

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 21/08/2021 15:13 (SGT)
Date of Accident 16/08/2021 11:30 (SGT)
Exact Location of Accident 2 Tanjong Katong Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF5486L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASIA CAR RENTAL
Company Reg No 52882390J
Email Address GWEN@ASIACARRENTAL.COM.SG
Mobile Phone No (Phone) +65-81834993
Alternative Phone No +65-81834993

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 999993734/100879566-00000
Cover Note Number -

DRIVER

Name of Driver ONG GEOK CHIEW
NRIC No S6938636I

Date Of Birth	20/09/1969
Occupation	Outdoor
Date Of Driving Pass	08/09/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84305050
Alt. Phone Number	-
Email Address	MALCOMONG03@GMAIL.COM
Address	BLK 105B BIDADARI PARK DRIVE #02-44
Address complement	-
Postcode	342105
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - U-Turn
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 HONG CHIN
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 POLICE REPORT T/20210818/2090

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	SLG3253M
Vehicle Manufacturer	Toyota

Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ZURAIDAH BINTE SA'AL
NRIC No	S8428162Z
Contact Number	(Phone) +65-94482651
Address	BLK 185C WOODLANDS STREET 13 #05-655
Address complement	-
Postcode	733185
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

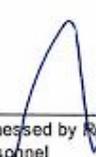
SKETCH PLAN

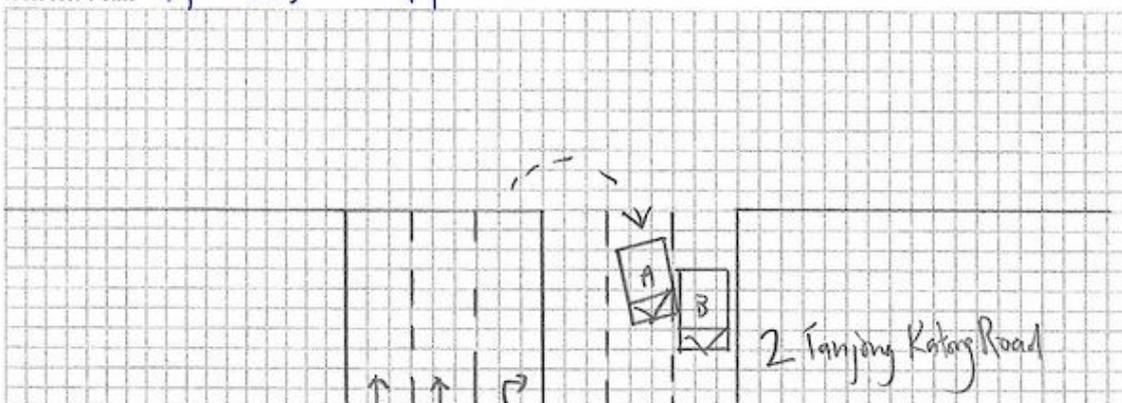
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

 Policyholder's Signature / Date & Time Sketch Plan 21/8/21 1015	 Driver's Signature (If driver is not the policyholder) / Date & Time 21/8/21 015	 Witnessed by Reporting Centre Personnel
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SINGAPORE
POLICE FORCE



T/20210818/2090

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

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Report No. T/20210818/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2021 16:50	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ONG GEOK CHIEW		Address: APT BLK 105B BIDADARI PARK DRIVE #02-44 SINGAPORE 342105	
ID Type / ID No.: NRIC NO / S6938636I		Contact No.: Home/Office: Mobile: 84305050	
Nationality: SINGAPORE CITIZEN		Email:	
Sex:	Age: 51	Date of Birth: 20/09/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2021 11:30	Type of Location: Straight Road
Location: TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF5486L	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver		1
SLG3253M	Car	TOYOTA	WISH 1.8 CVT	Red		0



SINGAPORE
POLICE FORCE



T/20210818/2090

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

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Report No. T/20210818/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG GEOK CHIEW	ID No.	S6938636I
Related Vehicle	SKF5486L (Car)	Contact No.	84305050
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
Driver			
Name	ZURAIDAH BINTE SA'AL	ID No.	S8428162Z
Related Vehicle	SLG3253M (Car)	Contact No.	94482651
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 STATED DATE, TIME AND LOCATION .

ON 16 AUG 2021 AT ABOUT 11:30 AM. I WAS BEARING A VEHICLE PLATE NUMBER SKF5486L, AND THE OTHER PARTY WAS BEARING A VEHICLE PLATE NUMBER SLG3253M. I WAS TRAVELLING ALONG 2 TANJONG KATONG ROAD, AFTER WHICH I MADE A RIGHT U-TURN AND UNFORTUNATELY THE OTHER PARTY WAS COMING FROM THE OTHER DIRECTION AND COLLIDED ON MY FRONT LEFT SIDE OF MY VEHICLE, NO ONE WAS INJURED , THEREFORE I AM MAKING A POLICE REPORT. THAT'S ALL .



SINGAPORE
POLICE FORCE



T/20210818/2090

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

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Report No. T/20210818/2090

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 /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/08/2021 16:50

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: _____