

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	01/08/2020 11:40
Date Of Accident	31/07/2020 17:05
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF399P
Insured/Policyholder	
Name Of Registered Owner	MOONG KWAI MING
NRIC No	S2593926C
Email Address	KMH_MING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97351837
Alternative Phone No	Others-83380845

Vehicle Particulars

Manufacturer	MINI
Model	MINI/ONE 5DR HB (LCI)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	1900125360-01
Cover Note Number	

Driver

Name of Driver	KOH SHU WEN
NRIC No	S9742129C
Date Of Birth	28/11/1997
Occupation	INDOOR
Date Of Driving Pass	04/06/2016
Driving Experience	4 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-83380845
Fax Number	
Contact Number	
E-Mail Address	SHUWENKOH1997@GMAIL.COM
Address	1 LIMA WALK
Postcode	467763
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	SUNNY
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?	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV6355D
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHUA KWEE SENG
NRIC/Passport Number	S0216869C
Contact Number	98168566
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

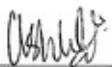
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8. Consent under the Personal Data Protection Act (PDPA)

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.

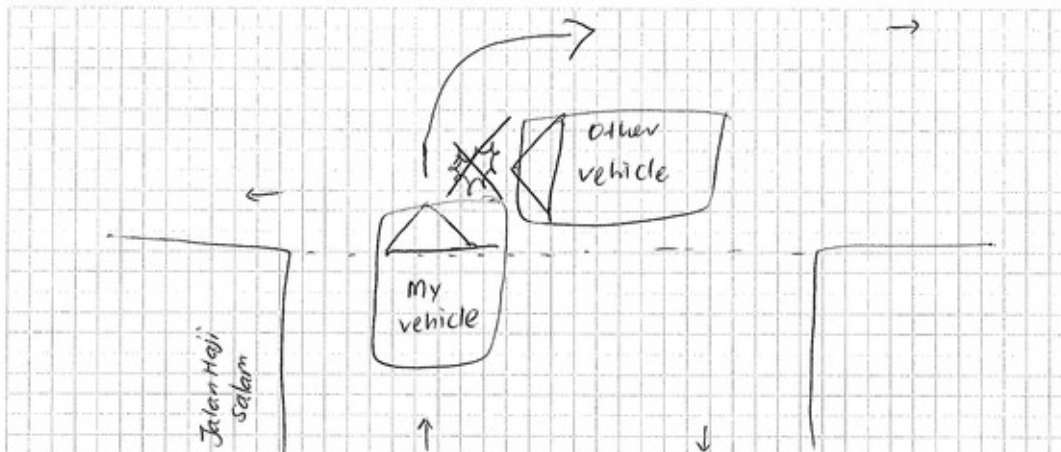

Policyholder's Signature
Date & Time: 1/8/2020 11:17am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/8/2020

11:16 am


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

ACCIDENT DATE:	LICENSE PLATE NO:
ACCIDENT TIME:	CONTACT NUMBER:
LOCATION:	EMAIL:
<i>* refer to police report</i>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
PLEASE STATE:	() CLAIM OWN POLICY () CLAIM THIRD PARTY () REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time:

12

122

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/6/2020

8/20/20
11-16 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200731/7010

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

1 of 4

Report No. T/20200731/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 18:18		Vide Report No.: G/20200731/0185		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH SHU WEN			Address: 1 LIMAU WALK SINGAPORE 467763		
ID Type / ID No.: NRIC NO / S9742129C			Contact No.: Home/Office: Mobile: 83380845		
Nationality: SINGAPORE CITIZEN			Email: SHUWENKOH1997@GMAIL.COM		
Sex: Female	Age: 22	Date of Birth: 28/11/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2020 17:05	Type of Location: T-Junction
Location: UPPER EAST COAST ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV6355D	Car	TOYOTA	Wish	Silver	Slightly Damaged	3
SMF399P	Car	MINI	ONE	Blue	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200731/7010

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

2 of 4

Report No. T/20200731/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA KWEE SENG	ID No.	S0216869C
Related Vehicle	SLV6355D (Car)	Contact No.	98168566
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	KOH SHU WEN	ID No.	S9742129C
Related Vehicle	SMF399P (Car)	Contact No.	83380845
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving alone along Jalan Haji Salam (2 lanes), and I stopped at the white line before I wanted to turn right onto Upper East Coast Road (2 lanes main road). I stopped to check for cars on my left and right.

As I was checking my left and right, I saw and waited for a car to pass by me from the right (the car is travelling straight along Upper East Coast Road), I looked left again and it was clear. I looked on the right again and saw no visible car/moving vehicle, so I inched out beyond the white line. As I moved out, before I even turned right, a vehicle came head on speeding from the right (the road speed limit is 40km/hr) and crashed into the front right portion of my car (first impact). My car spun roughly a 90 degree angle and hit a second impact on the yellow barricade on the left. The other car swerved to the right and hit the barricade on the opposite side of the road from my car. So the final position of my car was at the left corner of Jalan Haji Salam and Upper East Coast Road and the position of the other car was opposite mine, at the other side of Upper East Coast Road.

The driver of the other car and its 2 passengers came out of the car and stood by the car as we waited for police and ambulance to come. I came out of the car and waited as well. No one was visibly injured. I suffered from friction burns on my left arm and some shoulder discomfort but did not follow the ambulance to hospital.



**SINGAPORE
POLICE FORCE**



T/20200731/7010

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

3 of 4

Report No. T/20200731/7010

CONTINUATION OF REPORT

I have pictures of my car, the other car involved and the scene. My SD card was collected by the traffic police officer.



**SINGAPORE
POLICE FORCE**



T/20200731/7010

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

4 of 4

Report No. T/20200731/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
THABAGESH JEYATHESH
Contact No.: 65476232

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:
31/07/2020 18:18

Classification Of Case:

SMF399P



SMF399P



SMF399P



SMF399P



SMF399P



SMF399P



SMF399P



SMF399P



SMF399P



SMF399P



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