

# 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 ..... 10/05/2021 17:26 (SGT)  
Date of Accident ..... 08/05/2021 22:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... YISHUN AVE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLB481S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG YEE HIR  
NRIC No ..... S7719516E  
Email Address ..... STARDUS00@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-92393008  
Alternative Phone No ..... +65-92393008

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100503757-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG YEE HIR  
NRIC No ..... S7719516E

Date Of Birth .....	15/07/1977
Occupation .....	Indoor
Date Of Driving Pass .....	14/12/2001
Driving experience .....	19 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92393008
Alt. Phone Number .....	+65-92393008
Email Address .....	STARDUS00@YAHOO.COM
Address .....	BLK 298D COMPASSVALE STREET #15-58
Address complement .....	-
Postcode .....	544298
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 Property
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YEO ZEMIN
Gender .....	Female

#### 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 ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB610J
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	NG YEE HIR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB481S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB481S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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.
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 :

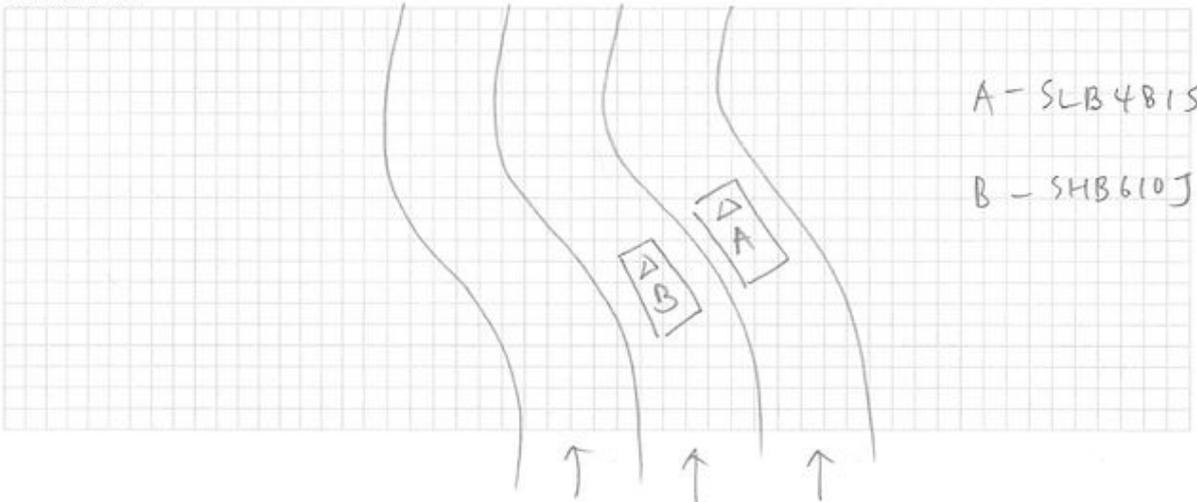
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

  
 10/MAY/21  
 Policyholder's Signature / Date & Time  
 1600hrs

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**













































**SINGAPORE  
POLICE FORCE**



T/20210509/7024

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

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Report No. T/20210509/7024

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB481S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100503757-04	24/03/2021	23/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG YEE HIR		ID No.	S7719516E
Related Vehicle	SLB481S (Car)		Contact No.	92393008
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: 08/05/2021
Date	08/05/2021		Date	09/05/2021
No. of Days granted Medical Leave	04		Degree of	Slight
Driver				
Name	NG YEE HIR		ID No.	S7719516E
Related Vehicle	SLB481S (Car)		Contact No.	92393008
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.

On 08th May 2021, at about 2215hrs, I was traveling along Yishun Ave 1 toward Yishun Ave 8. After I had passed the junction of Yishun Ave 6, I noticed the road was winding and I follow through the lane marking. That was when my passenger asked why was there a taxi (SHB610J) travelling towards us. The next thing I knew the taxi had collided to my left, near to the rear door.

Both of us then moved our vehicle (SLB481S) to the roadside and inspected our vehicle. The taxi driver started claiming that I had traveling into his lane. I then told him that we do not need to argue about it as both our cars had in car camera. The taxi driver told that his friend in his taxi had breathing difficulties and wanted to call for ambulance. I told him to proceed with the call as I had also felt discomfort on my neck.

Out of nowhere, my passenger was approached by an unrelated male subject driving vehicle, SMZ1025G but he was ignored. The male subject then started asking the taxi driver



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T/20210509/7024

Police Station Of Origin:  
Traffic Police  
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**CONTINUATION OF REPORT**

and passenger on allowing him to help them in claims. After things started to settle down, I learned that the male subject is from some car repair workshop. I was told by the paramedic to continue to ignore them which I did so. Shortly after the unknown subject approached that taxi driver, the taxi driver approached my passenger claiming that I had collided to his rear of the vehicle too. I wished to add that there was at no point of any time that my vehicle was at the rear of the taxi thus there was no way that his accusation was true. I strongly suspect that the unknown subject had affected the taxi driver claims.

My family members came down to make sure that I am alright. My relative then overheard the taxi driver exchanging contact number after the male subject failed to get contact number from the taxi passenger. I was then conveyed to KTP hospital via the ambulance to seek medical attention and was given 4 days of medical leave.



**SINGAPORE  
POLICE FORCE**

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



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**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 / TPHQ / LIM ENG KUAN, CLARENCE Contact No.: 65476200

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: 09/05/2021 22:08
Classification Of Case: