

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	16/09/2020 18:09
Date Of Accident	15/09/2020 18:45
Exact Location Of Accident	ANG MO KIO AVE 5 TOWARD AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2774A
Insured/Policyholder	
Name Of Registered Owner	LOONG JIEH CHUAN
NRIC No	S7524937C
Email Address	STANLJC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96919635
Alternative Phone No	Home-66737919

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	TO FETCH MY CHILDREN
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1900082037
Cover Note Number	

Driver

Name of Driver	LOONG JIEH CHUAN
NRIC No	S7524937C
Date Of Birth	08/08/1975
Occupation	INDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	11 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96919635
Fax Number	
Contact Number	HOME-66737919
EEmail Address	STANLJC@GMAIL.COM
Address	BLK 440 ANG MO KIO AVENUE 10 #08-1289 SINGAPORE 560440
Postcode	
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SML6394G
Vehicle Make/Model/Colour	HONDA VEZEL/WHITE
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)

Accident Sketch Plan

SKETCH PLAN

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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:

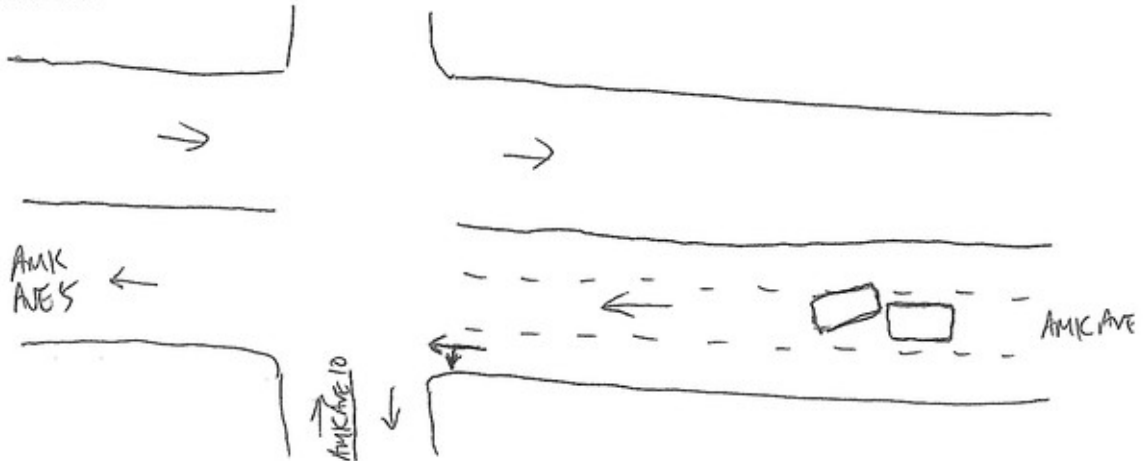
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/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.

 16/09/20 1730H
Policyholder's Signature
Date & Time:

 16/09/20 1730H
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Leslie Lim Aijing
NRIC/FIN No. 990466Q

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/09/2020 at about 1845HRS, I was driving in my vehicle SMK2774A along Ang Mo Kio Ave 5 on the right most lane heading towards AMK Ave 5. As I was driving I latched into the 2nd lane from the right, it was then that I noticed a vehicle bearing registration number SUL6394G was very close to my rear portion. As I thought that our vehicles might have slightly contacted against each other and also I wish to state that I didn't felt nor hear anything untoward at the moment, I decided to latched to the most left lane and go further forward to stop as there is a right left turn towards AMK Ave 10 with traffic building up. I turned on my hazard light after the red light turned green and slowly proceeded straight toward AMK Ave 5 with the intention to check both vehicles but SUL6394G proceeded to turn left into AMK Ave 10, thus I thought nothing happened and continued to my destination which is at Teck Ghee Primary School and it was about 1853hrs. I noticed that there were some slight scuff marks at the left rear portion of my vehicle. That indicated that my vehicle and SUL6394G had indeed contacted. I do not have the other vehicle driver's details as he made a turn to AMK Ave 10 while I on hazard lights and stopped at AMK Ave 5 as I have mentioned before.

DECLARATION

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

[Signature] 16/09/20 1730HR
Policyholder's Signature
Date & Time:

[Signature] 16/09/20 1730HR
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name: *[Signature]* Lim Si Min.
NRIC/FIN No. *[Signature]* 0466

Individual Statement

Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information	
Date of Accident	15/09/2020
Time of Accident (24hr format)	1845HR
Exact Location of Accident	ANG MO KIO AVE 5 TOWARD AVE 10
Own Vehicle Details	
Vehicle Registration Number	SMK 2774A
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company LOONH JIH CHUAN
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 937C
Vehicle Particulars (Own Vehicle)	
Model	KIA CERATO
Exact purpose for which vehicle was being used at the time of accident	TO FETCH MY CHILDREN
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government
Insurance Company (Own Vehicle)	
Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1900082037
Driver	
Name of Driver	LOONH JIH CHUAN
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 937C
Date of Birth	08/08/1975
Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Driving Pass Date	11/02/2009
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	96919635
Office / Home / Other Numbers	66737919
Home Address	BLK 440 ANG MO KIO AVE 10 #08-12P9 5(SB0440)
Email Address	stanjc@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: _____ Insurance: _____

OWNER/ DRIVER'S SIGNATURE: _____

Individual Statement

General Information Of The Accident**Type Of Accident**

Weather Condition

☒ Clear☐ Raining☐ Other

If Others, please state the condition:

Road Surface

☒ Clear☐ Raining☐ Other

If Others, please state the condition:

Other Information

Was anybody injured in the accident?

☒ No☐ Yes

Was any injured conveyed to hospital by ambulance?

☒ No☐ Yes

Was any foreign vehicle involved in the accident?

☒ No☐ Yes

Foreign Vehicle Registration Number

Foreign Vehicle Category

Number of vehicles involved in the accident

02

Was there any witness? (Name, Phone, Email)

☒ No☐ Yes

Was there any other vehicle or property damaged?

☐ No☒ Yes

Was there any video captured by Car Camera?

☐ No☒ Yes

Was the accident reported to the police?

☐ No☒ Yes☐ Click here if not in the above list

Was notice of intended Prosecution given?

☒ No☐ Yes

If Yes, against whom?

I have been approached by unknown person(s) soliciting/offering accident claims assistance

☒ No☐ Yes

Number of Passengers (Including Driver)

01

Passenger (Name and Gender)

NA

Circumstances of Accident

Refer attachment

Third Party Vehicle Detail**Details of Other Vehicle / Property**

Vehicle Registration No.

SML 6394 G

Vehicle Make/ Model/ Colour

HONDA VEZEL WHITE

Details of Property Damaged in Accident

Vehicle Category

Name Of Driver

Driver's NRIC

☐ Co. Reg. No.☐ NRIC No.☐ Passport No. / FIN

Contact Number

Name of Insurance Company

Nature of Damage

Damages to Other Vehicles & Property
(Other than Vehicles A & B)Vehicle Regn No. or
Details of Property

Name of the Driver

Contact Number

Details of Injured Person

Name

Injury Sustained

Injured person is on which vehicle?

Were seat belts worn?

☐ Yes☐ No

OWNER/ DRIVER'S SIGNATURE:



Individual Statement

1) Number of Passengers in Vehicle A (Including driver)?

01

<u>Passenger 1</u>	
Name	LOONK JEH CHAN 01
Gender	<input checked="" type="radio"/> M / <input type="radio"/> F

<u>Passenger 2</u>	
Name	
Gender	<input type="radio"/> M / <input type="radio"/> F

<u>Passenger 3</u>	
Name	
Gender	<input type="radio"/> M / <input type="radio"/> F

<u>Passenger 4</u>	
Name	
Gender	<input type="radio"/> M / <input type="radio"/> F

<u>Passenger 5</u>	
Name	
Gender	<input type="radio"/> M / <input type="radio"/> F

<u>Passenger 6</u>	
Name	
Gender	<input type="radio"/> M / <input type="radio"/> F

<u>Passenger 7</u>	
Name	
Gender	<input type="radio"/> M / <input type="radio"/> F



SINGAPORE
POLICE FORCE



T/20200915/2124

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3


Report No. T/20200915/2124

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 CHEE JIN RONG, CLEMENT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2020 20:19
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200915/2124

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20200915/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOONG JIEH CHUAN	ID No.	4444 937C
Related Vehicle	SMK2774A (Car)	Contact No.	96919635
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

Brief Details.

On the 15/09/2020 at about 1845hrs, I driving in my vehicle bearing registration plate number SMK2774A along Ang Mo Kio avenue 5 on the most right lane heading towards Ang Mo Kio Avenue 10. I couldn't remember if I had activated my left filter light and I managed to filter into the 2nd lane from the right. It was then I noticed that a vehicle bearing registration plate number SML6394G was very close to my rear portion. As I thought that our vehicle might have slightly side swiped against each other while I was filtering to the left lane and also I wish to state that I didn't felt anything, I decided to filter to the most left lane and wait along the side of the road with my hazard lights on however i noticed the said vehicle turning into Ang Mo Kio Avenue 5 and left.

I thought that nothing happened and continued to my destination which is at Teck Ghee Primary School and it was at about 1855hrs, i noticed that there were some scratch marks at the left rear portion of my vehicle. That confirmed that my vehicle had indeed side swiped against that said vehicle earlier. I also wish to state that i did not hit into any other vehicles while proceeding to Teck Ghee Primary School.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200915/2124

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20200915/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2020 20:19		Vide Report No.: ..		Station Diary No.: 145	
Informant's Particulars					
Name of Informant: LOONG JIEH CHUAN			Address: APT BLK 440 ANG MO KIO AVENUE 10 #08-1289 SINGAPORE 560440		
ID Type / ID No.: NRIC NO / 937C			Contact No.: Home/Office: Mobile: 96919635		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 08/08/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: 3A Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/09/2020 18:45	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK2774A	Car	KIA	CERATO 1.6(A) EX	Blue	Slightly Damaged	0
SML6394G						0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK2774A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900082037	02/04/2019	01/04/2021

Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 937C



Name

LOONG JIEH CHUAN
(LONG JIECHUAN)

龙 藉 钊

Race

CHINESE

Date of birth

08-08-1975

Sex

M

Country/Place of birth

SINGAPORE

FOR C&C USE ONLY.



937C

6070960



NRIC No. 937C



FOR C&C USE ONLY

Date of issue

2011-2018

Address

APT BLK 440 ANG MO KIO AVENUE 10
#08-1209
SINGAPORE 560440

CHASSIS NUMBER





기아자동차(주)

변속기
TRANSM

차축
AXLE

도장
PAINT

의장
TRIM

F

B4U

WK

정비부호
S.V.C

형식
APPD

승인
MODEL

번호
NO

형식승인년월일
MODEL APPD DATE

KIA MOTORS CORPORATION

KNAF3416MK5030246

kg

kg

kg

kg

1-

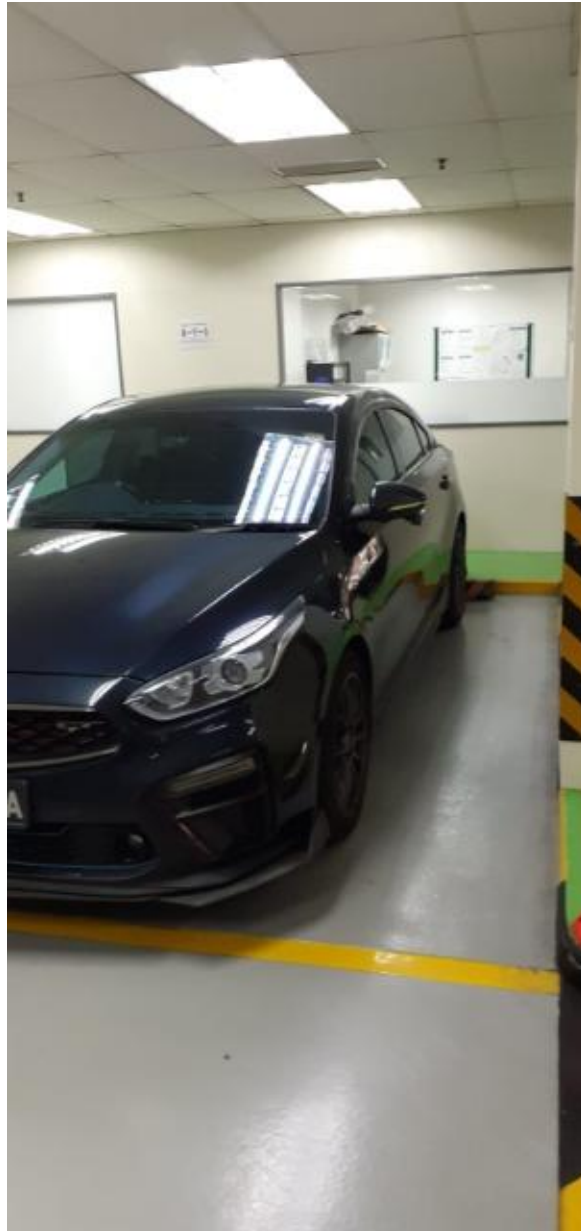
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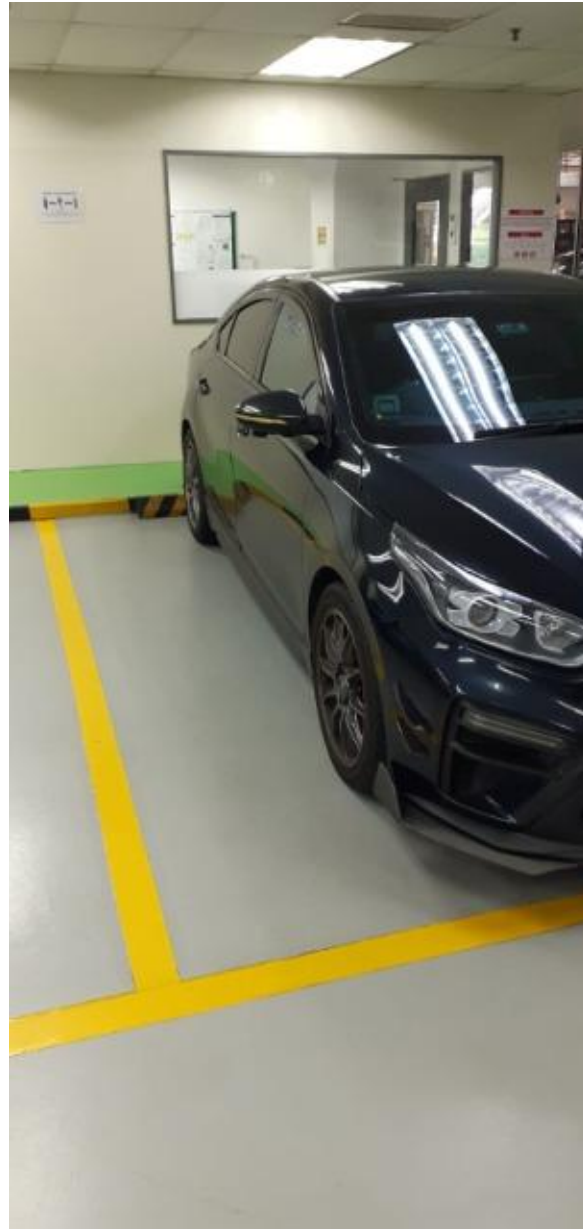
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

