

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	23/09/2021 12:07 (SGT)
Date of Accident	22/09/2021 18:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS (EXIT 17)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY7728C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KAI HOCK
NRIC No	SXXXX315A
Email Address	vnkh88@yahoo.com
Mobile Phone No	(Phone) +65-97400451
Alternative Phone No	+65-97400451

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210030457
Cover Note Number	-

DRIVER

Name of Driver	NG KAI HOCK
NRIC No	SXXXX315A

Date Of Birth	18/12/1968
Occupation	Indoor
Date Of Driving Pass	25/10/1989
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97400451
Alt. Phone Number	+65-97400451
Email Address	vnkh88@yahoo.com
Address	BLK 473 CHOA CHU KANG AVENUE 3 #08-181
Address complement	-
Postcode	680473
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	Collision - Head to Rear
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?	No
Was any other vehicle 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	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

PLEASE REFER TO POLICE REPORT T/20210922/7028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP1303A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	JONATHAN LEONG
Contact Number	(Phone) +65-81114947
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 KAI HOCK
Gender	Male
Phone No	(Phone) +65-97400451
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY7728C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email:
Email : alphacarservices@hotmail.com

IMPORTANT NOTICE

Signature : _____ X

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

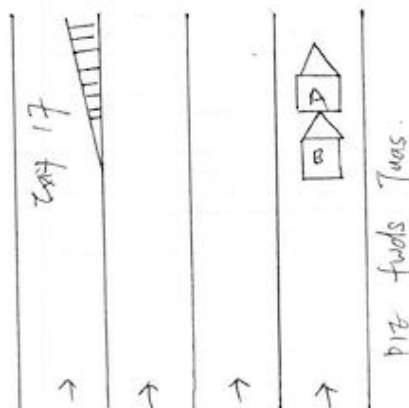

Policyholder's Signature / Date & Time

X


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

 23/01/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



A : smy 7728 C
B : SCP 1303A

Describe Circumstances of the Accident

REFER TO POLICE REPORT
REPORT NO : 7/20210922/7028.

Declaration

We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date &
Time

X

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

23/09/2021
Witnessed by Reporting Centre
Personnel

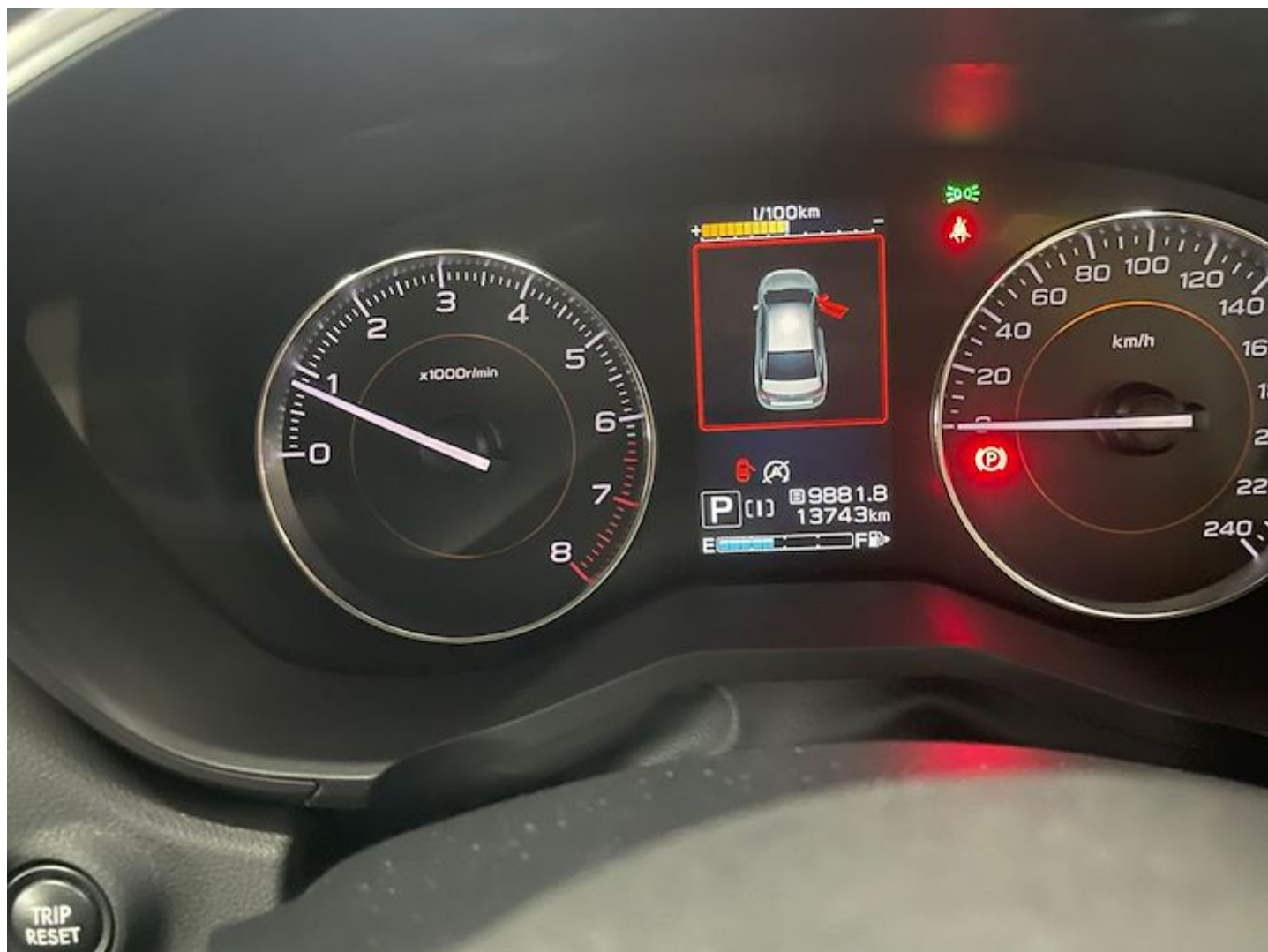














**SINGAPORE
POLICE FORCE**



T/20210922/7028

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

1 of 3
Report No. T/20210922/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 19:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KAI HOCK			Address: 473 CHOA CHU KANG AVENUE 3 #08-181 SINGAPORE 680473		
ID Type / ID No.: NRIC NO / S2196315A			Contact No.: Home/Office: Mobile: 97400451		
Nationality: SINGAPORE CITIZEN			Email: VNKH88@YAHOO.COM		
Sex: Male	Age: 52	Date of Birth: 18/12/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAFETY MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2021 18:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCP1303A	Car				Seriously Damaged	0
SMY7728C	Car	SUBARU	XV 2.0I-S EYESIGHT AWD CVT	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210922/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20210922/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY7728C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210030457	25/03/2021	24/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG KAI HOCK		ID No.	S2196315A
Related Vehicle	SMY7728C (Car)		Contact No.	97400451
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2021		Date	22/09/2021
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMY7728C WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1.

THE VEHICLE IN FRONT BRAKED SO I ALSO BRAKED.

SUDDENLY, I FELT A POWERFUL IMPACT FROM THE REAR PORTION OF THE VEHICLE.

I ALIGHTED MY CAR AND REALISED VEHICLE B, BEARING CAR PLATE SCP1303A WAS THE VEHICLE THAT BANG ONTO MY VEHICLE.

SHORTLY AFTER, THE LTA AND EMAS ARRIVED TO THE SCENE.

AFTER THE ACCIDENT, I SUFFERED INJURIES ON MY NECK, LOWER BACK, HIP AND BOTH KNEE. SO I WENT TO INTAMEDICAL 24 HR CLINIC @ KOVAN TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC FROM 22-09-2021 TO 26-09-2021.



**SINGAPORE
POLICE FORCE**



T/20210922/7028

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

3 of 3
Report No. T/20210922/7028

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 / TPB /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/09/2021 19:51

Classification Of Case: