

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 19/01/2021 17:39 (SGT)
Date of Accident 16/01/2021 11:30 (SGT)
Exact Location of Accident Bedok North Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6993P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NEW REDEEMER'S FELLOWSHIP SOCIETY
Company Reg No T07550228C
Email Address newredeemerfellowship@gmail.com
Mobile Phone No (Phone) +65-96454696
Alternative Phone No (Office) +65-63482610

VEHICLE PARTICULARS

Manufacturer Opel
Model Combo
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070006109
Cover Note Number -

DRIVER

Name of Driver NGAN HOCK CHENG
NRIC No S0095371G
Date Of Birth 30/04/1950
Occupation Indoor

Date Of Driving Pass	16/03/1970
Driving experience	50 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96454696
Alt. Phone Number	-
Email Address	newredeemerfellowship@gmail.com
Address	BLK 520 BEDOK NORTH AVE 1 #0-336
Address complement	-
Postcode	460520
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210116/2090.

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	FBF3952C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VEHICLE B RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF3952C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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.

NEW REDEEMER'S
FELLOWSHIP SOCIETY
No. 116 Changi Road
#02-01 WIS Singapore 419716
Tel: (65) 6748 5077

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.:

SMB



REFER TO POLICE REPORT

**NEW REDEEMER'S
FELLOWSHIP SOCIETY**
No. 116 Changi Road
102-01 WIS Singapore 419718
Tel: (65) 6748 5072

NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : NGAN HOCK CHAN
 VEHICLE NUMBER : 6BF 6993P
 DATE/TIME OF ACCIDENT : 16/01/21 @ 11:30
 PLACE OF ACCIDENT : BEFORE NORTH AVE 1
 THIRD PARTY VEHICLE (IF ANY) : 7BF 2952C

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

CHANEL ROAD To BEFORE NORTH ROAD

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

HEAD TO SIDE

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

NEW REDEEMER'S
FELLOWSHIP SOCIETY
No. 116 Changi Road
#02-01 WIS Singapore 419715
Tel: (65) 6748 5072

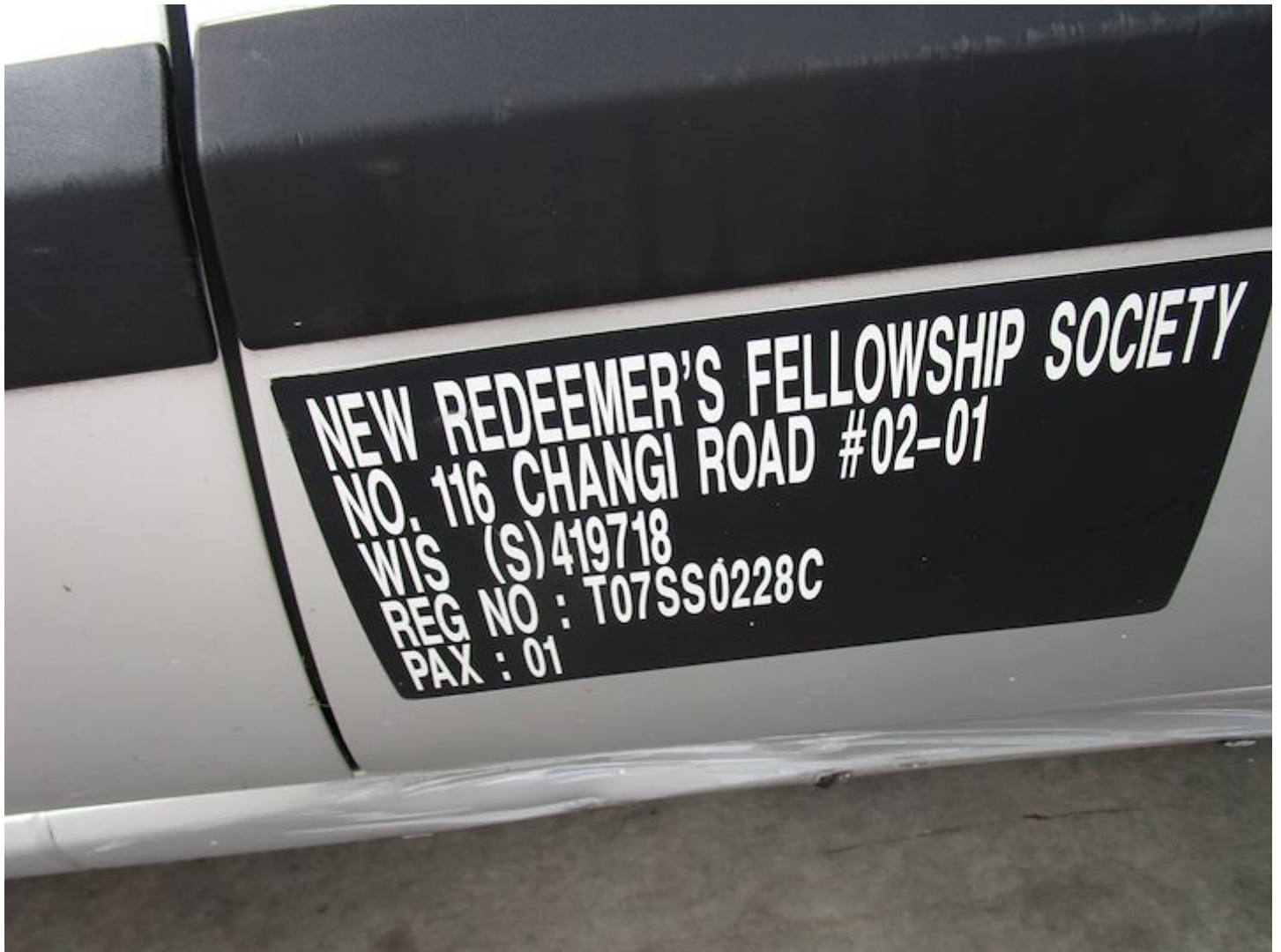
Name: Ngan Hock Chan

I Affirmed The Above Information Is Given To My Best Knowledge.















**SINGAPORE
POLICE FORCE**



T/20210116/2090

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20210116/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 18:01	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: NGAN HOCK CHENG			Address: APT BLK 520 BEDOK NORTH AVENUE 1 #06-336 SINGAPORE 460520		
ID Type / ID No.: NRIC NO / S0095371G			Contact No.: Home/Office: Mobile: 96454696		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 30/04/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PASTOR			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: 16/01/2021 11:30	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3952C	Motorcycle					0
GBF6993P	Van				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210116/2090

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20210116/2090

CONTINUATION OF REPORT

Driver			
Name	NGAN HOCK CHENG	ID No.	S0095371G
Related Vehicle	GBF6993P (Van)	Contact No.	96454696
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

Brief Details.

On 16/01/2020 at about 1130hrs, I was driving my beige Opel van, GBF6993P at the second lane of 2 lane road along Bedok North Street 3. While I was turning right towards Blk 522 Bedok North Avenue 1, I felt an impact on my left passenger door and saw a rider fall on the road. Subsequently, I alighted from my vehicle and realized that the rider who was riding a black motorcycle, FBF3952C had collided onto my vehicle. Upon asking the rider, we agreed to get an ambulance down and he was conveyed to hospital. So far, I did not observe any injuries on the rider and there were dent on my vehicle right portion. I had also handed over my in-car camera memory card to the traffic police who came down to scene vide G/20210116/0149. I do not have any witnesses. No one else is injured. Accident took place at the yellow box.



**SINGAPORE
POLICE FORCE**



T/20210116/2090

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Report No. T/20210116/2090

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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: G / Staff Sgt HEAP ZHI YONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 18:01
Officer In Charge Of Case: TP / GIT / Sgt 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476256	Classification Of Case:
Authentication Stamp NP168	

