

## 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	15/09/2020 14:09
Date Of Accident	14/09/2020 17:50
Exact Location Of Accident	AYE TOWARDS TUAS AFTER NUH FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD905K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEREDITH YEUNG TSZ LING
NRIC No	SXXXX848H
Email Address	TSZLING21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83225296
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	2100416126-05
Cover Note Number	

### Driver

Name of Driver	YANG MINGXING
NRIC No	SXXXX648A
Date Of Birth	10/12/1977
Occupation	INDOOR
Date Of Driving Pass	29/11/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81633826
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	A
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : RAPHAEL YANG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED 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

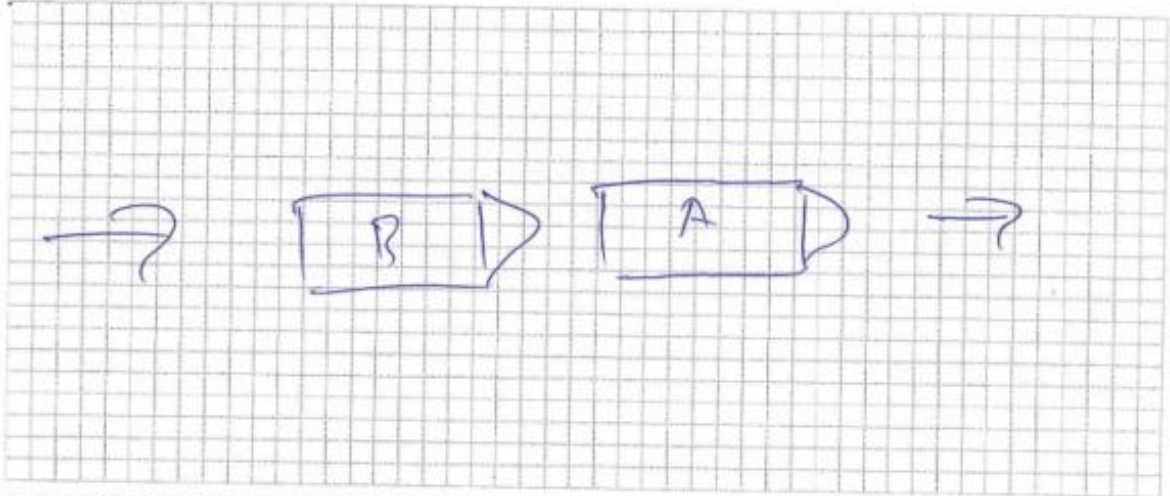
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC323H
Vehicle Make/Model/Colour	MERCEDES MPV TAXI WHITE
Details Of Properties	FRONT PORTION
Vehicle Category	TAXI
Name of Driver	FRANKY QUEK CHEE YONG
NRIC/Passport Number	SXXXX333Z
Contact Number	86732430
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date:	14/09	Accident Time:	1750	-AND- PM
Accident Location:				
- Details of circumstances -				
Along BVE towards turns, after NHH Hower. I slowed down due to the front car stopped. Vehicle SHC323H. hit my car from behind directly.				
Third Party Details :-				
(B) Veh No:	SHC323H	(C) Veh No:		
(B) Veh Model:		(C) Veh Model:		
(B) Driver Name:	Quek Chee Yong, Franky	(C) Driver Name:		
(B) ID No:	SA1213332	(C) ID No:		
(B) Contact No:	86732430	(C) Contact No:		
DECLARATION:				

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 1/16/2023

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

## Common Statement

### SKETCH PLAN

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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:

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

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

# POLICE

Annex D

<b>Jurong West NPC</b> <b>700 Corporation Road</b> <b>Singapore 649818</b> <b>Tel: 62689999</b> <b>Fax: 62672438</b>		<b>Traffic Police Department</b> <b>Charge Office</b> <b>10 Ubi Avenue 3</b> <b>Singapore 408865</b> <b>Tel: 65470000</b>
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**Traffic Police**

**Annex D**



## NOTICE OF REPORTING

Informant Name : **YANG MINGXING**  
 Identity Card No : **S7778648A**  
 Sex / Age / Race : **Male/46 yrs/Chinese**  
 Address : **86 Corporation Rd #07-11**  
 Occupation : **Physiotherapist**  
 Telephone No : **81633826**

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred along AYE towards Buona Vista( After the NUH Flyover) on 14/09/2020 at 1750hrs involving the following vehicles: SGB905K(complt) and a SHC323H.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	:	<b>SSgt Maaran</b>
Date / Time	:	<b>14/09/2020 @ 2000hrs</b>
Station Diary No	:	<b>242</b>
Police Post	:	<b>Jurong West NPC</b>

Signature of Informant	:	
Signature of Issuing Officer	:	

**JURONG WEST NPC**  
**700 Corporation Road**  
**Singapore 649818**  
**Tel: 62689999**  
**Fax: 62672438**

Original : - to be issued to informant  
 Duplicate : - to be submitted to Traffic Police



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





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