

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	18/08/2020 15:25
Date Of Accident	17/08/2020 18:15
Exact Location Of Accident	ALONG LORNIE ROAD TOWARDS THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9089D
Insured/Policyholder	
Name Of Registered Owner	KIRK GHUAT LIN
NRIC No	S6914446B
Email Address	KIRK_MELANIE_2003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97263196
Alternative Phone No	Office-96168037

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1800110137
Cover Note Number	

Driver

Name of Driver	CHONG AH LEONG
NRIC No	S6914446B
Date Of Birth	05/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2003
Driving Experience	17 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96168037
Fax Number	
Contact Number	
EMail Address	LAWRENCE.CHONGYL@YAHOO.COM.SG
Address	BLK 289 BISHAN ST 24 #14-17
Postcode	570289
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	3
Was any body injured in the Accident?	YES
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SMJ9088G
Vehicle Make/Model/Colour	NISSAN QASHQAI BROWN
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	YEO CIN DEE
NRIC/Passport Number	S9841120H
Contact Number	93977278
Address	519 YIO CHU KANG ROAD #1-78
Postcode	787085
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR5429R
Vehicle Make/Model/Colour	OPEL ASTRA BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KIA HENG
NRIC/Passport Number	S7128265A
Contact Number	97861186
Address	BLK 98 LORONG 1 TOA PAYOH #10-289
Postcode	310098
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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/authorities (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claim 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 listed 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, regulations, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulatory laws or court orders.

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

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

Policyholder's Signature
 Date & Time: _____

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref : Police Report

DECLARATION

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

Reporting Centre Personnel's Signature
Name:
PHC/CRN No.:

Date & Time:

Date & Time:

Reporting Centre Personnel's Signature
Name:
Jolic/Wife No.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999



T/20200818/2001

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Report No. T/20200818/2001

CONTINUATION OF REPORT

Driver Name	CHONG AH LEONG	ID No.	S6914446B
Related Vehicle	SKX9089D (Car)	Contact No.	96168037
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver Name	YEO CIN DEE	ID No.	S9841120H
Related Vehicle	SMJ9088G (Car)	Contact No.	93877278
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	NG KIA HENG	ID No.	S7128265A
Related Vehicle	SMR5429R (Car)	Contact No.	97861186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 17/08/2020 at around 1816 hours, I was driving my vehicle (SKX9089D) along Lornie Road towards Thomson Road. I was driving on the first lane and slowing down while coming to a complete stop. Subsequently, another vehicle (SMJ9088G) collided onto my vehicle causing my vehicle to surge forward, colliding onto another vehicle (SMR5429R) in front.

Upon collision, all parties came down from the vehicle to take photos and exchange particulars. No police or ambulance assistance was needed. The vehicle in front left subsequently while me and vehicle behind waited for our tow truck. I wish to state that I have the camera footage of the accident.

Immediately, I felt pain at my lower back and my left knee. As such, I went to Singapore General Hospital and was given 5 days of MC by Dr Tan Tiong Peng.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999



T/20200818/2001

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Report No. T/20200818/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	18/08/2020 01:24	Video Report No.:		Station Diary No.:	11
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Informant's Particulars	
Name of Informant:	CHONG AH LEONG
Address:	289 BISHAN STREET 24 #14-17 SINGAPORE 570289
Contact No.:	
ID Type / ID No.:	NRIC NO / S6914446B
Home/Office:	Mobile: 96168037
Email:	
Nationality:	SINGAPORE CITIZEN
Sex:	Male
Age:	51
Date of Birth:	05/05/1969
Type of Informant:	Driver
Race:	Chinese
Language:	
Institution / School Name:	
Occupation:	SALES ASSISTANT MANAGER
Driving Licence Information:	Class: 3
Date of Expiry:	

General Information of the Accident			
Type of Accident:	Injury Others	Drink Drive:	No
Date/Time of Accident:	17/08/2020 18:15		
Type of Location:	Straight Road		
Location:	LORNIE ROAD		
Weather:	Drizzling	Road Surface:	Wet
Traffic Flow:	One Way	Traffic Control:	Not Controlled
Type of Collision:	Chain Collision	Road Speed Limit:	
Anyone conveyed by ambulance:	No		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX9089D	Car				Seriously Damaged	0
SMJ9088G	Car				Slightly Damaged	1
SMR5429R	Car				Slightly Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20200818/2001

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Report No. T/20200818/2001

CONTINUATION OF REPORT

I am lodging this report for police investigation purposes.

Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S6914446B**

Name: **CHONG AH LEONG**

Birth Date: **05 May 1969**

Issue Date: **22 Jan 2003**

000144355K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6914446B**

CHONG AH LEONG

张亚良

CHINESE

05-05-1969 M

SINGAPORE




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7521253D**

KIRK GHUAT LIN
(GUO YUELING)

郭月玲

CHINESE

18-07-1975 F

SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **25 Jan 1995**

NP 426A

License No: **S6914446B**

S6914446B

S6914446B

APT BLK 289 BISHAN STREET 24 #14-17
SINGAPORE 570289

NRIC No: **S6914446B** Date: **00/12/2008** No: **0012552**



S7521253D

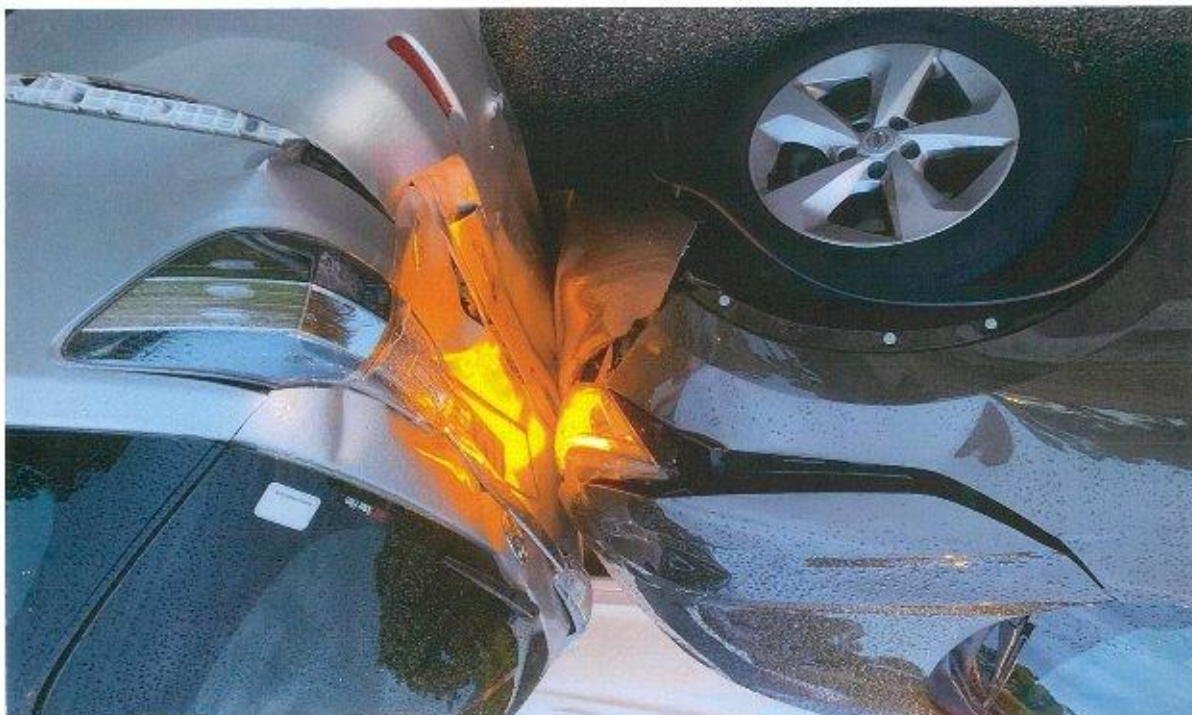
S7521253D

APT BLK 289 BISHAN STREET 24
#14-17
SINGAPORE 570289

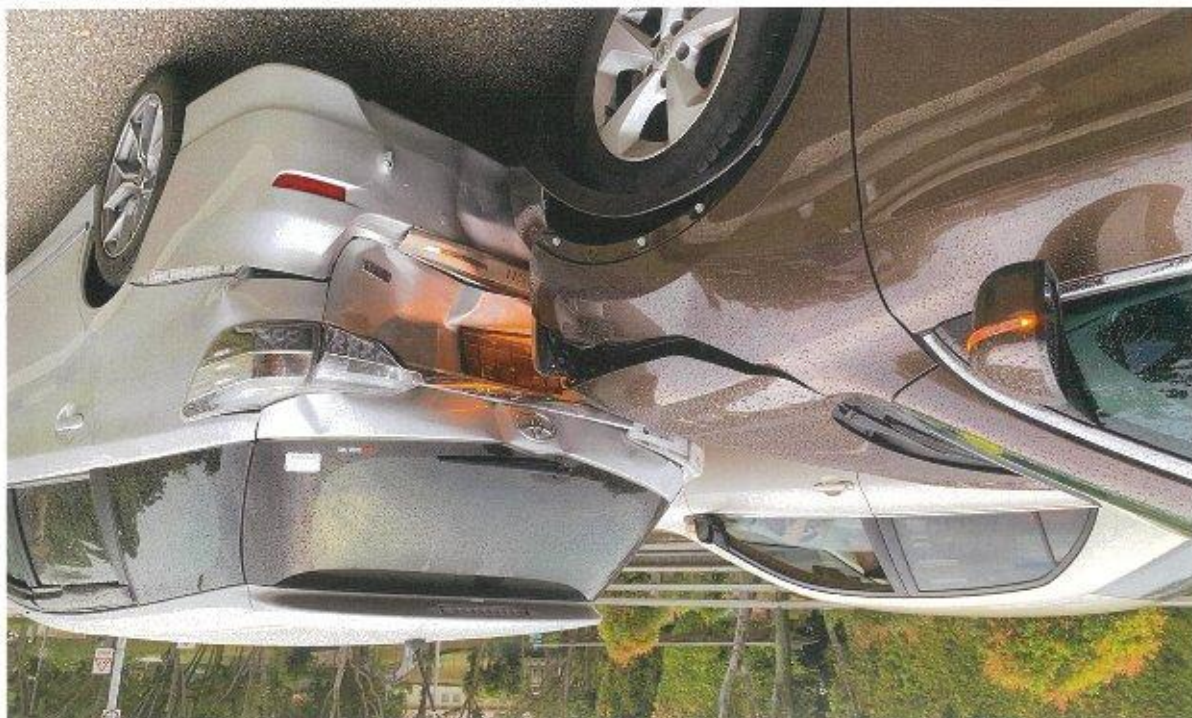
Date of Issue: **17-12-2013**



Accident Photo



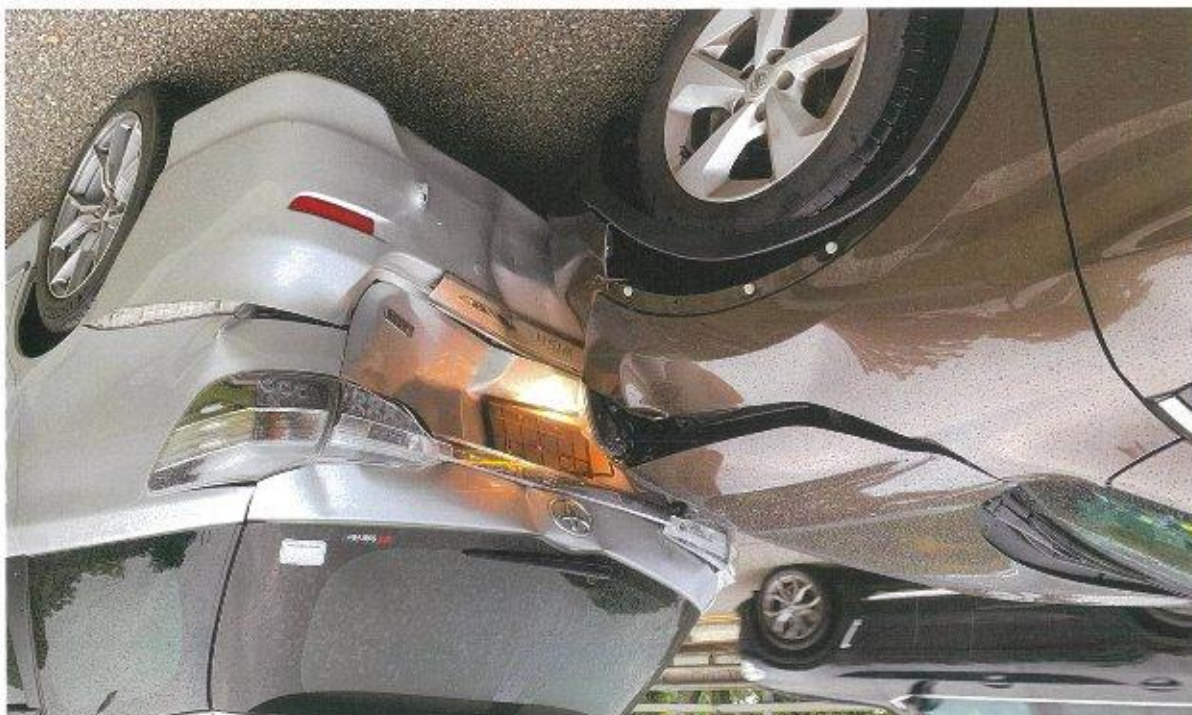
Accident Photo



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