

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 07/12/2020 16:25 (SGT)
Date of Accident 04/12/2020 17:40 (SGT)
Exact Location of Accident Near 100 Woodlands Ave 7, Singapore 738205
Additional Location Information ALONG WOODLANDS AVE 10 TWDS ADMIRATLY RD WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE3315Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MF BUILDING & CONSTRUCTION PRODUCTS PTE LTD
Company Reg No 201412582E
Email Address marcusng@mfbcp.com.sg
Mobile Phone No (Phone) +65-68770408
Alternative Phone No +65-68770408

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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? No - Reporting only
Vehicle Category Goods vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070137967
Cover Note Number -

DRIVER

Name of Driver NG KAR WEE MARCUS
NRIC No S9721800E
Date Of Birth 07/07/1997
Occupation Outdoor

Date Of Driving Pass	10/02/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84285059
Alt. Phone Number	-
Email Address	marcusng@mfbcp.com.sg
Address	BLK 331 SEMBAWANG CLOSE #13-359
Address complement	-
Postcode	750331
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 04/12/2020 AT ABOUT 1740HRS WAS TRAVELLING ALONG WOODLANDS AVE 10 TOWARDS ADMIRATLY ROAD WEST,LP:11.I WAS DRIVING ON THE 3RD LANE AND TRAFFIC WAS CONGESTED,SLOW MOVING. I DRIVING BEHIND THE VAN GBD1545T AT ABOUT 1 CAR LENGTH AWAY AND SUDDENLY THE VAN'S BRAKE LIGHT ILLUMINATED. I COULD NOT STOP MY VEHICLE IN TIME AND COLLIDED WITH THE VAN. I DO NOT WHY THE VAN DID AN EMERGENCY BRAKE. I THEN ALIGHTED FROM MY VEHICLE AND MAKE A CHECK ON THE VAN DRIVER. VAN DRIVER COMPLAIN OF PAIN AND THE OTHER CAR DRIVER CALLED FOR THE AMBULANCE. WHEN THE AMBULANCE CAME, THEY MAKE THEIR ASSESSMENT AND CONVEYED THE VAN DRIVER TO THE HOSPITAL.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD1545T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC165L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKC165L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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: 7/12/2019	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: _____ NRIC/FIN No.: _____
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GIA/MC SketchPlanForm_V3

1

SKETCH PLAN

Mrs
Ming Woodhouse Ave 10, Admiralty Rd west

A: GBE 335Y
B: GBD 545T
C: SRC 165L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
7/10/10 1204/2401

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time: 7/10/10

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

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

GIARMIC SketchPlanForm_V3

2

AIG		CERTIFICATE OF INSURANCE	
COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE			
Name of Policyholder	: MF BUILDING & CONSTRUCTION PRODUCTS PTE LTD	Vehicle No.	: GBE3315Y
Period of Insurance	: 28 Oct 2020 To 29 Oct 2021	Policy No.	: 2070137967
Engine No.	: IKD2581244	Endorsement No.	:
Chassis No.	: JTFH102P700180072	Issued Date	: 14 Oct 2020
ABOUT THE COVER			
Make/Model	: TOYOTA HIACE 1.1 ton [Van]		
Engine Capacity/Tonnage	: 1.1 Tonnage	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*	: NA		
a) Any person who is driving on the Policyholder's order or with their permission. b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition. You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 years' driving experience.			
Age Condition	: All Age Condition		
Limitation as to use*	: NA		
1) Use in connection with the Policyholder's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst allowing a learner except the liability of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.			
* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Unimounted) Act 2015, are not to be included under these headings.			
EXCESS			
Section 1	Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0		
Section 2	Property Damage - \$0		
Windscreen	: \$100		
Named Driver and Excess (where applicable)			
APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the AIG Agent's workshop. For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.			
IMPORTANT NOTES			
Hire Purchase Company/Employer's Loan: NA			
We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Unimounted) Act 2015 and Motor Vehicles (Third-Party Risks) Rules, 1990 (Malaysia).			
2604629000 2H AUTO SOLUTION 1LK 17 EUNOS CRESCENT #12-2865 SINGAPORE 40017 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.		AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.	

























CHASSIS NO

JTFHT02P700180012

U.L.W.

1740 KG

M.L.W.

2800 KG

PASS.CAP

02

TYRE SIZE

F.195R15C 8PR LT

R.195R15C 8PR LT (S)



**SINGAPORE
POLICE FORCE**



T/20201204/2101

1 of 3

Report No. T/20201204/2101

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2020 20:46	Vide Report No.: L/20201204/0098	Station Diary No.: 89
Informant's Particulars		
Name of Informant: NG KAR WEE MARCUS	Address: APT BLK 331 SEMBAWANG CLOSE #13-359 SINGAPORE 750331	
ID Type / ID No.: NRIC NO / S9721800E	Contact No.: Home/Office:	Mobile: 84285059
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 23	Date of Birth: 07/07/1997
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation: PROJECT EXECUTIVE	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2020 17:40	Type of Location: Straight Road
Location: WOODLANDS AVENUE 10				
Lamp Post Number: 11				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1545T	Van	NISSAN	NV200	Silver	Slightly Damaged	0
GBE3315Y	Van	TOYOTA	HIACE	Black	Slightly Damaged	0
SKC165L	Car	FIAT		Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20201204/2101

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3
Report No. T/20201204/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KAR WEE MARCUS	ID No.	S9721800E
Related Vehicle	NIL	Contact No.	84285059
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 04/12/2020 at about 1740hrs was travelling along Woodlands Ave 10 towards Admiralty road west, LP:11. I was driving on the 3rd lane and traffic was congested, slow moving. I driving behind behind the van GBD1545Tat about 1 car length away and suddenly the van's brake light illuminated. I could not stop my vehicle in time and collided with the van. I do not why the van did an emergency brake.

I then alighted from my vehicle and make a check on the van driver. Van driver complain of pain and the other car driver called for the ambulance. When the ambulance came, they make their assessment and conveyed the van driver to the hospital.



SINGAPORE
POLICE FORCE



T/20201204/2101

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20201204/2101

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:
L /
Sgt 2 ELFY TARMYZY BIN YOSREY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/12/2020 20:46

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1A20C50002 Vehicle Registration No: GBE3315Y
 Name (as shown in NRIC) : NG KAR WEE MARCUS NRIC/FIN/Passport No : 800E
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 84285059
 Email Address : _____
 Date of Accident : 04/12/2020 Time of Accident : 1740HRS
 Place of Accident : _____
 Insurance Company : ALONG WOODLANDS AVE 10

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

OD TO REPORTING ONLY

Policyholder / Driver's Signature
 Date:



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

GIA/AVC addendum form_v3