

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	21/12/2020 15:10 (SGT)
Date of Accident	20/12/2020 08:00 (SGT)
Exact Location of Accident	373 Upper Aljunied Rd, Singapore 367859
Additional Location Information	UPPER ALJUNIED ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3918K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DUFU INDUSTRIES SERVICES PTE LTD
Company Reg No	2XXXXX589D
Email Address	ANGIE@DUFU.COM.SG
Mobile Phone No	(Phone) +65-98339711
Alternative Phone No	+65-98339711

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Optima
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	2100452547
Cover Note Number	-

DRIVER

Name of Driver	NG HWEE NGEE
NRIC No	SXXXX139F
Date Of Birth	02/12/1967
Occupation	Indoor

Date Of Driving Pass	20/10/1997
Driving experience	23 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98339711
Alt. Phone Number	-
Email Address	ANGIE@DUFU.COM.SG
Address	16 LEITH ROAD
Address complement	-
Postcode	547921
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

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

PASSENGER 1

Name	WONG SER YIAN
Gender	Male

PASSENGER 2

Name	WONG CHUN KEET
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MAMUD MD RASEL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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:

Driver's Signature

(If driver is not the policyholder)

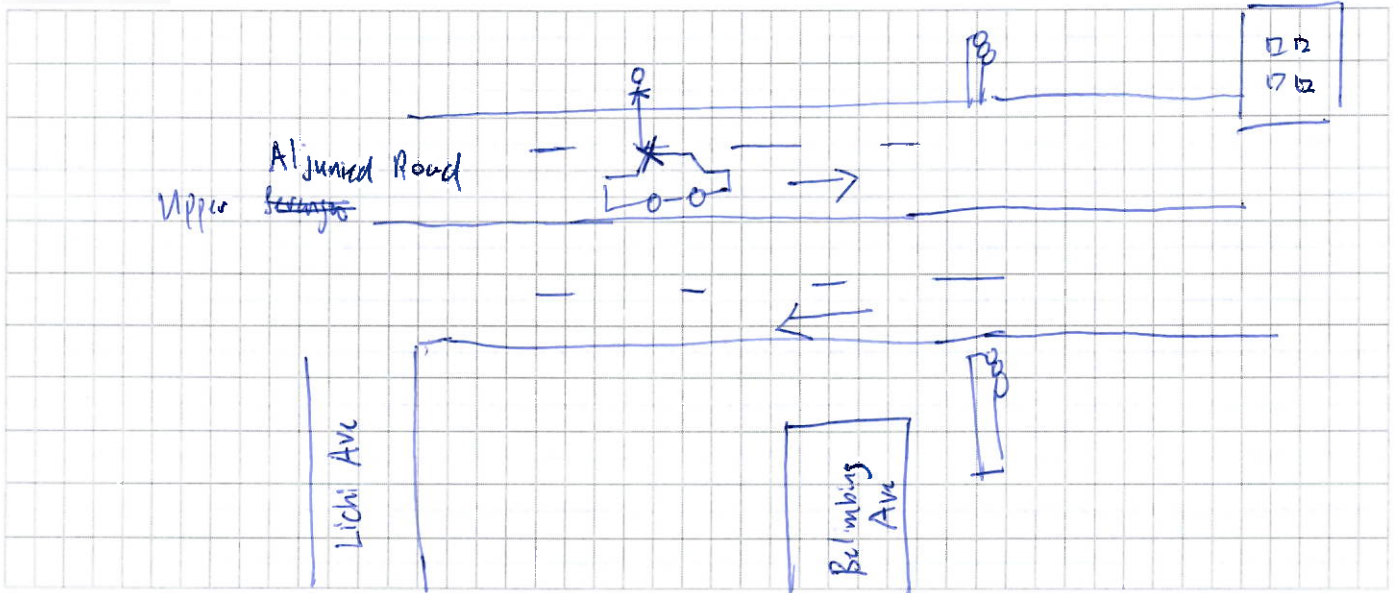
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was moving along Upper Aljunied Road on 19 Dec 2020, around 8 am, towards Macpherson Mall.
Approximately 20m before the traffic light there was a lane road bang on the left rear of my car (left rear passenger door) and there was a man on the ground. I stopped my vehicle at the nearest bus stop and check upon the man, it seems like he dashed across the road and bump into my vehicle.
Within 5 minutes SCDF officers who happened to pass by alighted and rendered assistance to the man. He refused ambulance assistance, but as a precaution, I took him to a nearby clinic to for checkup. Together with X ray.
Upon reaching my vehicle (checked at the mirror), I realised the handle of my left rear passenger seat was gone.
After the checkup at the clinic, doctor advised us to send him to A&E and we made a police report thereafter.

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.:



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

Report No. T/20201219/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 15:12		Vide Report No.: E/20201219/0106		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG HWEЕ NGEE			Address: 16 LEITH ROAD GLASGOW GREEN SINGAPORE 547921		
ID Type / ID No.: NRIC NO / S 1025139F			Contact No.: Home/Office: Mobile: 98339711		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 02/12/1967	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: CLERK			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: 19/12/2020 08:00	Type of Location:
Location: UPPER ALJUNIED ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA3918K	Car					2

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



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

Report No. T/20201219/2066

CONTINUATION OF REPORT

Driver			
Name	NG HWEE NGEE		ID No. S15139F
Related Vehicle	SLA3918K (Car)		Contact No. 98339711
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 ABOVE MENTIONED TIME, DATE AND LOCATION,

I WAS TRAVELLING ALONG UPP ALJUNIED RD, A PEDESTRAIN SUDDENLY DASH OUT FROM THE ROAD SIDE WITHOUT USING THE TRAFFIC LIGHT CROSSING AHEAD AND HIT MY REAR LEFT DOOR. I WAS VERY SURE THAT THE TRAFFIC LIGHT AHEAD WAS ON MY FAVOUR.



SINGAPORE
POLICE FORCE



T/20201219/2066

3 of 3

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

Report No. T/20201219/2066

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:

TP /
NSPI TEY KE XIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN
MD YUSOF
Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

19/12/2020 15:12

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: