

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	26/11/2020 14:01
Date Of Accident	13/11/2020 23:45
Exact Location Of Accident	CLEMENTI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5061B
Insured/Policyholder	
Name Of Registered Owner	ELDORA KOK YING ZHI
NRIC No	SXXXX136I
Email Address	ELDORAKOK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97851968
Alternative Phone No	OTHERS-97851968

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	2070119723
Cover Note Number	

Driver

Name of Driver	ELDORA KOK YING ZHI
NRIC No	SXXXX136I
Date Of Birth	01/02/1993
Occupation	INDOOR
Date Of Driving Pass	04/09/2012
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97851968
Fax Number	
Contact Number	OTHERS-97851968
Email Address	ELDORAKOK@GMAIL.COM

Address	BLK 758 CHOA CHU KANG NORTH 5 #06-133
Postcode	680758
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	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : WEE KANG SHENG,NICHOLAS GENDER: : MALE

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 ATTACHMENT COLLISION-DOZED OFF & CRASHED INTO THE TREE ALONG THE ROAD

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	WEE KANG SHENG,NICHOLAS
Approximate Age	
Injuries Sustain	WRIST FRACTURE
Injured person in which vehicle?	SMU5061B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 2

Name	ELDORA KOK YING ZHI
Approximate Age	
Injuries Sustain	WRIST,CLAVICLE FRACTURE
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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: 13:05
26/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT & ATTACHED
STATEMENT.

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:

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

Accident Photo



Accident Photo



Accident Photo



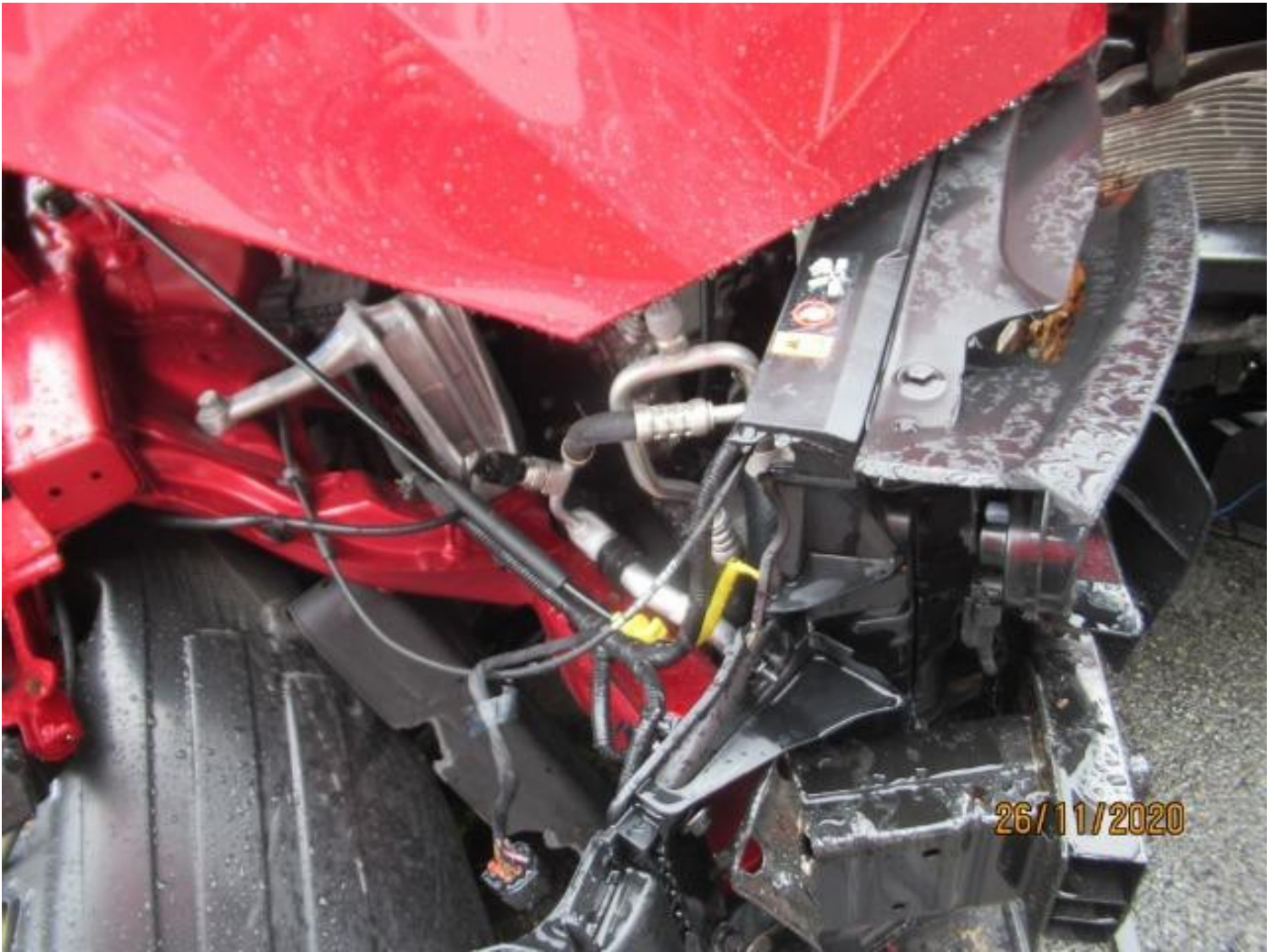
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



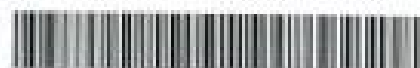
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201121/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No: T/20201121/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2020 11:55		Vide Report No.: D/20201113/0190		Station Diary No.:
Informant's Particulars				
Name of Informant: ELDORA KOK YING ZHI		Address: 758 CHOA CHU KANG NORTH 5 #06-133 SINGAPORE 680758		
ID Type / ID No.: NRIC NO / S9303136I		Contact No.: Home/Office: Mobile: 97851968		
Nationality: SINGAPORE CITIZEN		Email: ELDORAKOK@GMAIL.COM		
Sex: Female	Age: 27	Date of Birth: 01/02/1993	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Primary school teacher		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2020 23:45	Type of Location: Bend
Location: CLEMENTI AVENUE 1				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMU5061B	Car	KIA	CERATO+1, 6%28A%29+ SUNROOF	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20201121/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408655
Tel No: 65470000

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Report No. T/20201121/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU5081B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070119723	17/08/2020	16/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	WEE KANG SHENG, NICHOLAS		ID No.	S9221106A
Related Vehicle	SMU5081B (Car)		Contact No.	83822489
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/11/2020		Date	14/11/2020
No. of Days granted Medical Leave		14	Degree of	Serious
Driver				
Name	ELDORA KOK YING ZHI		ID No.	S9303136I
Related Vehicle	SMU5081B (Car)		Contact No.	97851968
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	NIL

Brief Details:

Traveling through Clementi Avenue 1 to Casa Clementi. Dozed off as the vehicle entered the bend and crashed into the tree along the road.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201121/7005

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

3 of 3

Report No. T/20201121/7005

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 / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

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:
21/11/2020 11:55

Classification Of Case: