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 truthful and accurate 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

	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				
f 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				

INDOOR

27/11/2018

1 YEAR AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-83839892

Fax Number

Contact Number

EMail Address HCIELTONCHING@HOTMAIL.COM

BLK 157 JALAN TECK WHYE Address

#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

NO

1

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)

Details of Police Action

Was the accident reported to the police?

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?

If Yes, against whom?

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

UNKNOWN

NO

Vehicle Category Name of Driver MOTORCYCLE

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

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 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:
 - 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.

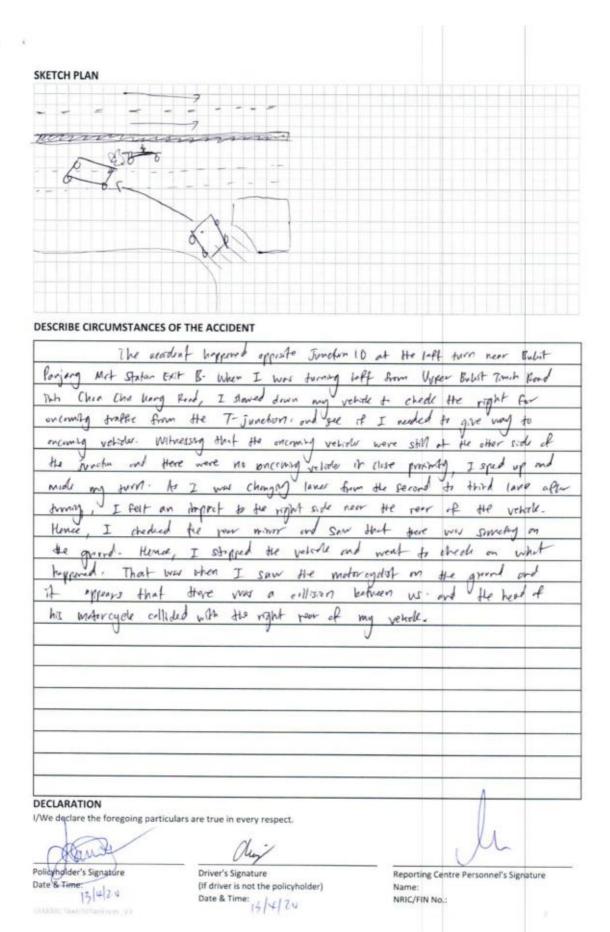
Policyholder's Signature Date & Time Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





T/20200412/7011

Report No. T/20200412/7011

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

Date/Time Report Made: 12/04/2020 23:12		Vide Report No.: J/20200412/0162					Station Diary N			
Informant's	Particu	lars								
Name of Info ELTON CHI		NG WEI		Addre APT B	LK 157 JA	AN TECK	WHYE	#09-115	SINGAP	ORE
ID Type / ID No.: NRIC NO / S9812138B Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Mo Email: hcieltonching@hotmail.com				Mobile: 83839892				
Sex: Male	Age: Date of Birth: 21 15/04/1998		Type of Informant: Driver							
Race: Chinese		Language: English				nstitution / School Name:				
Occupation: Student		Driving Licence Information: Class:				Date of Expiry:				
Type of Accident: Injury Attended by Police			Drink Date/Time of Drive: Accident: No 12/04/2020.1			nt:	Straight		Location Road	
Location: Choa Chu F	Kang Ro	ad								
Weather: Clear				Road Surface: Dry				Road	Road Speed Limit:	
Traffic Flow: One Way			Traffic Control: Traffic Light - Working					Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To S			Side					Anyone conve ambulance: Yes		
Details of	/ehicle	Involve	d			14				
Vehicle No.	Туре		Make		Model	Color		Condition	No of	Passenge
SLV9080B	Car								0	
	Moto	rcycle							1	
Datalla at		Immelia								
Any Pedes										
	STREET STREET	WITCH, IN	5d							





3 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

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2020 23:12				
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476256	Classification Of Case:				
Authentication Stamp					





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Report No. T/20200412/7011

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

CONTINUATION OF REPORT

Driver				VIII TO THE			
Name	ELTON CHING XIANG WEI				S	S9812138B	
Related Vehicle	SLV9080B (Car)				ct No.	83839892	
Hospital/Clinic	NIL				of g ce & Date	Class: NIL Date of Expiry:	NIL
Date Treatment	NIL	Date Disc	NAME OF TAXABLE PARTY.				
No. of Days gran	ted Medical Leave	NIL	Degree of	f 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 Dat			Discharge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	Serio	us	

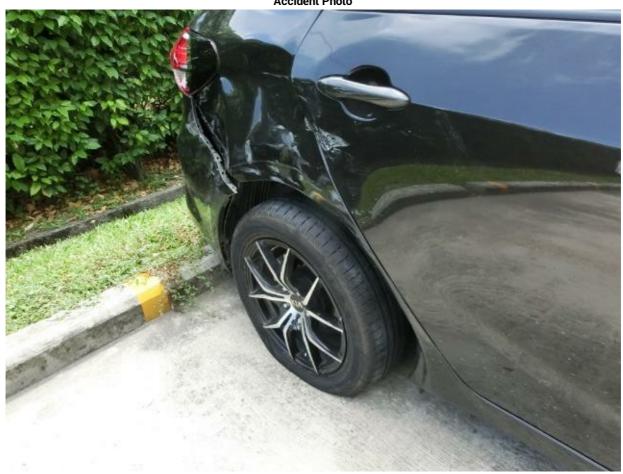
Brief Details.

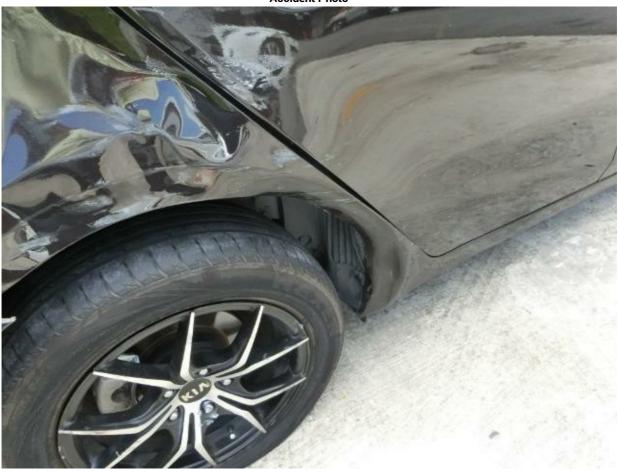
The accident happened opposite Junction 10 at the left turn near Bukit Panjang Mrt Station Exit B. When I was turning left from Upper Bukit Timah Road into Choa Chu Kang Road, I slowed down my vehicle to check the right for oncoming traffic from the T-Junction and see if I needed to give way to oncoming 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.







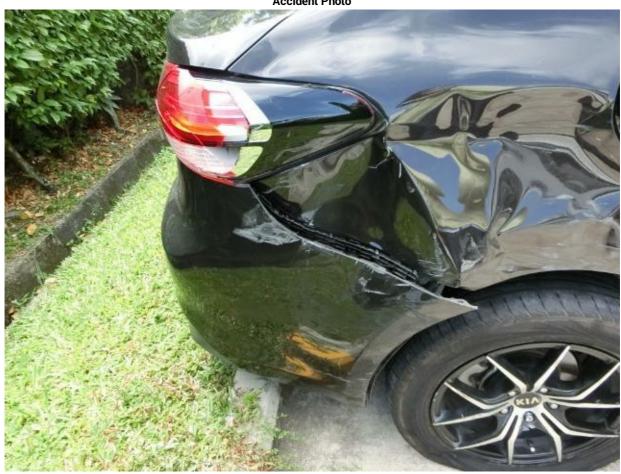






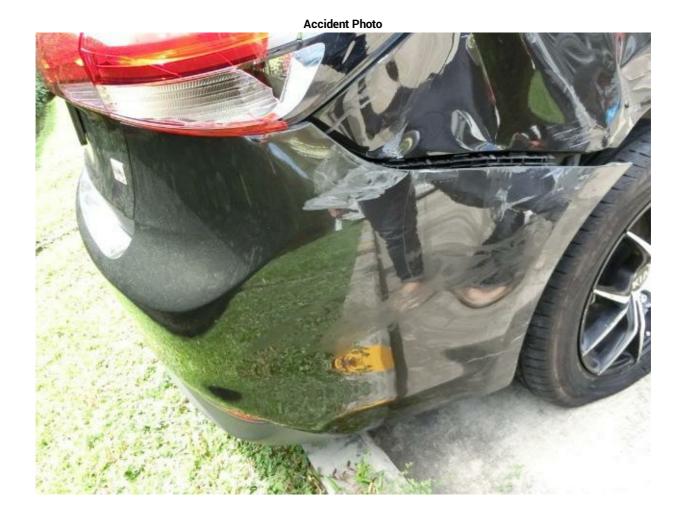
















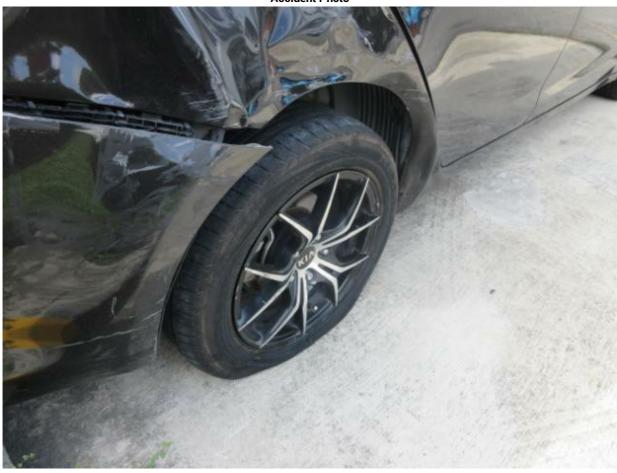








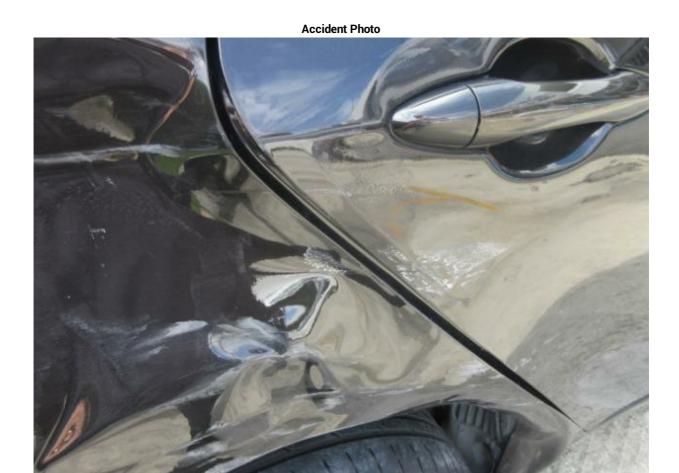












DRIVER'S IC & DRIVING LICENSE



OWNER'S IC

