

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	30/09/2021 17:56 (SGT)
Date of Accident	29/09/2021 13:45 (SGT)
Exact Location of Accident	Eunos Ave 5, Singapore
Additional Location Information	TOWARDS PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4754U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOKUZAI CARPENTRY PTE. LTD
Company Reg No	202041127N
Email Address	alaric1987@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	NG TSU WEI,ALARIC(HUANG ZHIWEI)
NRIC No	S8733498H

Date Of Birth	20/10/1987
Occupation	Outdoor
Date Of Driving Pass	25/10/2010
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91828312
Alt. Phone Number	-
Email Address	alaric1987@hotmail.com
Address	61 SIMEI RISE
Address complement	#01-61
Postcode	528794
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

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	SMQ5673G
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 TSU WEI,ALARIC(HUANG ZHIWEI)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
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.



Policyholder's Signature / Date & Time

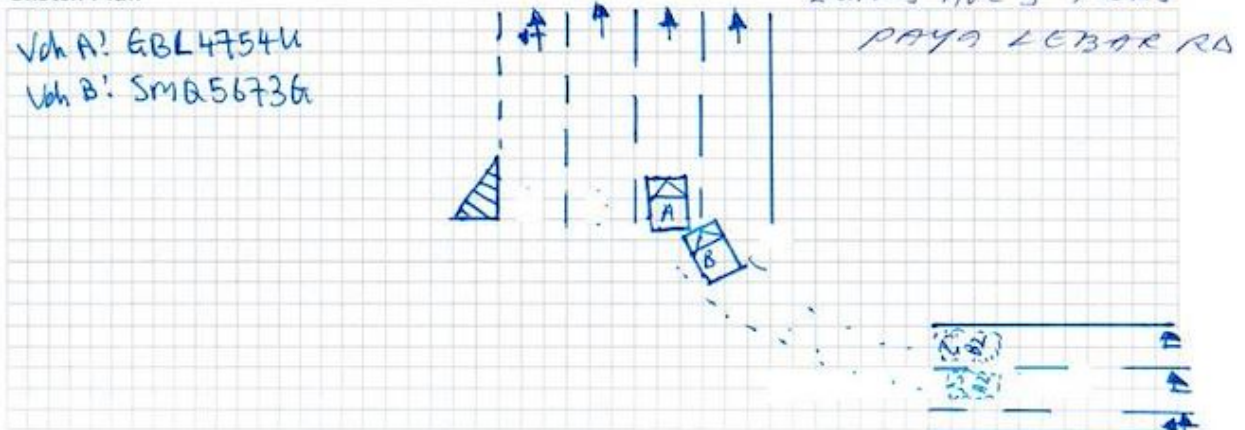
[Signature]

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

[Signature] 30/09/17

Witnessed by Reporting Centre Personnel

Sketch Plan



1. put in
to
Attorney

We declare the foregoing particulars are true in every respect.



in every respect.

2/08/21

ON THE STATED DATE AND TIME. I , VEHICLE A (GBL4754U) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. I THEN FILTER TO THE LEFT AND STOP AT THE SIDE OF THE ROAD. THE PERSON WHO BANG MY VEHICLE DID NOT STOP HIS/HER VEHICLE. AFTER I RETRIEVE MY IN CAR VIDEO FOOTAGE I REALISE THAT IS VEHICLE B (SMQ5673G) CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE REAR PORTION.

VEHICLE A : GBL4754U

VEHICLE B : SMQ5673G

















**SINGAPORE
POLICE FORCE**



T/20210929/7021

1 of 3

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

Report No. T/20210929/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2021 18:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG TSU WEI, ALARIC			Address: 61 SIMEI RISE #01-61 SINGAPORE 528794		
ID Type / ID No.: NRIC NO / S8733498H			Contact No.: Home/Office: Mobile: 91828312		
Nationality: SINGAPORE CITIZEN			Email: ALARIC1987@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 20/10/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Carpenter			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/09/2021 13:35	Type of Location: X-Junction
Location: EUNOS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 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
GBL4754U	Van					0
SMQ5673G	Car	KIA		Blue	Slightly Damaged	0



**SINGAPORE
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T/20210929/7021

2 of 3

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

Report No. T/20210929/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG TSU WEI, ALARIC	ID No.	S8733498H
Related Vehicle	GBL4754U (Van)	Contact No.	91828312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	29/09/2021	Date	29/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A (GBL4754U) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. I THEN FILTER TO THE LEFT AND STOP AT THE SIDE OF THE ROAD. THE PERSON WHO BANG MY VEHICLE DID NOT STOP HIS/HER VEHICLE. AFTER I RETRIEVE MY IN CAR VIDEO FOOTAGE I REALISE THAT IS VEHICLE B (SMQ5673G) CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE REAR PORTION. I FELT UNWELL AFTER THE ACCIDENT AND I WENT TO KOVAN INTEMEDICAL CLINIC TO SEE THE DOCTOR AND I WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210929/7021

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

3 of 3

Report No. T/20210929/7021

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 / TPiB /
KALESWARI PALANI
Contact No.: 65476902

NP168

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

Date/Time:
29/09/2021 18:16

Classification Of Case: