

## 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	04/03/2020 17:35
Date Of Accident	04/03/2020 07:10
Exact Location Of Accident	PIE TOWARDS CHANGI OUTSIDE OLD POLICE ACADEMY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1071J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHNG KAR SOON
NRIC No	SXXXX321A
Email Address	NICJUST@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98397755
Alternative Phone No	OFFICE-98386325

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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	
Cover Note Number	

### Driver

Name of Driver	PHNG KAR SOON
NRIC No	SXXXX321A
Date Of Birth	10/05/1969
Occupation	INDOOR
Date Of Driving Pass	27/03/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98397755
Fax Number	
Contact Number	OFFICE-98386325
EEmail Address	NICJUST@HOTMAIL.COM

Address	BLK 377 CLEMENTI AVENUE 5 #12-326
Postcode	120377
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

### 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	SJQ8138B
Vehicle Make/Model/Colour	MITSUBISHI ECLIPSE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK CHIN MOON
NRIC/Passport Number	SXXXX391D
Contact Number	91083328
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

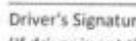
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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:

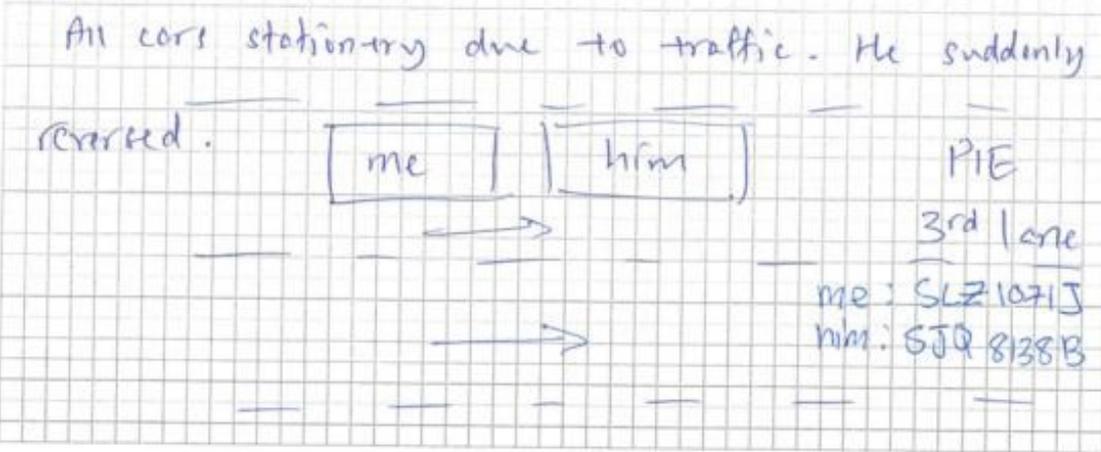
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Lim Kee Seng*  
NRIC/FIN No.:

*G8552568M*

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

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: Lim Kee Seng  
NRIC/FIN No:



G65525041m2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



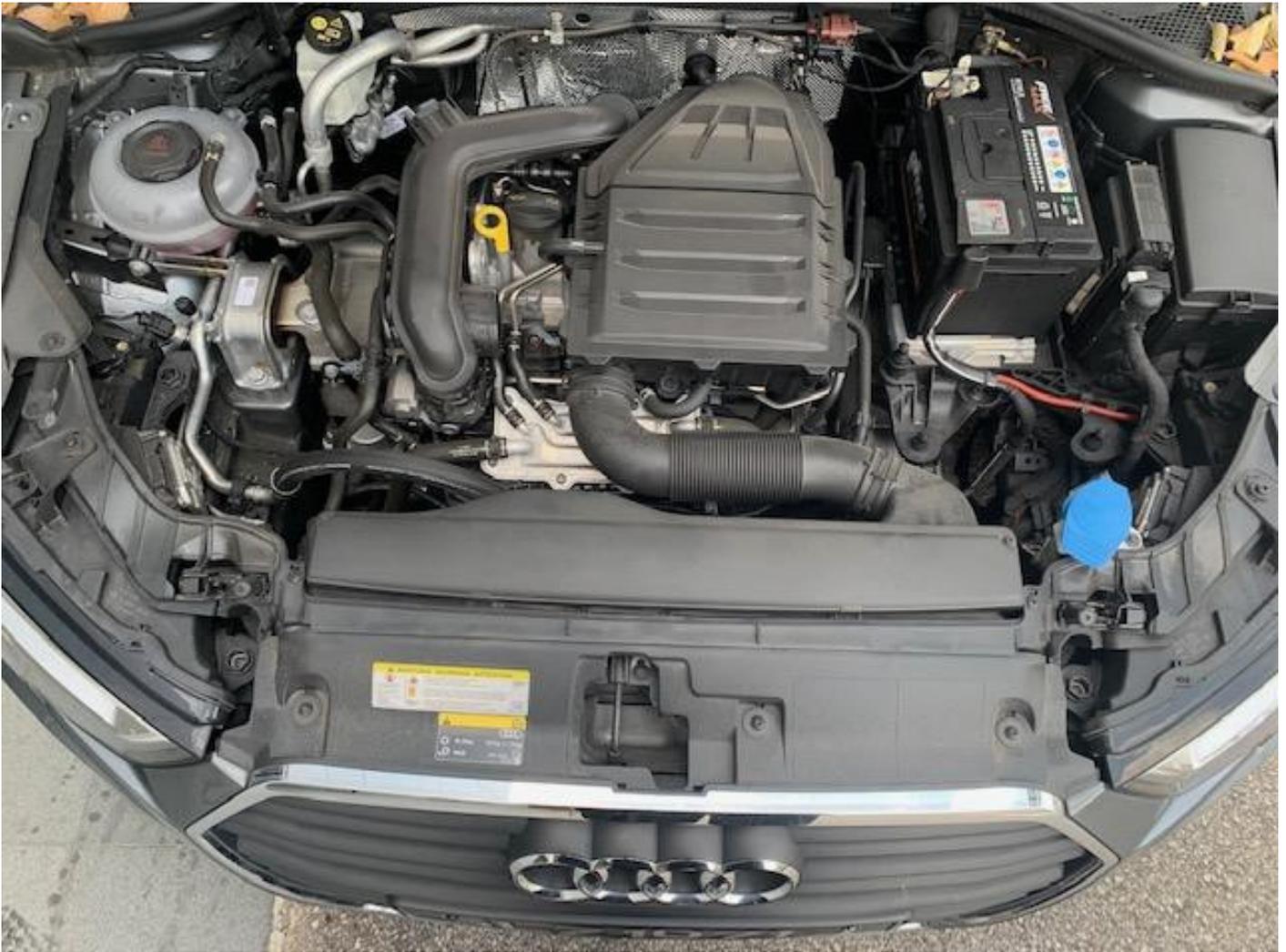
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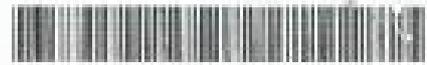
Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200304/2037

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200304/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ1071J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800042725	23/04/2018	22/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	QUEK	ID No.	NIL	
Related Vehicle	SJQ8138B (Car)	Contact No.	81083328	
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	PHNG KAR SOON	ID No.	S6916321A	
Related Vehicle	SLZ1071J (Car)	Contact No.	88386325	
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	

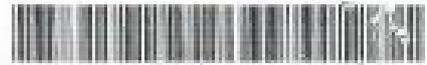
**Brief Details.**

ON 04/03/2020 AT 0710HRS,  
I WAS DRIVING ALONG PIE TOWARDS CHANGI NEAR TO OLD POLICE ACADEMY. DUE TO TRAFFIC CONGESTION, BOTH MY VEHICLE (SLZ1071J) AND THE VEHICLE (SJQ8138B) INFRONT OF ME CAME TO A STOP. I WAS STATIONARY AND WAITING FOR THE TRAFFIC TO CONTINUE TO FLOW. ALL OF A SUDDEN, HIS VEHICLE STARTED TO REVERSE. I HONKED AT HIM BUT IT WAS TOO LATE, THE REAR OF HIS VEHICLE HAD ALREADY COLLIDED INTO THE FRONT OF MY VEHICLE. THE DAMAGES INCURRED WAS MY BONNET, METAL CASING AT THE FRONT AND A DENT AS WELL AS SCRATCHES ON MY NUMBER PLATE. BOTH OF US ALIGHTED OUR VEHICLES AND DECIDED TO TALK ABOUT THE SITUATION. WE EXCHANGED PHONE NUMBERS AND DECIDED TO SETTLE THROUGH FURTHER COMMUNICATION WITHOUT CAUSING A CONGESTION ON THE EXPRESSWAY. I JUST TOOK A PICTURE OF THE POINT OF CONTACT BETWEEN THE TWO VEHICLES. I ASKED HIM WHY HE REVERSED AND HE INFORMED THAT THE CAR INFRONT HIM WAS ALSO REVERSING. HOWEVER, I UNABLE TO CONFIRM WHETHER THAT IS THE CASE. THAT'S ALL.

Police Report



SINGAPORE  
POLICE FORCE



T/20200304/2037

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200304/2037

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 65474835 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
MUHAMMAD AMIRUL M

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/03/2020 11:35

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP101



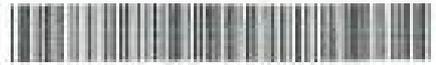
SINGAPORE  
POLICE FORCE

Signature: 

Police Report



**SINGAPORE  
POLICE FORCE**



T20200304/2037

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T20200304/2037

CONTINUATION OF REPORT

**Police Report**



**SINGAPORE  
POLICE FORCE**



T20200304/2037

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 409865  
Tel No. 65470000

1 of 4

Report No. T20200304/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 04/03/2020 11:35		Vice Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: PHNG KAR SOON		Address: APT BLK 377 CLEMENTI AVENUE 5 #12-326 SINGAPORE 120377	
ID Type / ID No.: NRIC NO / S6916321A		Contact No.:	Mobile: 98386325
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 10/05/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2020 07:10	Type of Location:
Location: Along Road 1 PAN-ISLAND EXPRESSWAY PIE TOWARDS CHANGI NEAR TO OLD POLICE ACADEMY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ8138B	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT SUNROOF	Black		0
SLZ1071J	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Grey		0