

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	17/02/2020 18:32
Date Of Accident	17/02/2020 14:15
Exact Location Of Accident	ADAM ROAD (PIE) TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9523Z
Insured/Policyholder	
Name Of Registered Owner	TONG KIN LOONG
NRIC No	S7604945I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91507133
Alternative Phone No	Others-65666280

Vehicle Particulars

Manufacturer	mitsubishi
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVE KID FROM SCHOOL TO HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800106921
Cover Note Number	

Driver

Name of Driver	TONG LOK KAN
NRIC No	S0321779E
Date Of Birth	31/07/1944
Occupation	INDOOR
Date Of Driving Pass	09/01/1970
Driving Experience	50 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91507133
Fax Number	
Contact Number	
E-Mail Address	HALOJAMES2003@YAHOO.COM.SG
Address	BLK 316 BUKIT BATOK STREET 32 #07-133
Postcode	650316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD TAKEN BY TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA1101G
Vehicle Make/Model/Colour	TOYOTA

Details Of Properties	FRONT 3RD CAR
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PHUA HANG CHYE
NRIC/Passport Number	
Contact Number	90261095
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFY4431K
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	1ST CAR
Vehicle Category	PRIVATE CAR
Name of Driver	KOK FOOK KLONG
NRIC/Passport Number	
Contact Number	97383580
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSENGER FROM THE LORRY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBA1101G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

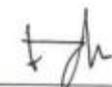
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 17/2/2020
1700hrs

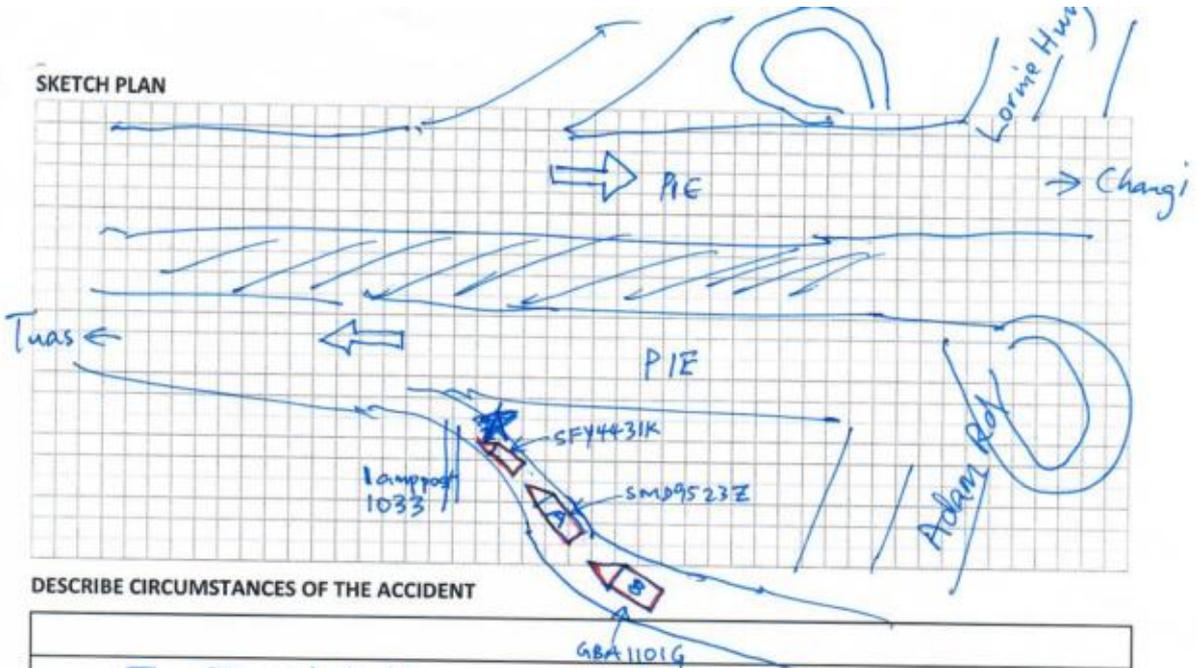


Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/2/2020
1700hrs



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Tony Lok Kan, name of driver.
 At about 14:5hrs, I was filtering out from Adam Rd just before entering PIE (towards Tuas). Suddenly, I felt an impact from behind. I came out to check on my vehicle, Vehicle B (GBA1101G) had hit my rear, my rear window shield glass shattered. GBA1101G front dented.
 Next I went to check my front vehicle ~~and~~ ^(SFY4431K) ~~realised~~ had a small dent ~~at~~ ~~his~~ rear bumper. My front also had a dent.
 Traffic police and ambulance arrived. Two persons (not the driver) of Vehicle B were sent to hospital with small laceration on forehead. Vehicle B driver unable to brake in time while all the cars queuing to go into PIE (towards Tuas)

DECLARATION

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


 Policyholder's Signature
 Date & Time: 17/2/2020
 1700hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 17/2/2020
 1700hrs


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



SINGAPORE POLICE FORCE
HANDPHONE SEIZURE PERFORMA

10 Ardillah
6577 8246

Report No: _____ Vehicle No: QND 9532 Vehicle Type & Make: MH / SUV

Date of Offence: _____ Time of Offence: _____ Handphone No: _____

Place of Offence: _____

I, ISS JOSEPH ANNE
(Rank No & Name of reporting officer)

of C/O. TAMP
(Address of Police Station/NPC)

hereby acknowledge the seizure of the following items:

a) Handphone make & model: NONAN CARD ONE basic laptop 16GB memory card also Ymrcg 5166-4Y

b) SIM Card No: _____

c) _____

d) _____

from Tang Lokran & CS17196
(Driver's Name & NRIC No.)

at 316 Hutan St 32, #02-133 646316 Contact No: 91607133
(Address) (Home No.)

Classes of Driving Licence: 2B / 2A / 2 / 3 / 3A / 4 / 4A / 5 Expiry Date: _____

on _____ at _____
(Date) (Time)

Signature of driver: [Signature] SC321779E

Signature of reporting officer: _____

In-Charge Case: _____

Contact Number of In-Charge Case: _____

Remark: _____



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tong Kin Long (Tang Jianlong)	Vehicle No. : SMD95237
Period of Insurance : 12 Sep 2018 To 11 Sep 2020	Policy No. : 1800106921
Engine No. : 4J11VP2819	Endorsement No. :
Chassis No. : GF7W0401951	Issued Date : 21 Sep 2018

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports	Sum Insured : Market Value	First Year of Registration : 2018
Engine Capacity/Tonnage : 1,968.00 CC	Off Peak Car : No	Insuring with COE/PARF : Yes
Driver Restriction : NA		

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 *Please refer to page 16 entitled "Age of Young and/or Inexperienced Driver Excess" ("YIELD") if You are or Your Authorized Driver (named or unnamed) is under the age of 20 and/or has less than 1 year driving experience.

Age Condition : All Age Condition

Limitation as to use* :
 Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, prize-winning, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose as ascertained with Motor Traffic.

Loss of Use - 1500pp - 1800cc

* Limitations regarding Insurers by Section 8 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 188) and Section 81 of the Road Transport Act, 1987 (Malaysia), are not to be exceeded under these conditions.

EXCESS

Section 1
 Fire & Or: Own Damage - 5000 Theft - 50 Flood Cover - 50

Section 2
 Property Damage - 50

Whittaker - 5100

Named Driver and Excess (where applicable)

Tong Kin Long (Tang Jianlong) - 5000 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Authorized Service Centre: Jett 33 Lang Kai Rd Singapore 120054 94788288
 2. Cycle & Carriage Authorized Service Centre (for endorsement claim only): Peak 700 138 Rd 3 Singapore 439001 67487033
 3. Cycle & Carriage Risk & Paint Centre: Add: 205 Pandan Gardens Singapore 650539 60994291
- For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24 Hour Accident Emergency Hotline at 409 8339 5201. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 800 Service App. Simply search and download "AIG 800" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

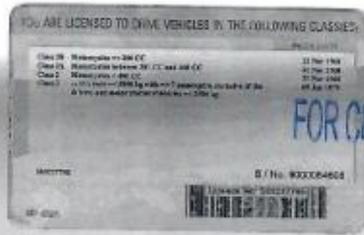
We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 188), Part 11 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 188) (Malaysia).

0004823201
 FULCONCP2 - CO
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 468617
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

0004823201

Identification Card



Police Report



SINGAPORE
POLICE FORCE



T/20200217/2132

4 of 4

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No: T/20200217/2132

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:
J /
Sgt 2 MOHAMMAD HAMIZAN BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/02/2020 19:13

Officer In Charge Of Case:
TP / GIT /
Staff Sergeant MOHAMMAD HUSNUL TAUFIQ BIN MD
YUSOF
Contact No: 65476359
Authentication Stamp
NP168

Classification Of Case:

SIGNATURE

Police Report



SINGAPORE
POLICE FORCE



T:20200217/2132

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No. 1800-5679999

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Report No. T:20200217/2132

CONTINUATION OF REPORT

Passenger			
Name	JOSHUAN SETIAWAN	ID No.	T0615945E
Related Vehicle	SMD9523Z (Car)	Contact No.	91507133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	TONG KIN LOONG	ID No.	S7604945I
Related Vehicle	SMD9523Z (Car)	Contact No.	96391143
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 17/02/2020 at about 1415hrs, I was driving my son's car (SMD9523Z), together with my grandson on the filter lane (two lane road) coming from Adam Road towards PIE (Tuas). The traffic was heavy and very slow-moving. The car in front of mine as such - SFY4431K (V3), while a lorry behind me as such - GBA1101G (V2). V3 and I were moving slowly, following the slow-moving traffic, when V2 suddenly hit onto the rear of my vehicle. Due to the impact, my vehicle had surged forward and hit onto V3's rear bumper. It was a chain collision, in which, two out of three V2's lorry sitting at its back, were injured. One of them had a laceration on his forehead. Traffic Police and ambulance were at scene and two of the injured passengers were conveyed to hospital for further treatment. The other drivers, passengers and I were not injured during the point of time. My son's car sustained severe damages on its rear portion, with its rear windscreen totally shattered. The other two vehicles involved had slight dents on their front and rear portion respectively. My son's car has a in-car video camera equipped and its SD card has been seized by the Traffic Police officer for further investigation. In return, I was issued with an acknowledgement form.

Police Report



**SINGAPORE
POLICE FORCE**



T20200217/2132

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5879999

2 of 4
Report No. T/20200217/2132

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMD9523Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800106921	12/09/2018	11/09/2020

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Driver			
Name	PHUA HANG CHYE	ID No.	NIL
Related Vehicle	GBA1101G (Lorry)	Contact No.	90261095
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	KOK FOOK KIONG	ID No.	NIL
Related Vehicle	SFY4431K (Car)	Contact No.	97383580
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	TONG LOK KAN	ID No.	S0321779E
Related Vehicle	SMD9623Z (Car)	Contact No.	91507133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/20200217/2132

1 of 4

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20200217/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2020 19:13	Vide Report No.: G/20200217/0123	Station Diary No.: 29
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Informant's Particulars

Name of Informant: TONG LOK KAN		Address: APT BLK 316 BUKIT BATOK STREET 32 #07-133 SINGAPORE 650316	
ID Type / ID No. NRIC NO / S0321779E		Contact No.: Home/Office: Mobile: 91507133	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 75	Date of Birth: 31/07/1944	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: RETIREE		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/02/2020 14:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ADAM ROAD PAN ISLAND EXPRESSWAY ON THE FILTER LANE FROM ADAM ROAD TOWARDS PIE(TUAS)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA1101G	Lorry	TOYOTA	DYNA	Grey	Slightly Damaged	3
SFY4431K	Car	TOYOTA	VIOS	Black	Slightly Damaged	1
SMD9523Z	Car	MITSUBISHI	OUTLANDE R 2.0i	Red	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date