Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/01/2020 14:06

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	15/10/2019 18:50
Date Of Accident	14/10/2019 19:20
Exact Location Of Accident	MIDDLE ROAD / VICTORIA ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCW222U
Insured/Policyholder	
Name Of Registered Owner	CHUA XIUCHIN
NRIC No	S0712298E
Email Address	PINPHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93809468
Alternative Phone No	Office-93809468
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLE43
Exact Purpose for which vehicle was being used at time 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	2100506588-02
Cover Note Number	
Driver	
Name of Driver	PHUA FANGMING
NRIC No	S7711953A
Date Of Birth	06/05/1977

INDOOR

25/08/2000

19 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-93809468

Fax Number

Contact Number

EMail Address PINPHUA@GMAIL.COM

115 BRANKSOME ROAD Address

SINGAPORE

Postcode 439631 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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

NO

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

TEL NO: 1800-3459999 - FAX NO: 64474181 **Police Station Contact**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20191015/2152. JOO CHIAT NPP.

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

SHC5850U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver TAXI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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 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 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 an analysis of the purpose(s) of th
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- (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 dijver is not the policyholder)

Date & Time

Reporting Centre Personnel's

ASCUZZZU					1
(B) SHC 58504					
	(B)	KAJ			
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RATION clare the foregoing particulars are true e note that you have 14 calen ur insurance company will no	in every respect.	file the claim to	vn policy	. Failing	to do





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773

1 of 4 Report No. T/20191015/2152

Tel No: 1800-3459999

Date/Time Report Made: 15/10/2019 18:26		Made:	Vide Report No.:	Station Diary No.		
Informant's Particulars				10		
Name of PHUA FA	Informant ANGMING	:	Address: 115 BRANKSOME ROAD	SINGAPORE 420004		
ID Type / NRIC NO	ID No.: / S77119	53A	115 BRANKSOME ROAD SINGAPORE 439631 Contact No.: Home/Office: Mahile: 83337333			
Nationality: SINGAPORE CITIZEN		EN	Email:	Mobile: 82237999		
Sex: Female	Age: 42	Date of Birth: 06/05/1977	Type of Informant:			
Race: Chinese Occupation: Housewife			Language:	Institution / School Name:		
			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 19:20	Type of Location
MIDDLE ROA VICTORIA ST	REET	ds Selegie Road) and Vict Road Surface:	oria Street	
Clear			R	
		Dry		load Speed Limit:
Traffic Flow: Two Way Type of Collision		Traffic Control:	Т	raffic Volume;

Vehicle No.	Type	Make	Model			
SCW222U	Car	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	The State of the S	Color	Condition	No of Passenger
		MERCEDES BENZ	AMG GLC43 4MATIC (R19 LED)	Silver	Slightly Damaged	1
SHC5850U	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	No Damage	1 2.0L DCI AUTO D/AI





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

2 of 4 Report No. T/20191015/2152

CONTINUATION OF REPORT

No. of Pedestria	Involved: No ns Injured: NIL	liter of	D		
Driver		Use of	Pedestria	n Cross	sing: NA
Name	PHUA FANGMING				
and the same of th			ID No).	S7711953A
Related Vehicle	NIL		-		
CORP. INC. TWENT			Conta	ct No.	82237999
Hospital/Clinic	NIL				
			Class Driving Licence	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	10.0	Expiry	The second second	
No. of Days grant	ed Medical Leave NIL	Date Di		NIL	
	NIL NIL	Degree	of Injury	NIL	

Brief Details.

I am driving a silver in colour Mercedes Benz GLC43 vehicle bearing vehicle plate number, SCW222U.

On the 14/10/2019 at about 1920hrs, I was driving my vehicle (SCW222U) with my 8-year-old niece as a passenger along Middle Road towards Selegie road. My niece is namely Cheyenne and she was seated at the front passenger seat. I stopped my vehicle (SCW222U) behind a red Transcab taxi bearing vehicle plate number (SHC5850U) just before the X-junction of Middle Road and Victoria Street as the traffic light was red. The taxi (SHC5850U) was the first in the queue line while my vehicle (SCW222U) was second. We were both in the extreme left lane. The taxi (SHC5850U) was using its left turn indicator. The traffic light then turned green and the taxi (SHC5850U) started to move off to which I did as well however my vehicle (SCW222U) front portion had a minor collision with the taxi's (SHC5850U) rear portion as apparently the taxi (SHC5850U) had stopped its vehicle (SHC5850U), giving way to the pedestrian crossing to the left. I had tried applying my emergency brakes but to no avail. I then alighted to make a check.

My 8-year-old niece was not injured and there were no other injured parties there at that point of time. The taxi driver (of SHC5850U) and I exchanged particulars. The taxi driver (of SHC5850U) had complained of his neck being uncomfortable.

The taxi driver (of SHC5850U) is one Kenny Tan, H/P: 92382895

There were no attendance by Traffic Police or Ambulance. My vehicle (SCW222U) sustained slight damages to the front vehicle plate. My vehicle (SCW222U) is still driveable. The taxi (SHC5850U) had no visible damages resulting from the accident however, I did observed an old damage to the left rear bumper of the taxi (SHC5850U). I wish to state that the centre and right portion of the rear bumper of the taxi (SHC5850U) had no visible damages.

I wish to state also that I do have an in car camera in my vehícle (SCW222U). I had taken photos of the accident. I have not informed my insurance company.



Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999



3 of 4 Report No. T/20191015/2152

CONTINUATION OF REPORT





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

4 of 4 Report No. T/20191015/2152

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: G / Sgt 3 MOHAMED ZAMIL BIN MOHAMED A	and an	
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2019 18:26	
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:	* TPT AEL-1. SS(2 YEO GEAR
Authentication Stamp NP168		Trially (1)



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Aug 2000 of the driver; and other motor vehicles =< 2500kg

NP 428A

























