



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 Submission	14/12/2020 13:22 (SGT)
Date of Accident	13/12/2020 15:27 (SGT)
Exact Location of Accident	Dairy Farm Rd, Singapore
Additional Location Information	DAIRY FARM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1804B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG KIM HOCK
NRIC No	SXXXX212I
Email Address	kimhock@fairwind-intl.com
Mobile Phone No	(Phone) +65-96557423
Alternative Phone No	+65-96557423

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070111864
Cover Note Number	-

DRIVER

Name of Driver	ANG CHEN XIN, KELVIN
NRIC No	SXXXX046E
Date Of Birth	26/02/1989
Occupation	Indoor

Date of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

26/09/2011
 9 YEARS AND 3 MONTHS
 Male
 (Phone) +65-96557423
 -
 KELVINANGCHENXIN@GMAIL.COM
 BLK 539 HOUGANG STREET 52 #10-50
 -
 530539
 No
 Child
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes
 2
 Yes
 No
 Yes
 1
 No

FOREIGN VEHICLE 1

Vehicle Registration Number
 Vehicle Category

JMR1753
 Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Jurong Division Headquarters
 (Phone) +65-18007910000
 (Fax) +65-68965647
 No. 2 Jurong West Avenue 5 Singapore 649482
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant

JMR1753
 -
 -
 -

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NG LAI MEN
Contact Number	(Phone) +65-85458144
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG LAI MEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUPERFICIAL SCRATCHES ON ARM
Injured person in which vehicle?	JMR1753
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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:

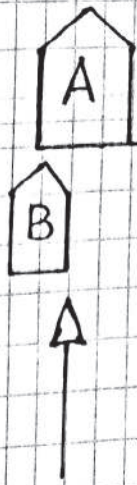
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/12/2020

1115 HRS


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attachment and video footage.

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: 14/12/2020

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



SINGAPORE POLICE FORCE



J/20201213/7029

1 of 2

Report No. J/20201213/7029

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 13/12/2020 17:11	Vide Report No.	Station Diary No.
Name Of Informant ANG CHEN XIN, KELVIN	Address 539 HOUGANG STREET 52 #10-50 SINGAPORE 530539	
ID Type / ID No. NRIC NO / S8888046E	Contact No. Home/Office:	Mobile: 96557423
Nationality SINGAPORE CITIZEN	Email Address KELVINANGCHENXIN@GMAIL.COM	
Occupation	Sex Male	Age 31
Other insurance representatives	Date of Birth 26/02/1989	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 13/12/2020 15:30 - 13/12/2020 15:45	Location Of Incident DAIRY FARM ROAD	

Brief details.

13th December 2020 @ 1527hrs: Traffic accident with a Malaysia motorbike (JMR 1753) along Dairy Farm Road (before bus stop - Dairy Farm Road B02).
My car SMU1804B stopped as the cars in front had stop. The mentioned Malaysian Motorcyclist (MR NG LAI MEN, Work Permit #: 4 02910755, FIN: G6674509R) failed to stop in time and hit the rear (Left) of my vehicle. You may refer to the footage / image for more information. No injury on my end, NG LAI MEN sustained superficial scratches on arm.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.Date/Time:
13/12/2020 17:11

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20201213/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201213/7029

Due to large file size, I am unable to upload the file. If you require the file, I have it on time drive.

Subjects Involved			
Victim			
Person Name	ANG CHEN XIN, KELVIN		S 046E
ID Type	NRIC NO	ID No	31
Gender	Male	Age	English
Race	Chinese	Language	539 HOUGANG STREET 52
Occupation	Other insurance representatives	Address	#10-50 SINGAPORE 530539
Mobile No	96557423	Is Informant A Victim?	Yes
Person Name	ANG CHEN XIN, KELVIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 13/12/2020 17:11 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	