

## 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	21/12/2019 09:50
Date Of Accident	20/12/2019 16:55
Exact Location Of Accident	ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL7938C
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#### Insured/Policyholder

Name Of Registered Owner	PEK KAIN KAR
NRIC No	SXXXX755Z
Email Address	HERNYPKK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97940036
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10898914
Cover Note Number	

#### Driver

Name of Driver	PEK KAIN KAR
NRIC No	SXXXX755Z
Date Of Birth	26/07/1967
Occupation	INDOOR
Date Of Driving Pass	17/08/1989
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97940036
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	HERNYPKK@GMAIL.COM

Address	BLK 291 BISHAN ST 24 #20-39
Postcode	570291
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	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)	2
Passenger 1	NAME: : MOOJIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH OWNER.
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW6202R
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 PEK KAIN KAR  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGL7938C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

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:

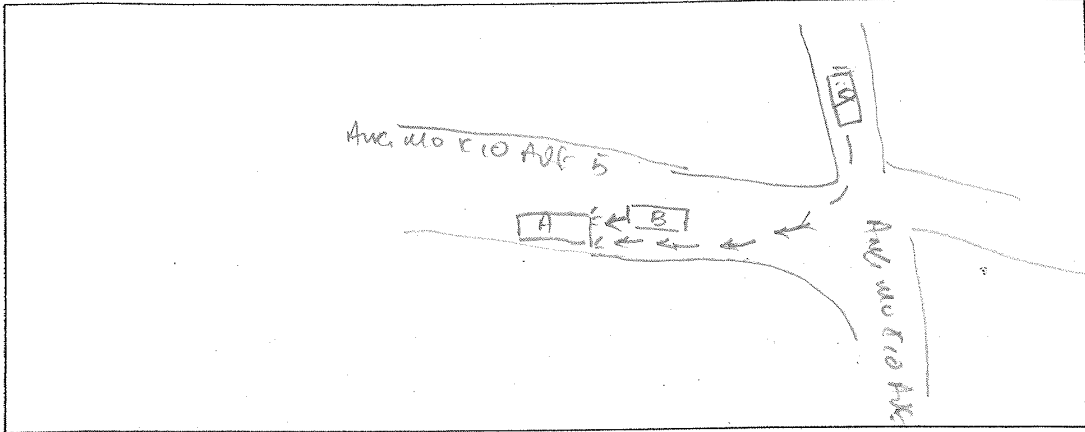
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Sketch Plan Pg. 2

Date of accident: 20/12/2019 Time: 16:55 Location: Ang Mo Kio Ave 5  
 Veh A: SGL 7938C Veh B: SGW 6202R No of pax: 2 Weather: Clear/dry Rain/Wet  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

\* owner to pass video footage to his own workshop

PASSENDER MOGIM (M)

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

hernypkh@gmail.com


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## 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 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191220/2165

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20191220/2165

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/12/2019 20:31	Vide Report No.:	Station Diary No.: 122
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Informant's Particulars				
Name of Informant: PEK KAIN KAR			Address: APT BLK 291 BISHAN STREET 24 #20-39 SINGAPORE 570291	
ID Type / ID No.: NRIC NO / S1811755Z			Contact No.: Home/Office: Mobile: 97940036	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 26/07/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Management executive			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: 20/12/2019 16:55	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5  before the bus stop Opp Grandeur 8.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL7938C	Car	TOYOTA	CAMRY 2.4 A	Silver	Slightly Damaged	1
SGW6202R	Car	TOYOTA	ESTIMA AERAS 2.4 A	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

**Police Report Pg. 2**



**SINGAPORE  
POLICE FORCE**



T/20191220/2165

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20191220/2165

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL7938C	AVIVA LTD	10898914	08/02/2019	07/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PEK KAIN KAR		ID No.	S1811755Z
Related Vehicle	SGL7938C (Car)		Contact No.	97940036
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2019		Date Discharge	20/12/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight

**Brief Details.**

On 20/12/2019 at about 1655hrs I was travelling on the extreme left lane along Ang Mo Kio Ave 5 before the bus stop "Opposite Grandeur 8". I then stopped my vehicle to alight my passenger with my hazard light on. My vehicle was stationery and suddenly I felt an impact from the rear. I then alighted to make a check and discovered that a vehicle (SGW6202R) had collided into my rear bumper. The front left part of the said vehicle had collided into the rear right part of my bumper.

We then exchanged particulars. We then agreed to do separate reports and to make our own claims. Right after I let the scene I felt pain on the left of my back, left part of my neck, left eye and my tightness in my chest. I then went to Mount Alvernia to see a doctor and was given 4 days of MC.

I wish to state that I have an in car camera however it was only recording the front.



SINGAPORE  
POLICE FORCE



T/20191220/2165

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20191220/2165

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:

E /

Sgt 2 MUHAMMAD ZULHILMI BIN ABU  
HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

20/12/2019 20:31

Classification Of Case:

Authentication Stamp

NP168





**Mount Alvernia Hospital  
Medical Certificate**

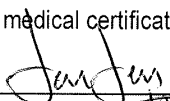
24-Hour Walk-in Clinic and  
Emergency Department

No: M19000032134

This is to certify that PEK KAIN KAR, S1811755Z, is granted Outpatient Sick Leave for 4 day(s) from 20-Dec-2019 to 23-Dec-2019.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

  
Dr. Oh Jen Jen

MCR : 08966D

A&E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

20/12/2019

Date

Accident Photo



Accident Photo



Accident Photo





Accident Photo

