

# 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 ..... 03/01/2022 15:28 (SGT)  
Date of Accident ..... 31/12/2021 15:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SENGKANG EAST DR INFRT OF BLK 160  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL4754U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MOKUZAI CARPENTRY PTE LTD  
Company Reg No ..... 2XXXXX127N  
Email Address ..... mark\_mahcc@hotmail.com  
Mobile Phone No ..... (Phone) +65-91828312  
Alternative Phone No ..... +65-91828312

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210095035  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MAH CHEOK CHUNG, MARK  
NRIC No ..... SXXXX084G

Date Of Birth .....	12/04/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	23/06/2011
Driving experience .....	10 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98807722
Alt. Phone Number .....	-
Email Address .....	mark_mahcc@hotmail.com
Address .....	BLK 100 BEDOK NORTH AVE 4
Address complement .....	#05-1928
Postcode .....	460100
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20220102/7049

#### 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 WORKSHOP
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMH4098X
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 .....	MAH CHEOK CHUNG,MARK
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECKACHE
Injured person in which vehicle? .....	GBL4754U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

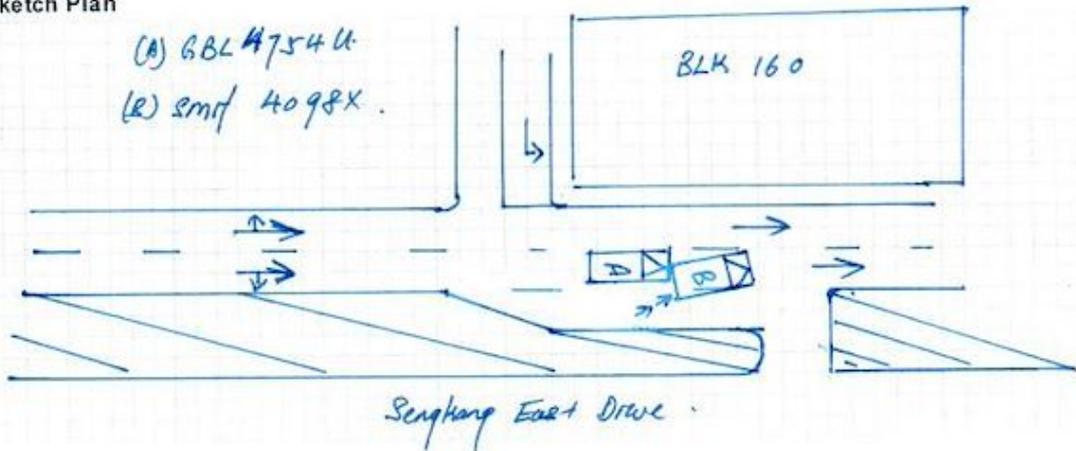
(collectively the "Purposes")

(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.

 <p>_____                  Policyholder Signature / Date &amp; Time</p>	 <p>_____                  Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p>03/01/22</p> <p>_____                  Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**



**Describe Circumstances of the Accident**

Ms refer to Police Report No :  
F/2022 0102 / 7049

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]* 03/01/22  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



F/20220102/7049

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**POLICE REPORT (NP299)**

Report No. F/20220102/7049

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 02/01/2022 19:56	Vide Report No.	Station Diary No.
Name Of Informant MAH CHEOK CHUNG, MARK	Address 100 BEDOK NORTH AVENUE 4 #05-1928 SINGAPORE 460100	
ID Type / ID No. NRIC NO / S8710084G	Contact No. Home/Office:	Mobile: 98807722
Nationality SINGAPORE CITIZEN	Email Address MARK MAHCC@HOTMAIL.COM	
Occupation Management consultant	Sex Male	Age 34
Institution/School Name	Date of Birth 12/04/1987	Race Chinese
Date/Time Of Incident 31/12/2021 15:30 - 31/12/2021 15:30	Location Of Incident RIVERVALE CRESCENT	

**Brief details.**

On the 31/12/2021 i was driving GBL 4754U on a straight road. Suddenly veh SMH4098X fliter out into my lane suddenly and jam brake with no vehicle ahead of SMH4098X. As it was raining n the floor was very wet my vehicle could not stopped in time causing my vehicle ( GBL4754U) front to hit the rear left portion of vehicle (SMH4098X). I felt neckache n when to consult the doctor at Mount Alvernia hospital n was give 5 days MC.

**Subjects Involved**

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2022 19:56
Officer In-Charge Of Case:	Classification Of Case:



















**SINGAPORE  
POLICE FORCE**



F/20220102/7049

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Occupation Management consultant	Sex Male	Age 34
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Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220102/7049

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220102/7049

Suspect			
Person Name	Liew Pak San		
Gender	Male		
Victim			
Person Name	MAH CHEOK CHUNG, MARK		
ID Type	NRIC NO	ID No	S8710084G
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Management consultant	Address	100 BEDOK NORTH AVENUE 4 #05-1928 SINGAPORE 460100
Mobile No	98807722	Is Informant A Victim?	Yes
Person Name	MAH CHEOK CHUNG, MARK (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2022 19:56
Officer In-Charge Of Case:	Classification Of Case: