

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	13/04/2020 14:21
Date Of Accident	12/04/2020 15:00
Exact Location Of Accident	CROSS JUNCTION OF UPP BT TIMAH RD/CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV9080B
Insured/Policyholder	
Name Of Registered Owner	ONG BEE POK
NRIC No	S7231467J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83839892
Alternative Phone No	Office-67674657

Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	1800005556-01
Cover Note Number	

Driver	
Name of Driver	ELTON CHING XIANG WEI
NRIC No	S9812138B
Date Of Birth	15/04/1998
Occupation	INDOOR
Date Of Driving Pass	27/11/2018
Driving Experience	1 YEAR AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83839892
Fax Number	
Contact Number	
E-Mail Address	HCIELTONCHING@HOTMAIL.COM
Address	BLK 157 JALAN TECK WHYE #09-115
Postcode	680157
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 - MAJOR/MINOR RD
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?	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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHMENTS.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:
NRIC/FIN No.:

The accident happened opposite Junction 10 at the left turn near Bukit Panjang MRT Station Exit B. When I was turning left from Upper Bukit Timah Road into Choa Chu Kang Road, I slowed down my vehicle to check the right for oncoming traffic from the T-junction, and see if I needed to give way to oncoming vehicles. Witnessing that the oncoming vehicles were still at the other side of the junction and there were no oncoming vehicles in close proximity, I sped up and made my turn. As I was changing lanes from the second to third lane after turning, I felt an impact to the right side near the rear of the vehicle. Hence, I checked the rear mirror and saw that there was something on the ground. Hence, I stopped the vehicle and went to check on what happened. That was when I saw the motorcyclist on the ground and it appears that there was a collision between us and the head of his motorcycle collided with the right rear of my vehicle.

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

Date & Time: 15/4/20

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200412/7011

1 of 3

Report No. T/20200412/7011

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2020 23:12	Vide Report No.: J/20200412/0162	Station Diary No.:
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Informant's Particulars

Name of Informant: ELTON CHING XIANG WEI			Address: APT BLK 157 JALAN TECK WHYE #09-115 SINGAPORE 680157		
ID Type / ID No.: NRIC NO / S9812138B			Contact No.: Home/Office:		Mobile: 83839892
Nationality: SINGAPORE CITIZEN			Email: hcieltonching@hotmail.com		
Sex: Male	Age: 21	Date of Birth: 15/04/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2020 15:00	Type of Location: Straight Road
Location: Choa Chu Kang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV9080B	Car					0
	Motorcycle					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20200412/7011

3 of 3

Report No. T/20200412/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476256

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/04/2020 23:12

Classification Of Case:



SINGAPORE
POLICE FORCE



T/20200412/7011

2 of 3

Report No. T/20200412/7011

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

CONTINUATION OF REPORT

Driver			
Name	ELTON CHING XIANG WEI	ID No.	S9812138B
Related Vehicle	SLV9080B (Car)	Contact No.	83839892
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
Cyclist			
Name	Unknown Cyclist	ID No.	NIL
Related Vehicle	NIL	Contact No.	91066126
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	Serious

Brief Details.

The accident happened opposite Junction 10 at the left turn near Bukit Panjang Mrt Station Exit B. When I was turning left from Upper Bukit Timah Road into Choa Chu Kang Road, I slowed down my vehicle to check the right for oncoming traffic from the T-Junction and see if I needed to give way to oncoming vehicles. Witnessing that the oncoming vehicles were still at the other side of the junction and there were no oncoming vehicles in close proximity, I sped up and made my turn. As I was changing lanes from the second to the third lane after turning, I felt a knock on the right side near the rear of my vehicle. I checked the rear mirror and saw that there was something on the ground. Hence, I stopped my vehicle and went to check on the situation and saw the cyclist on the ground.

Accident Photo



Accident Photo



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Accident Photo



DRIVER'S IC & DRIVING LICENSE



OWNER'S IC

