / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7022841F
Contact Number	81395593

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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: 29/10/2019
1225pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/10/2019
1225pm


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



1442004, 1442005, 1442006, 1442007, 1442008, 1442009, 1442010

Individual Statement

Refer to police Report.

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

Date & Time: 29/10/2019
12:25pm

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



Individual Statement

Accident Statement

☒ Mitsubishi ☐ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information

Date of Accident	10 / 10 / 2019
Time of Accident (24hr format)	10:00 AM
Exact Location of Accident	Along Havelock Road

Own Vehicle Details

Vehicle Registration Number	SMA 911L
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company Kon Ri Ming Derek
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 386207403

Vehicle Particulars (Own Vehicle)

Model	Mitsubishi Outlander
Exact purpose for which vehicle was being used at the time of accident	was driving to office, during the period of accident.
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Vch / <input type="checkbox"/> Goods Vch / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

Insurance Company (Own Vehicle)

Insurance Company	AIG Asia Pacific Insurance Pte Ltd
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1800156041

Driver

Name of Driver	Ng L. Ting
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 388323842
Date of Birth	19 / 08 / 1988
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Driving Pass Date	18 / 08 / 2009
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	82889634
Office / Home / Other Numbers	
Home Address	92 Dawson Road #11-32 S'pore 141092
Email Address	alicia.nh @ outlook.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: Spouse
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement

General Information Of The Accident

Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	<u>2</u>
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	<u>01</u>
Passenger (Name and Gender)	
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail

Details of Other Vehicle / Property	
Vehicle Registration No.	<u>SMM5490M</u>
Vehicle Make/ Model/ Colour	<u>Honda Freed / Black</u>
Details of Property Damaged in Accident	
Vehicle Category	
Name Of Driver	
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN <u>ST022841F</u>
Contact Number	<u>81395593</u>
Name of Insurance Company	
Nature of Damage	

	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
Damages to Other Vehicles & Property (Other than Vehicles A & B)			

Details of Injured Person

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191029/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20191029/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2019 11:58	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars			
Name of Informant: NG LI TING		Address: APT BLK 92 DAWSON ROAD #11-32 SINGAPORE 141092	
ID Type / ID No.: NRIC NO / S8832384Z		Contact No.: Home/Office: Mobile: 82889634	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 31	Date of Birth: 19/08/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FINANCIAL CONSULTANT		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/10/2019 10:00	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SMA911L	Car	MITSUBISHI	OUTLANDE R	Red	No Damage	0
SMM5490M	Car	HONDA	FREED	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA911L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800156041	04/01/2019	03/01/2020

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191029/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20191029/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LI TING	ID No.	S8832384Z
Related Vehicle	SMA911L (Car)	Contact No.	82889634
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
Driver			
Name	BOON YONG HOR	ID No.	S7022841F
Related Vehicle	SMM5490M (Car)	Contact No.	81395593
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.

On 10/10/2019, at about 10 a.m., when I was driving my husband's vehicle bearing registration number SMA911L (red, Mitsubishi Outlander), along Havelock Road. The vehicle was in stationary as the traffic light was in red. There were vehicle in front of me bearing a registration number, SMM5490M (black Honda Freed) which was in stationary position as well waiting for the traffic light in front. While waiting for the traffic light, I thought the traffic light have turned green. However, it did not turn green yet and I released my brake. The vehicle I drove inched forward and accidentally it collided with the vehicle in front.

2 I came out of the vehicle to check if anyone was injured. The driver that was involved in the accident and I exchanged particulars and details. We initially agreed on private settlement, however, the other driver decided to claim from his insurance company which I agreed. There were no damage done on my vehicle. However, the other vehicle sustained a dent on the rear bumper. No police or ambulance came to scene. No government property damage. I have an in-car camera inside my vehicle. No one was injured after the accident that day. This is my first time involving in such an accident. I am making this report as advised with reference to TP/IP/64585/2019 through a letter dated 17 October 2019. That is all.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191029/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20191029/2042

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 /

Sgt 2 MUHAMMAD WAQUIUDDIN BIN AHAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/10/2019 11:58

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE