

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 23/07/2021 14:35 (SGT)
Date of Accident 11/07/2021 00:30 (SGT)
Exact Location of Accident Ang Mo Kio Ave 8, Singapore
Additional Location Information ANG MO KIO AVENUE 1 JUNCTION OF BISHAN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK4708D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG ENG SOON
NRIC No SXXXX442A
Email Address NGENGSOON8@GMAIL.COM
Mobile Phone No (Phone) +65-96692613
Alternative Phone No +65-98319858

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900083458-01
Cover Note Number -

DRIVER

Name of Driver NG YI RAN
NRIC No SXXXX791F

Date Of Birth	01/05/1999
Occupation	Indoor
Date Of Driving Pass	19/03/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98319858
Alt. Phone Number	-
Email Address	YIRAN.NG.2019@GMAIL.COM
Address	4 PAVILION GROVE
Address complement	-
Postcode	658596
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle 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	TEO YI KI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
COLLISION-HEAD TO SIDE

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	SMC9820X
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Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	NG YONG YEE
Contact Number	(Phone) +65-98449638
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 YI RAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NIL
Injured person in which vehicle?	SMK4708D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Con behalf and authorised
by Ng Eng Son

YR/ 23/02/2021, 12:18pm

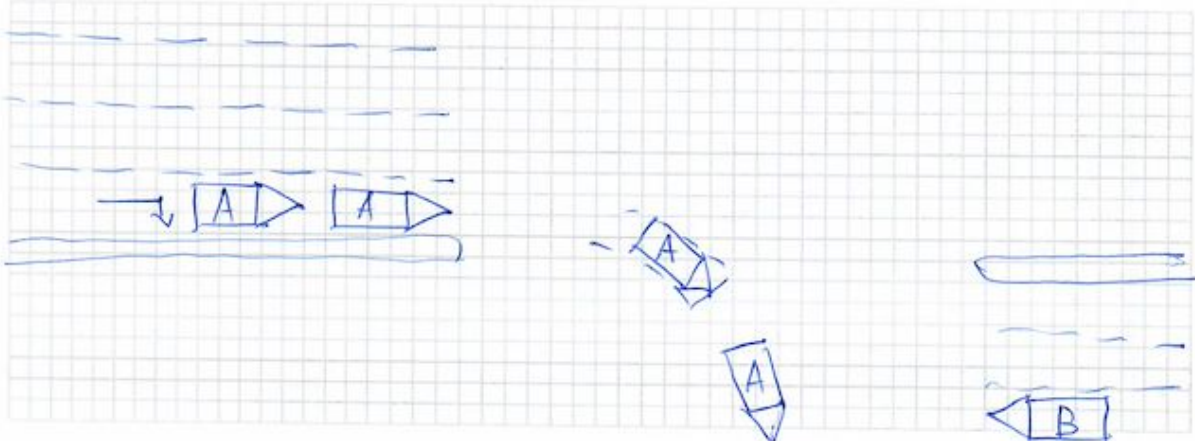
YR/ 23/07/2021, 12:18pm



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT

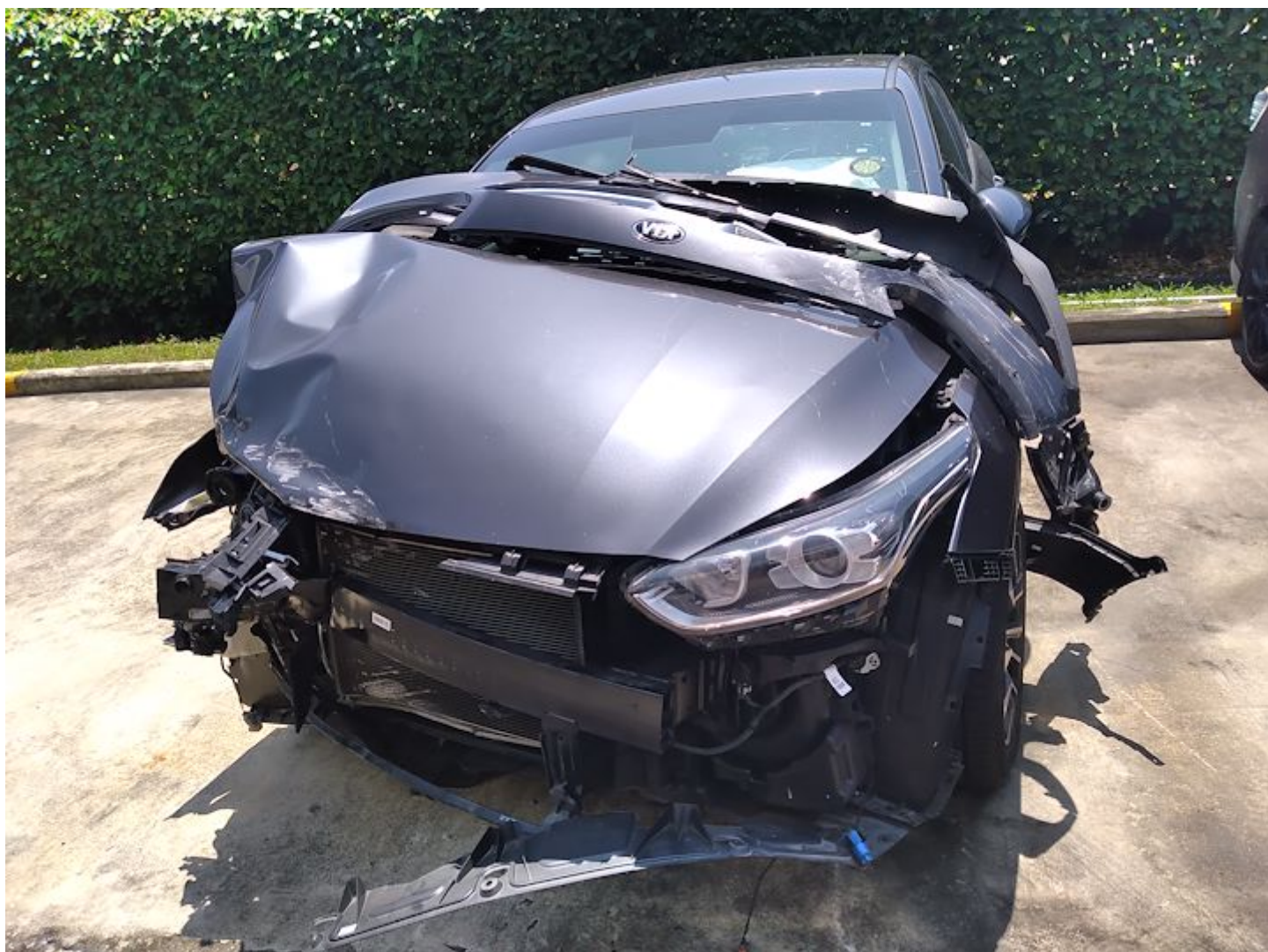
Declaration

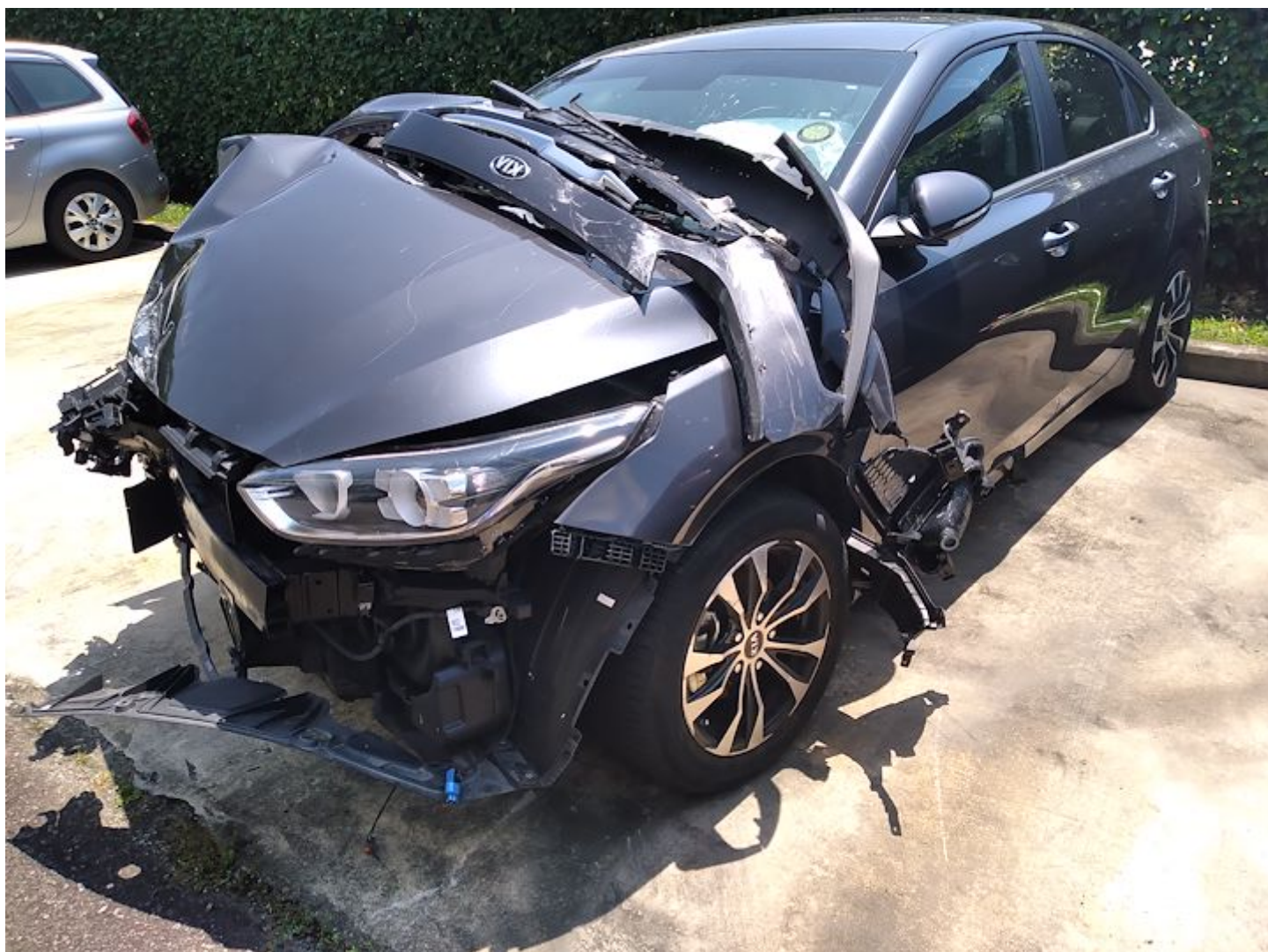
We declare the foregoing particulars are true in every respect.

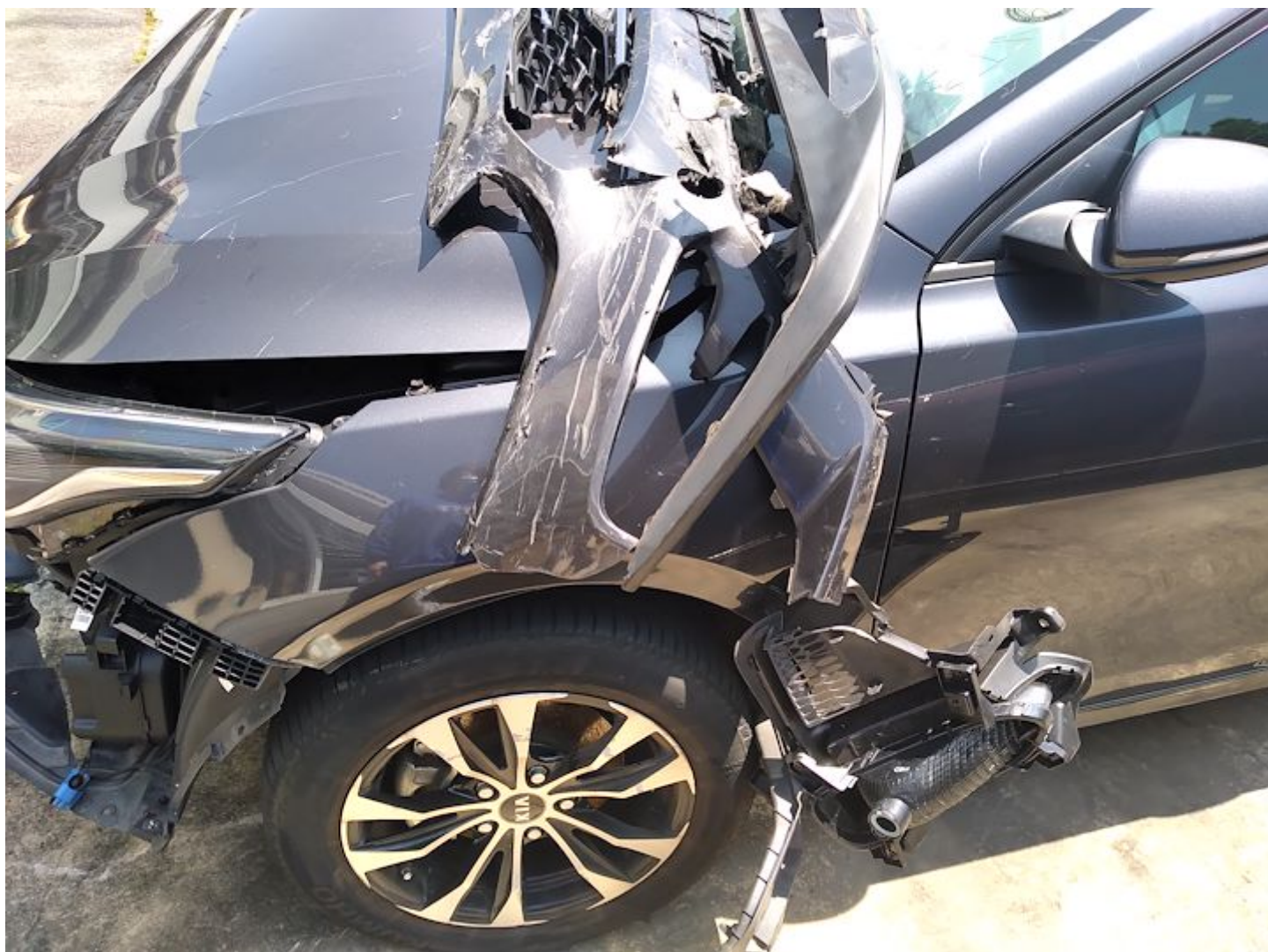
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

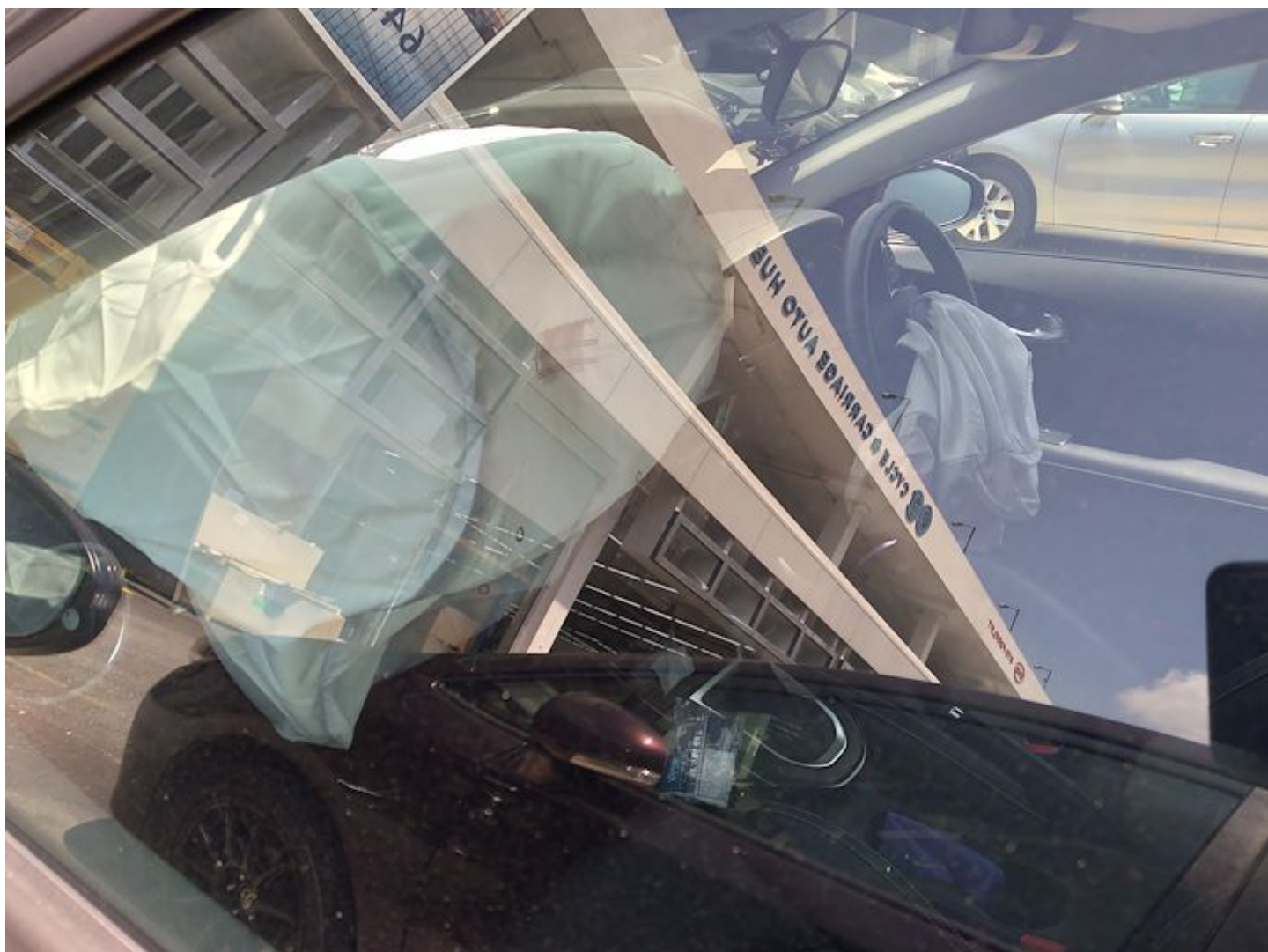








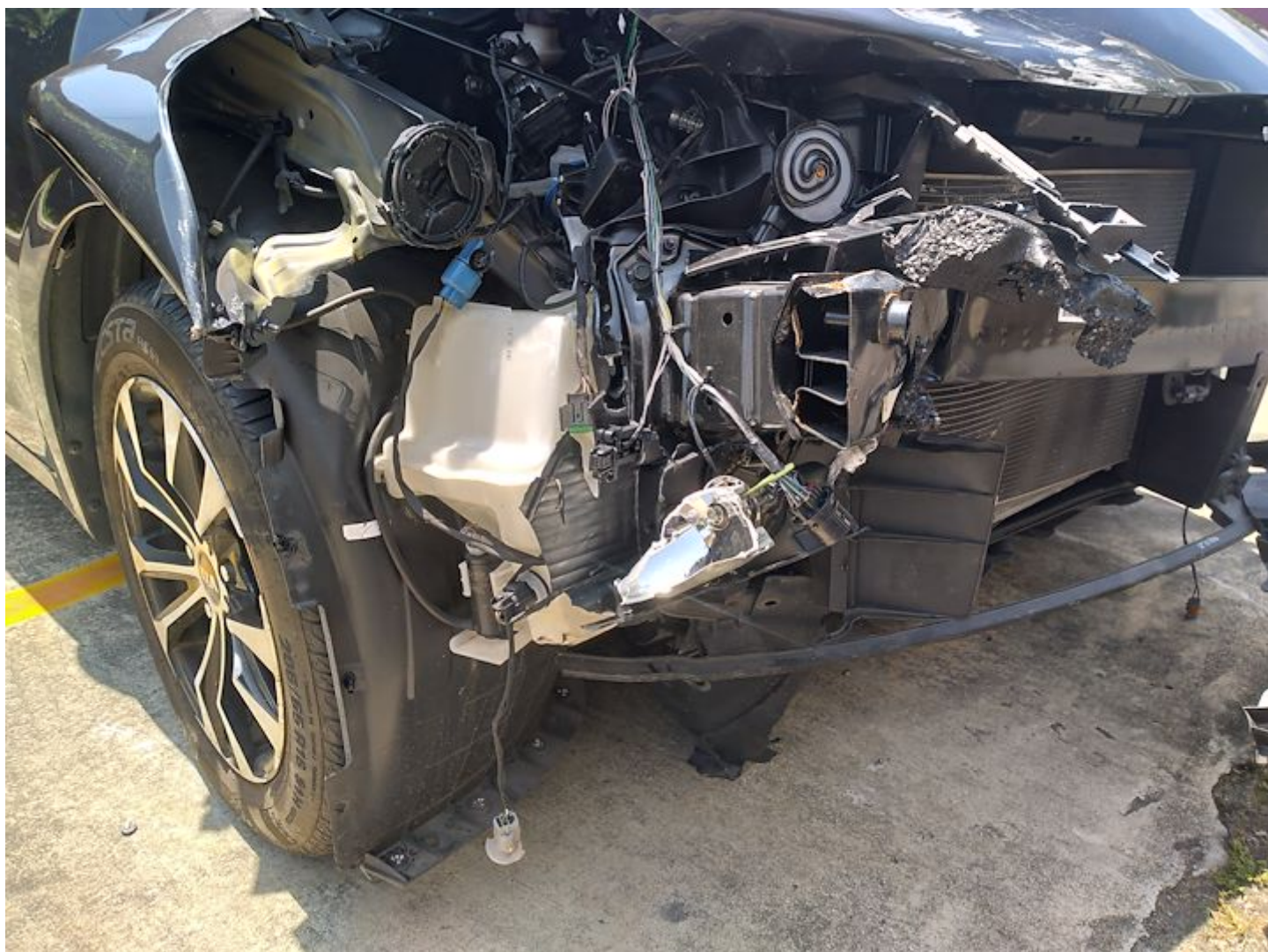




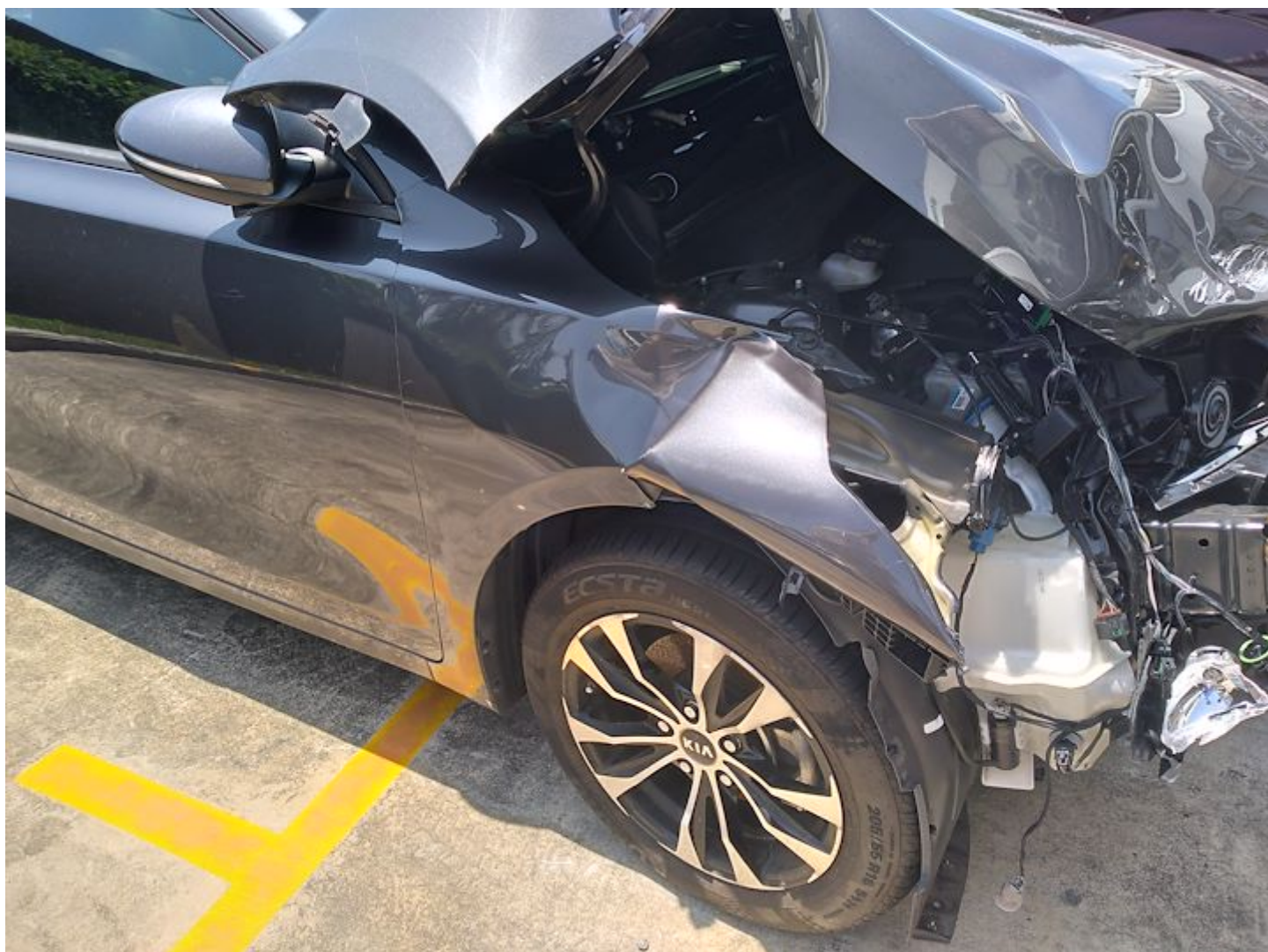








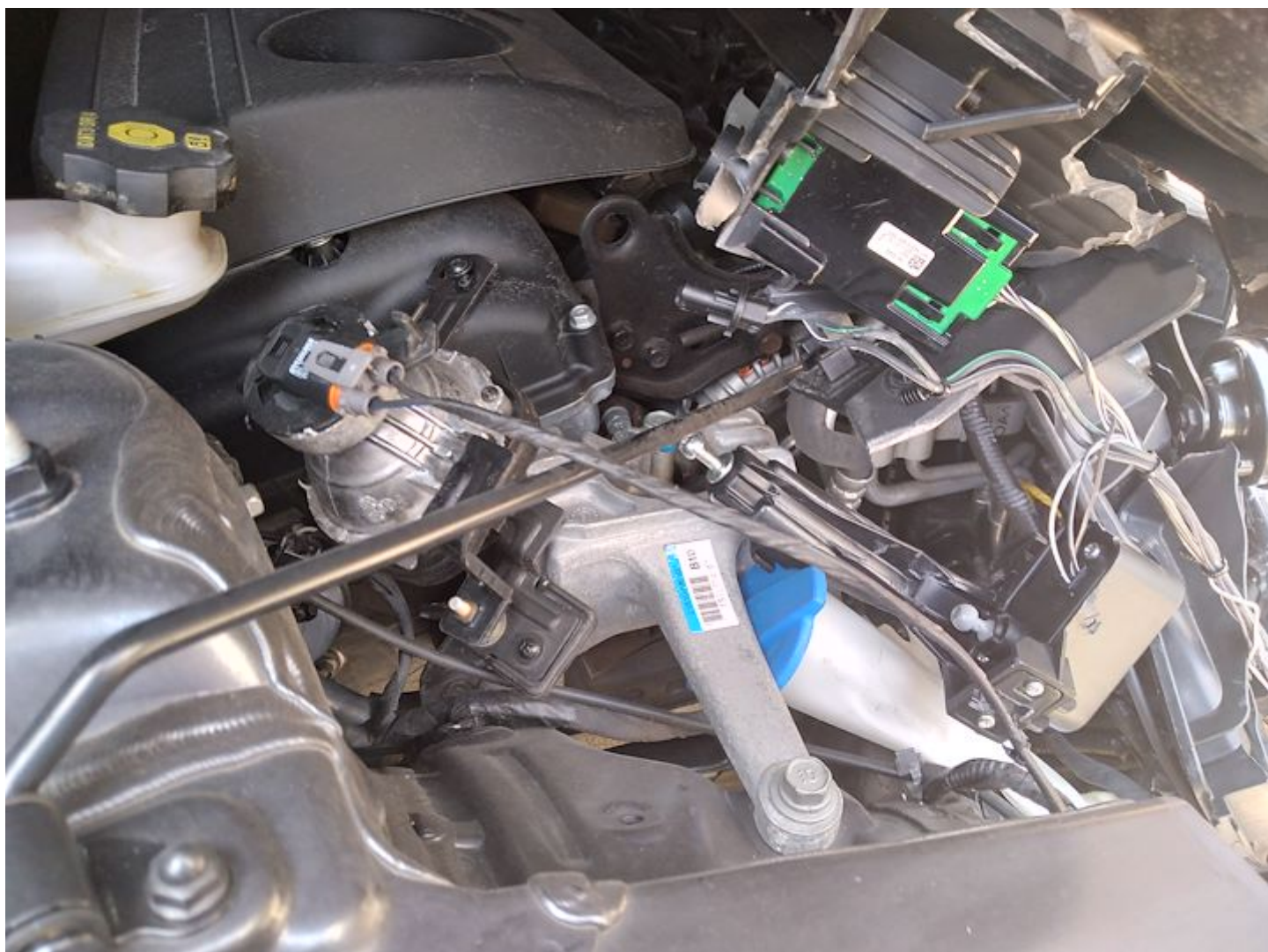



















**SINGAPORE
POLICE FORCE**


T/20210711/2034

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20210711/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2021 13:33	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: NG YI RAN		Address: 4 PAVILION GROVE SINGAPORE 658596	
ID Type / ID No.: NRIC NO / S9913791F		Contact No.: Home/Office: Mobile: 98319858	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 22	Date of Birth: 01/05/1999	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/07/2021 00:30	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC9820X	Car	TOYOTA	CAMRY 2.0 AUTO	Grey	Slightly Damaged	0
SMK4708D	Car	KIA	CERATO 1.6(A) EX	Grey	Totally Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20210711/2034

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20210711/2034

CONTINUATION OF REPORT

Driver			
Name	NG YI RAN		ID No. S9913791F
Related Vehicle	SMK4708D (Car)		Contact No. 98319858
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2021	Date Discharge	11/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/07/2021 at about 0030hrs, I was driving my vehicle SMK4708D along Ang Mo Kio Avenue 8 towards a junction turning to Ang Mo Kio Avenue 1. I wish to state that at the point of time, the traffic light was green, I then came to a stop to check if there was any on coming vehicles before I made my right turn. I wish to state that there were no vehicles going straight towards my direction but there were a few stationary vehicles that was waiting to turn diagonally opposite me.

It was when I slowly release my accelerator and I saw that there was another on coming car that drove at high speed. I did step hard on my break to avoid the collusion but the car still hit onto the front right side of my vehicle SMK4708D.

I wish to state that there were Traffic Police at scene which they took my particulars and later on, I was then conveyed to Tan Tock Seng Hospital.

I was discharge on 11/07/2021 at 0411hrs and was given a 3 days MC.

I wish to state that on 11/07/2021 at about 1109hrs, I called up the Traffic Police which I then clarified what I should do next and the brief details on what happened during the accident. The officer then told me that I am most likely liable and I would need to come to the nearest police station to lodge a police report. I wish to state that the other vehicle plate was SMC9820X when I went back to watch the footage that I had recorded using my phone after the incident.

I am also lodging this report for insurance claims.



SINGAPORE POLICE FORCE



T/20210711/2034

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20210711/2034

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:

J/

Sgt 2 CHAN JUN WEI, KENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/07/2021 13:33

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMMAD FARHAN BIN SAIRI

Contact No: 65476224

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: