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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	3
	ACCIDENT STATEMENT
Date Of Report	14/08/2020 14:25
Date Of Accident	14/08/2020 10:55
Exact Location Of Accident	DUNEARN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS5525Y
Insured/Policyholder	
Name Of Registered Owner	ANG YOKE PHENG
NRIC No	SXXXX656G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98399366
Alternative Phone No	OFFICE-98399366
Vehicle Particulars	
Manufacturer	AUDI
Model	Q2 SPORT 1.0 TFSI S TRONIC
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?	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

1800115567

Driver

Policy Number

Cover Note Number

Name of Driver ANG YOKE PHENG
NRIC No SXXXX656G

Date Of Birth 24/09/1963

Occupation INDOOR

Date Of Driving Pass 04/08/1995

Driving Experience 25 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98399366

Fax Number

Contact Number OFFICE-98399366

EMail Address NOEMAIL

Address 5C CHONCERY HILL ROAD

Postcode 309647

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : LIM BIOW LENG

GENDER: : FEMALE

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

THE CAR IN FRONT OF ME STOP ABRUPTLY AND I IMMEDIATE APPLIED THE BRAKE TO STOP MY CAR BUT COULDN'T STOP IN TIME AND COLLIDED THE CAR IN FRONT OF ME. I WOULD LIKE TO ADD ON THAT, THERE WAS A CAR BEARING REGISTRATION NO. SJD 7803 P HIT ONTO MY CAR FROM BEHIND AFTER I HAD HIT THE CAR IN FRONT OF ME. AND I DIDN'T SEE THE DAMAGE CLEARLY AS IT WAS RAINING. ONLY WHEN I BACK HOME THEN I REALIZED THERE IS MINOR DENT ON THE CAR REAR BUMPER SPOILER.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ED2009H

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJD7803P
Vehicle Make/Model/Colour SUBARU

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 LIM BIOW LENG

Approximate Age Injuries Sustain

Injured person in which vehicle? SDS5525Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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:

- 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
- (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
- 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.
- 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:

8.142020(2)240 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

LONG WHOLL SENG, GEER

NRIC/FIN NO .: 52987 143X

	Sketch Plan #2	
KETCH PLAN		
	10000000000000000000000000000000000000	A - ED2009H B - SDS 5525Y C - SDD 7863P
have his the car infing damage cleary as in	t was torning or	didn't see the Dongs
7 ", / .	1/0/01	

Policyholder's Signature
Date & Time: 8,14, 2-02-06/240
Driver's Signature
Uff driver is not the policyholder)

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- Reporting Centre Personnel's Signature

Name: WANG between SENG, GEORGE NORTH PROPERTY

























































Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200817/7020

REPORT OF A TRAFFIC ACCIDENT

	e Report N 20 16:57	fade:	Vide Report No.: T/20200814/7028	Station Diary No.:	
Informat	nt's Partici	ulars			
	Informant: KE PHENG		Address: 5C CHANCERY HILL ROAL	D SINGAPORE 309647	
ID Type . NRIC NO	/ ID No.: D / S16176	56G	Centact No.: Heme/Office:	Mobile: 98399366	
Nationality: SINGAPORE CITIZEN		EN	Email: bennyhong@hotmail.com		
Sex: Age: Date of Birth: Male 56 24/09/1963			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Journalist		3 4 25	Driving Licence Information: Class: Date of Expiry:		

Seneral Infon	mation of the Acci	dent	76	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2020 11:0	Type of Location Straight Road
Location: Duneam Roa	d		105/15/1	
Weather: Raining	100	Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way	# #	Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate
Type of Callis Between Mov	ion: ring Vehicles - Head	1 To Rear	rel tons emproy our	Anyone conveyed by ambulance: No

Details of V	ehicle invo	lved		-		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
ED2009H	Car	MERCEDES BENZ	E250	Silver	Slightly Damaged	1
SDS5525Y	Car	AUDI	Q2+1.0+TFS I+S+TRONI C	Silver		0
SJD7803P	Car	SUBARU	SUV	Red	No	1





Contract Con

Report No. T/20200517/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 85470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance		Section 1	700
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDS5525Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800115567	28/09/2018	27/09/2020

Details of Perso	n Involved			1000		
Any Pedestrian k	nvolved: No		3000 0000	100 - 100 00 000	DA CONTRACTOR OF THE PARTY OF T	
No. of Pedestrian	is Injured: NIL		Use of Pe	destrian Cros	sing: NA	
Passenger						
Name	LIM BIOW LENG			ID No.	S0605865E	
Related Vehicle	SDS5525Y (Car)		all of	Contact No	98399366	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	14/08/2020		Date	14/08/2020		
No. of Days gran	ted Medical Leave	02	Degree of	Sligt	1	
Driver		10000 30	7.8	ALTONOMIC CONTRACTOR	(the families and	
Name	ANG YOKE PHENG			ID No.	S1617656G	
Related Vehicle	SDS5525Y (Car)			Contact No	98399366	
Hospital/Clinic	NIL social social			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	10.75000	Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL		

Brief Details

The car in front of me stop abruptly and I immediately applied brake to stop my car, but couldn't stop in time and collided the car in front of my.

I would like to add on that, there was a car bearing registration no. SJD7803P hit onto my car from behind after I had hit the car in front of me. And I didn't see the damage clearly as it was raining. Only when I was back home then I realized there is minor dent on the car rear bumper spoiler.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. Tr20200617/7020

CONTINUATION OF REPORT

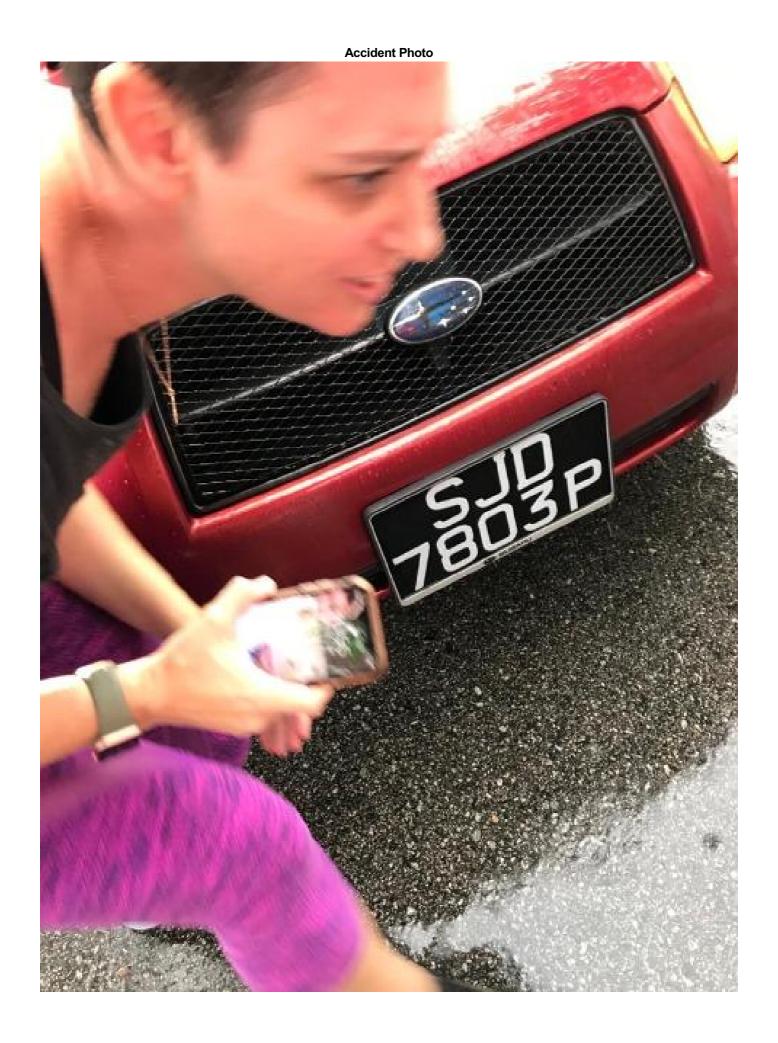
Sketch Plan			
Informant is	not able	to provide	sketch

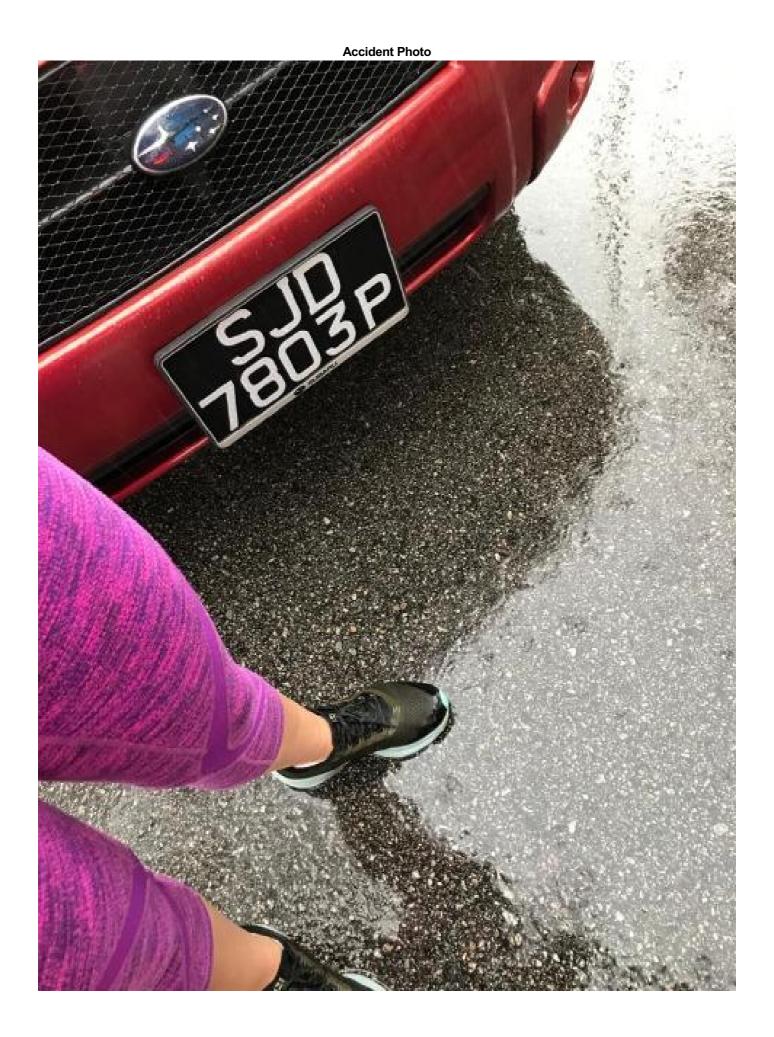
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2020 16:57
Officer in Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: 1/20200817/7020 Vehicle Registration No: SDS5525 Y
	Name(as shown in NRIC): AWG YOKE PHENG NRIC/FIN/Passport No : \$1617656G
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : 5C CHANCERY HILL ROAD Singapore(309647
	Contact (Tel) : 98379366 Mobile No.:
	Email Address : BENNYHONG @HOTMAIL
	Date of Accident : 14 /08 / 2020 Time of Accident :
	Place of Accident : DUNEARN ROAD
	Insurance Company: AK ASIA PACIFIC INSURANSE PTE. LTD.
(B)	ADDITIONALINFORMATION / AMENDMENTS:
,_,	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:
	To upbad police report /20200817/7020
	(30 * Ag)
((V/mn 17/8/20
	Policyholder / Driver's Signature Beporting Centre Personnel's Signature
	Date: 17/8/2020 Name: WONG KHONG SENG, GEORGE NRIC/FINNO :: G2987143x
	Date: 17/8/2020

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