

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 ability.
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	30/05/2018 14:17
Date Of Accident	30/05/2018 08:50
Exact Location Of Accident	JUNCTION OF TAI THONG CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDJ2018L
Insured/Policyholder	
Name Of Registered Owner	BIO-CARE GREASE CONTROL PTE LTD
Co Reg No	199608927H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96301483
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200
Exact Purpose for which vehicle was being used at time of accident	
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	2100503647-01
Cover Note Number	
Driver	
Name of Driver	WONG WEI LING LYDIA (HUANG WEILING)
NRIC No	S8839971D
Date Of Birth	14/10/1988
Occupation	INDOOR
Date Of Driving Pass	20/03/2010
Driving Experience	8 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92379758
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	8 BELIMBING AVENUE
Postcode	349880
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180530/2039.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE KO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BPE4084
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

LONPAC INTERNAL-CONFIDENTIAL

Sketch Plan

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: 30/05/2018 1356

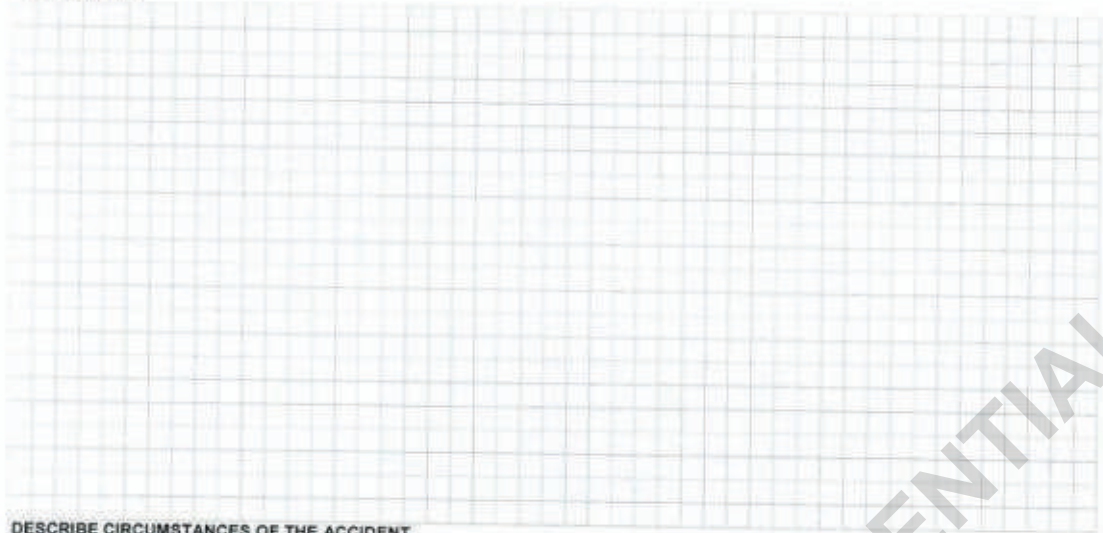
Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/05/2018 1356

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's
Name: KERLYN
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO.T/20180530/2039

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time 30/05/2018 1356

Driver's Signature

(If driver is not the policyholder)

Date & Time 30/05/2018 1356

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180530/2039

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3

Report No. T/20180530/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2018 12:49		Vide Report No.: E/20180530/0058		Station Diary No.: 13
Informant's Particulars				
Name of Informant: WONG WEI LING, LYDIA		Address: 8 BELIMBING AVENUE SINGAPORE 349880		
ID Type / ID No.: NRIC NO / S8839971D		Contact No.: Home/Office: Mobile: 92379758		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 29	Date of Birth: 14/10/1988	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Business development manager		Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2018 08:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAI THONG CRESCENT UPPER SERANGOON ROAD At the traffic Junction of Tai Thong Crescent and Upper Serangoon Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Moving vehicle against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BPE4084	Trailer				No Damage	0
SDJ2018L	Car				Seriously Damaged	0

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180530/2039

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20180530/2039

CONTINUATION OF REPORT

Driver			
Name	CHAI WOEI LEONG		ID No. 910418-01-5975
Related Vehicle	BPE4084 (Trailer)		Contact No. +60143199321
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	WONG WEI LING, LYDIA		ID No. S8839971D
Related Vehicle	SDJ2018L (Car)		Contact No. 92379756
Hospital/Clinic	SATA COMMHEALTH POTONG PASIR MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/05/2018		Date Discharge NIL
No. of Days granted Medical Leave	02		Degree of Injury NIL

Brief Details.

On the 30/05/2018 at about 0850hrs, I was travelling in my vehicle (SDJ2018L) along the junction of Tai Thong Crescent and Upper Serangoon Road. My vehicle was coming out of Tai Thong Crescent and making a left turn into the middle lane of Upper Serangoon Road. The traffic was also heavy at the junction at that point in time. There was a yellow box at the junction and as I was making the turn, there was also a trailer (BPE4084) that was already in the box and was proceeding forward on my right. As I slowly made the turn, the trailer had continued to move forward and did not give way to me. My vehicle was already within the yellow box as well.

The trailer had then proceeded forward and was about to hit onto my vehicle. I had then noticed that something was strange and had stopped my vehicle also used my vehicle's horn to signal him that he was about to collide onto my vehicle but he did not stop. He continued to proceed forward all the way and had collided onto my vehicle. I was not injured but had felt whiplash due to the impact. We had gotten out of our vehicle to check at the damages. My vehicle was badly damage however the trailer was not. I had also obtained the particulars of the other driver. The driver informed me that he did not notice my vehicle making the turn and had felt tired and sleepy. My vehicle has an In-car CCTV camera that had captured the incident. A traffic police officer had also attended to us and had also seized the camera from my vehicle. I had visited a doctor after the incident and was given 2 days of Medical Leave. I was informed to lodge a traffic accident report regarding this incident and for insurance purposes as well.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180530/2039

3 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20180530/2039

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:
E /
Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/05/2018 12:49

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 057

SIGNATURE

Accident Sketch Plan