

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 10/11/2021 17:42 (SGT)
Date of Accident 09/11/2021 02:45 (SGT)
Exact Location of Accident Hill St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG702Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG BOON KIAT
NRIC No SXXXX555A
Email Address ngboonkiat6@gmail.com
Mobile Phone No (Phone) +65-97917868
Alternative Phone No +65-97917868

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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
Transmission Auto
CC 2488

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210046527
Cover Note Number -

DRIVER

Name of Driver NG BOON KIAT
NRIC No SXXXX555A

Date Of Birth	09/05/1972
Occupation	Indoor
Date Of Driving Pass	20/01/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97917868
Alt. Phone Number	+65-97917868
Email Address	ngboonkiat6@gmail.com
Address	BLK 979A BUANGKOK CRESCENT
Address complement	#12-14
Postcode	531979
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	THO PENG HOCK
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMW700M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 BOON KIAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBG702Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	THO PENG HOCK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBG702Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

HILL STREET

A: GB6702Y
B: SMW700M

Describe Circumstances of the Accident

ON THE STATED VENUE, DATE AND TIME.
 I VEHICLE A BEARING CARPATE (G66T02Y)
 WAS STATIONARY AT THE TRAFFIC LIGHT
 WAITING FOR IT TO TURN GREEN.
 SUDDENLY I FELT A STRONG IMPACT
 FROM THE REAR. I GET DOWN AND
 REALISED VEHICLE B BEARING SMWT00M
 IS THE ON THAT BANG ON TO ME.

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

 10/11/21

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211109/7005

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

2 of 3
Report No. T/20211109/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG702Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210046527	10/06/2021	09/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	THO PENG HOCK	ID No.	S7567228D
Related Vehicle	GBG702Y (Van)	Contact No.	85181591
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	09/11/2021	Date	09/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	NG BOON KIAT	ID No.	S7216555A
Related Vehicle	GBG702Y (Van)	Contact No.	97917868
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	09/11/2021	Date	09/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME. I VEHICLE A BEARING CARPLATE (GBG702Y) WAS AT THE TRAFFIC LIGHT WAITING TO TURN GREEN. SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE (SMW700M) WAS THE ONE THAT BANG ONTO ME.

AFTER THE ACCIDENT ME AND MY FRIEND SUFFERED INJURIES. I FELT PAIN ON MY NECK AND BACK. SO I WENT TO UNIHEALTH 24 HR CLINIC (TOA PAYOH) TO CONSULT A DOCTOR AND RECEIVED 3 DAYS.

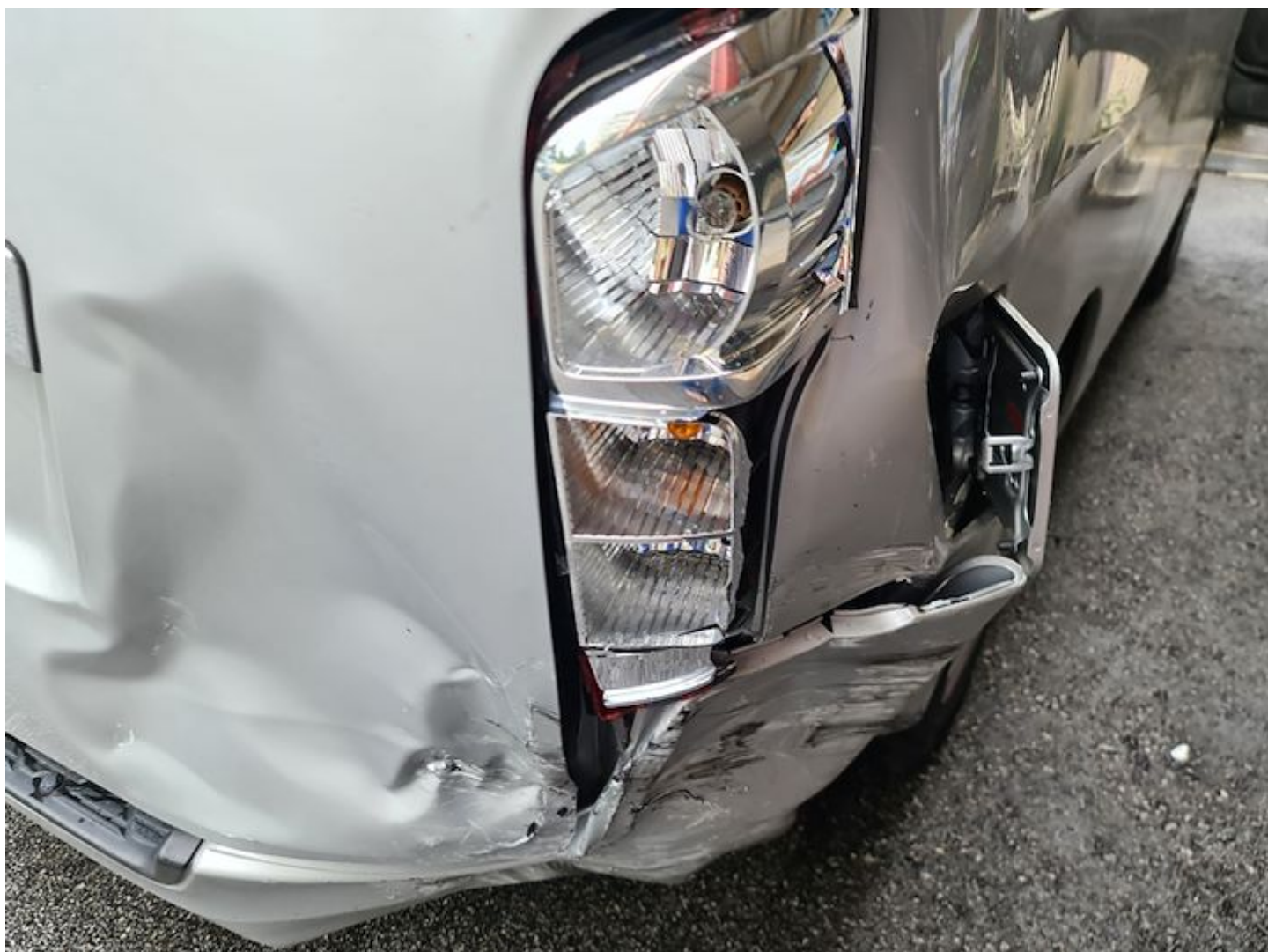


















**SINGAPORE
POLICE FORCE**



T/20211109/7005

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

1 of 3

Report No. T/20211109/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2021 05:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NG BOON KIAT			Address: 979A BUANGKOK CRESCENT #12-141 SINGAPORE 531979		
ID Type / ID No.: NRIC NO / S7216555A			Contact No.: Home/Office: Mobile: 97917868		
Nationality: SINGAPORE CITIZEN			Email: ngboonkiat6@gmail.com		
Sex: Male	Age: 49	Date of Birth: 09/05/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: HAWKER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2021 02:45	Type of Location: Straight Road
Location: HILL STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBG702Y	Van	NISSAN	NV350 PANEL VAN 2.5 5AT 5DR EURO V	Silver	Seriously Damaged	1
SMW700M	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211109/7005

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

2 of 3
Report No. T/20211109/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG702Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210046527	10/06/2021	09/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	THO PENG HOCK	ID No.	S7567228D
Related Vehicle	GBG702Y (Van)	Contact No.	85181591
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	09/11/2021	Date	09/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	NG BOON KIAT	ID No.	S7216555A
Related Vehicle	GBG702Y (Van)	Contact No.	97917868
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	09/11/2021	Date	09/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME. I VEHICLE A BEARING CARPLATE (GBG702Y) WAS AT THE TRAFFIC LIGHT WAITING TO TURN GREEN. SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE (SMW700M) WAS THE ONE THAT BANG ONTO ME.

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**SINGAPORE
POLICE FORCE**

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



T/20211109/7005

3 of 3

Report No. T/20211109/7005

CONTINUATION OF REPORTSketch 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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
09/11/2021 05:14

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921BA0004 Vehicle Registration No: 6B67074
 Name (as shown in NRIC): Ng Boon Hui NRIC/FIN/Passport No: 5XXXX555A
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: ngboonhui6@gmail.com
 Date of Accident: 9/11/21 Time of Accident: 02:45
 Place of Accident: Hill St
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

change to OD claim

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

General Insurance Association Form