

# 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 ..... 24/01/2022 12:48 (SGT)  
Date of Accident ..... 23/01/2022 13:00 (SGT)  
Exact Location of Accident ..... Near 9V96+Q5 Singapore  
Additional Location Information ..... JUNCTION OF CTE TURNING RIGHT INTO ANG MO KIO AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF1243Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG SAI KIN (WU SHIJIAN)  
NRIC No ..... SXXXX790D  
Email Address ..... NG.SAI.KIN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96615580  
Alternative Phone No ..... +65-96615580

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
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 ..... 1395

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800129481-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SAI KIN (WU SHIJIAN)  
NRIC No ..... SXXXX790D

Date Of Birth .....	28/02/1971
Occupation .....	Indoor
Date Of Driving Pass .....	26/05/1994
Driving experience .....	27 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96615580
Alt. Phone Number .....	+65-96615580
Email Address .....	NG.SAI.KIN@GMAIL.COM
Address .....	7 BISHAN ST 15
Address complement .....	#24-08
Postcode .....	573908
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	CHEONG SIEW LEE
Gender .....	Female

#### PASSENGER 2

Name .....	NG JUN YING
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

THE ACCIDENT HAPPENED AT JUNCTION OF NORTHBOUND CTE TURNING RIGHT INTO ANG MO KIO AVE 3. I DROVE INTO THE YELLOW BOX WHILE THE TRAFFIC LIGHT IS GREEN AND STOPPED INSIDE THE YELLOW BOX WHEN THE TRAFFIC LIGHT TURNED RED, WAITING FOR TRAFFIC IN FRONT OF ME TO MOVE. AFTER THE TRAFFIC LIGHT FURTHER DOWN THE ROAD TURNED GREEN AND CARS IN FRONT OF ME STARTED TO MOVE, I PROCEEDED TO TURN RIGHT. THE CAR THAT EVENTUALLY HIT ME APPEAR TO BE GIVING WAY. WHILE I WAS TURNING RIGHT, THERE IS ANOTHER CAR THAT IS PROCEEDING ON THE LANE THAT I WAS MOVING INTO. THIS CAR IS SPEEDING UP AND I HAVE TO STOP TO AVOID A CRASH WITH THIS CAR. THE CAR THAT WAS INITIALLY GIVING WAY HIT MY CAR, APPARENTLY DRIVING TOO CLOSE AND WAS NOT ABLE TO STOP IN TIME.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGU2288E
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	CHIN SHI KWANG
Contact Number .....	(Phone) +65-81807778
Address .....	-
Address complement .....	-
Postcode .....	-
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' 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.

*Signature*  
24/1/22

Policyholder's Signature / Date & Time 1145

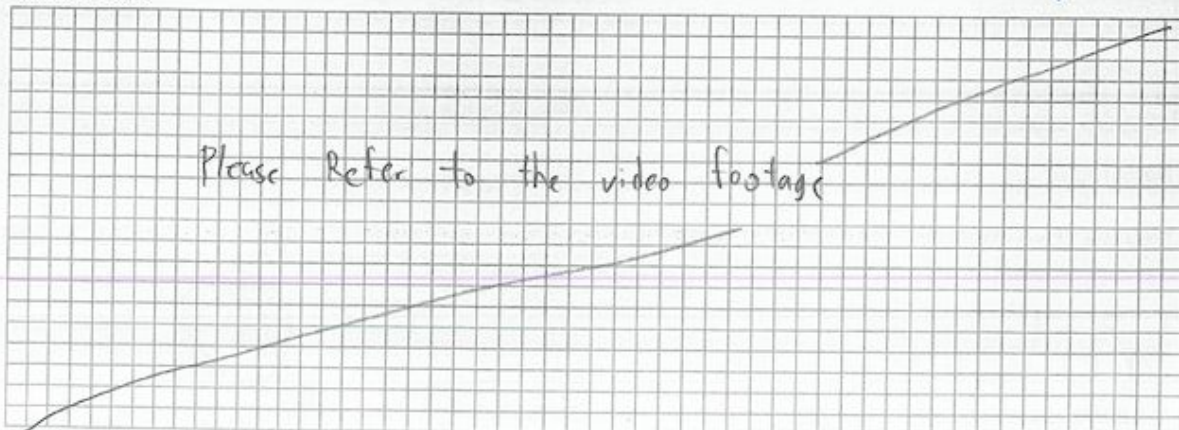
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

*Tony Fung*

Sketch Plan





Describe Circumstances of the Accident

The accident happened at junction of northbound CTE turning right into Ang Mo Kio Ave 3.

I drove into the yellow box while the traffic light is green and stopped inside the yellow box when the traffic light turned red, waiting for traffic in front of me to move.

After the traffic light <sup>further</sup> down the road turned green and cars in front of me started to move, I proceeded to turn right. The car that eventually hit me appear to be giving way. While I was turning right, there is another car that is proceeding on the lane that I was moving into. This car is speeding up and I have to stop to avoid a crash with this car.

The car that was initially giving way hit my car, apparently driving too close and was not able to stop in time.

Declaration

We declare the foregoing particulars are true in every respect.

*Ng Han Chin*  
24/1/22

Policyholder's Signature / Date & Time  
1145

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



Witnessed by Reporting Centre Personnel  
Tony Fung







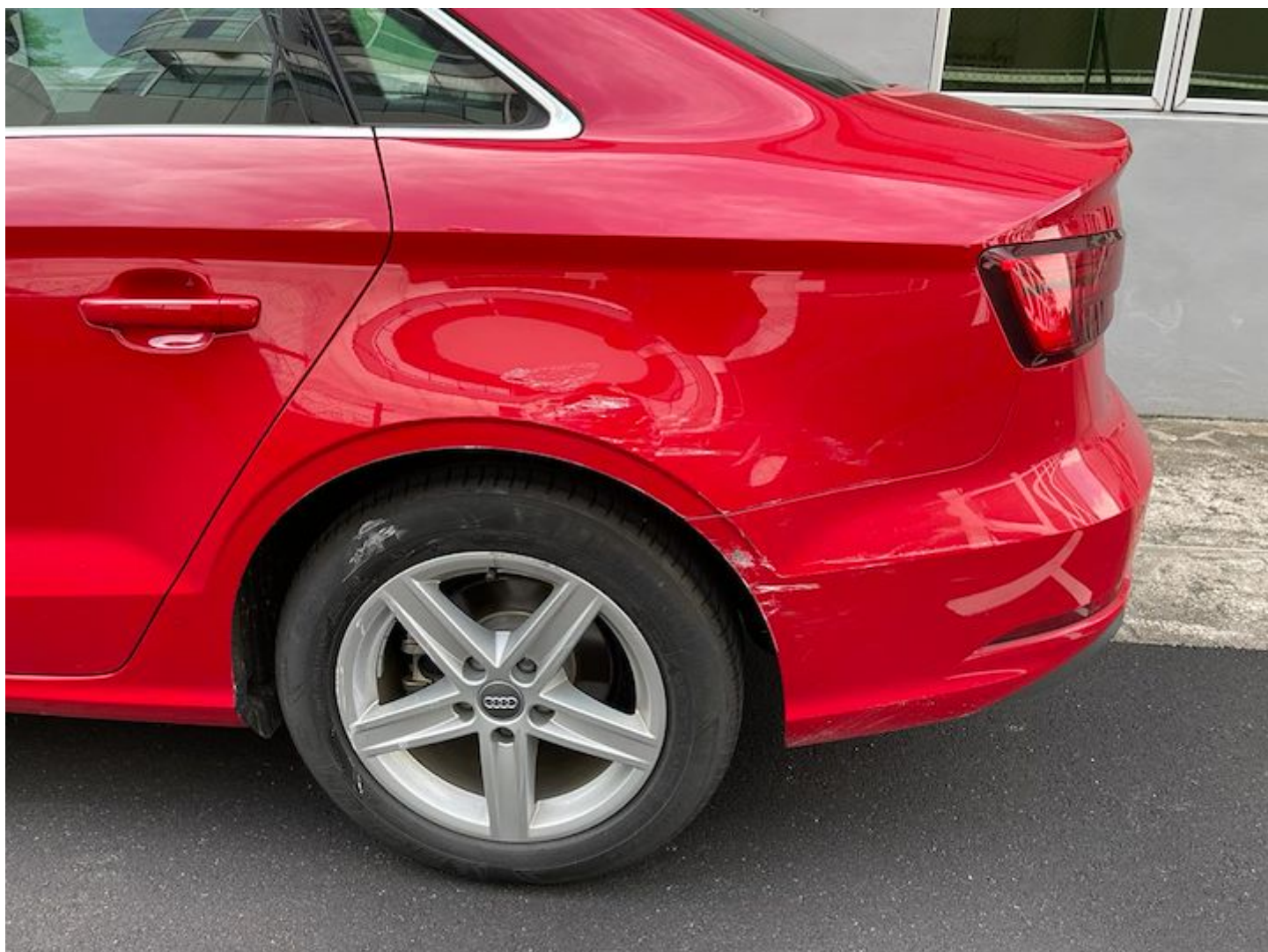






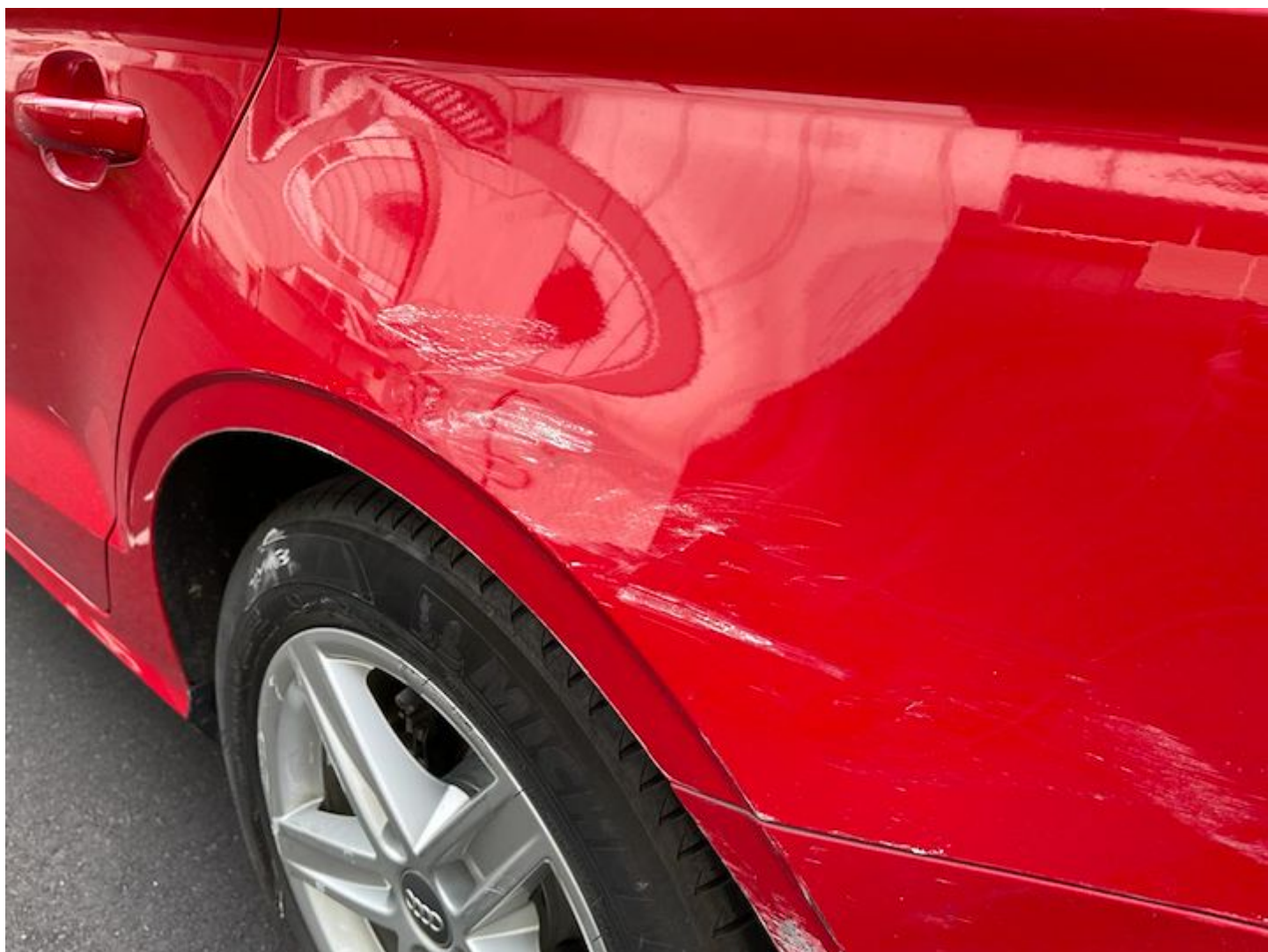












































## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6224 0010 Fax: (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S96550220 / GST Reg. No.: AM0001735

Claims

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

## ADDENDUM

## (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP0R221O0003 Vehicle Registration No: SMF1243Z  
Name (as shown in NRIC): NG SAI KIN NRIC/FIN/Passport No.: SXXXX790D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address: NG.SAI.KIN@GMAIL.COM  
Date of Accident: 23/01/2022 Time of Accident: 13:00  
Place of Accident: JUNCTION OF CTE TURNING RIGHT INTO ANG MO KIO AVE 3  
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

## (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:

TO CONVERT REPORT FROM THIRD PARTY CLAIM TO CLAIM OWN INSURANCE

*Ng Sai Kin*

Policyholder / Driver's Signature

Date: 9/2/2022



Reporting Centre Personnel's Signature

Name: Ang Fong  
NRIC/FIN No.: SXXXX94TE  
Date: 6/2