

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 Actual 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	06/07/2023 16:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2023 06:50 (SGT)
Exact Location of Accident	Seletar North Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3753K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KEH SIONG (HUANG JIAXIONG)
NRIC No	SXXXX622A
Email Address	andriyshev79@gmail.com
Mobile Phone No	(Phone) +65-97842379
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
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	1199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070180219-01

DRIVER

Name of Driver	NG KEH SIONG (HUANG JIAXIONG)
NRIC No	SXXXX622A
Date Of Birth	03/09/1979
Occupation	Indoor

Date Of Driving Pass	03/12/2003
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97842379
Alt. Phone Number	-
Email Address	andriyshev79@gmail.com
Address	BLK 274A PUNGGOL PLACE #03-808
Address complement	-
Postcode	821274
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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/20230706/7025

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4896U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISNA
Contact Number	(Phone) +65-91624396
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE6532J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KALUVARAYAN MANIKANDAN
Passport No/FIN	GXXXX113X
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	ISNA
Gender	Male
Phone No	(Phone) +65-91624396
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	GBG4896U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 interested.
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 issuing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties about delivery of the same as well as on the external cover of envelope/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/are to 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.

 6/7
Policyholder's Signature/ Date & Time


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

 06/07/2023
Witnessed by Reporting Centre Person(s)
(Name as in NRIC or ID)

Sketch Plan



SELETAR NORTH LINK

←

←

← [A] [B] [C]

A: SMX3753K B: GBA4896U C: XE6532J

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230706/7035

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)


Witnessed by Reporting Centre Personnel (Name as in NRCID card)





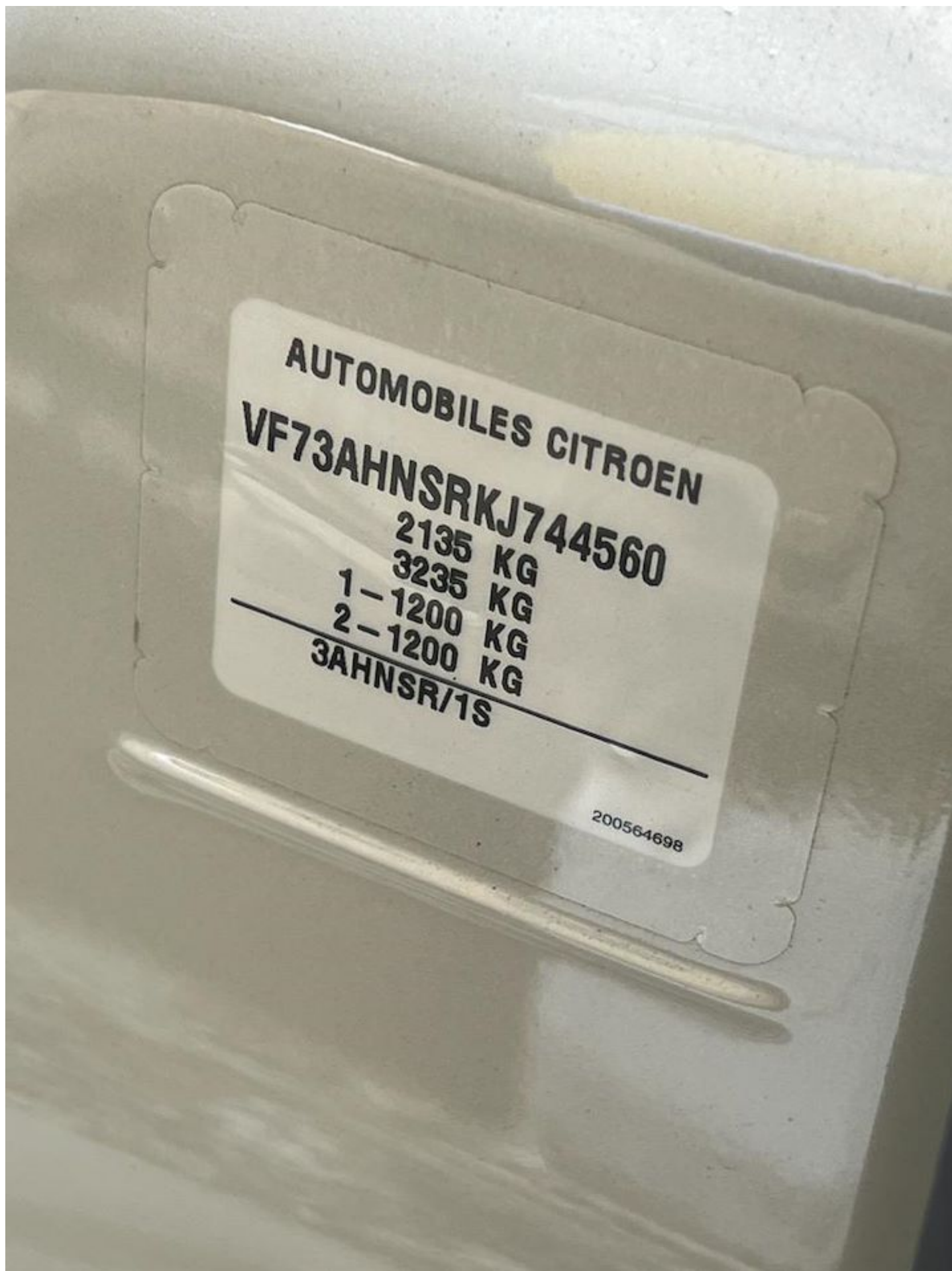













**SINGAPORE
POLICE FORCE**

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



T/20230706/7925

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Report No: T/20230706/7925

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2023 13:29		Vide Report No.: M/20230706/0009		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KEH SIONG			Address: 274A PUNGGOL PLACE #03-808 SINGAPORE 821274		
ID Type / ID No.: NRIC NO / S7926622A			Contact No.: Home/Office:		Mobile: 97842379
Nationality: SINGAPORE CITIZEN			Email: ANDRIYSHEV79@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 03/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Primary school teacher			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2023 06:50	Type of Location: T-Junction
Location: SELETAR NORTH LINK				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle against stationary vehicles at traffic light				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBG4896U	Van	NISSAN	NV200	Silver	Seriously Damaged	0
SMX3753K	Car	CITROEN	GRAND C4 SPACETOURER 1.2 (A)	Beige		0
XE6532J	Tipper Truck	MERCEDES BENZ		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

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



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Report No: T/20230706/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMX3753K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070180219-01	08/01/2023	07/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ISNA	ID No.	NIL	
Related Vehicle	G8G4896U (Van)	Contact No.	91624396	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Driver				
Name	NG KEH SIONG	ID No.	S7926622A	
Related Vehicle	SMX3753K (Car)	Contact No.	97842379	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	KALUVARAYAN MANIKANDAN	ID No.	G8228113X	
Related Vehicle	XE6532J (Tipper Truck)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

**SINGAPORE
POLICE FORCE**

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



T20230706/7025

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Report No. T20230706/7025

CONTINUATION OF REPORTBrief Details.

I was stationary in my vehicle SMX3753K at the traffic light (red) at about 6:50am at Seletar North Link (near the Punggol Marina Foreign Workers Dormitory). Then as the traffic light was about to turn green in my favour, my car was rear ended by the van GBG4896U.

I stopped my vehicle immediately and exited it when it was safe to do so, to check on the collision.

Upon exiting my car, I saw the lady van driver also exiting her van, limping, clearly injured.

I then realised that it was a big tipper truck, XE6352J, driven by a foreign worker, that had rear ended the van, causing the stationary van to lurch forward and hit my car.

The truck driver appeared uninjured.

Soon after, the lady moved to the side of the road, complaining of unclear vision, and showing me the bruise on her right shin.

I proceeded to help call her husband, who arrived in a motorcycle about 10mins later.

In that period, I had taken pictures and a video of the accident scene, and noted the truck driver's particulars.

Thereafter, I left the scene after the van lady (with the husband by her side) said that the police and ambulance are on the way.

**SINGAPORE
POLICE FORCE**

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



T/20230706/7025

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Report No. T/20230706/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH SEOW PING SHAYE
Contact No.: 65476310

NR1160

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

Date/Time:
06/07/2023 13:29

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: SN0823760002 Vehicle Registration No: SMX3753K
 Name (as shown in NRIC): NG Kell Simon NRIC/FIN/Passport No: SX XXX622A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 06/07/2023 Time of Accident: 06:55
 Place of Accident: SELETAR NORTH LINK
 Insurance Company: AIK

(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:

VEHICLE C ON SKETCH - PLATE TO XE6532J

Policyholder / Actual Driver's Signature
Date:

18/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

1/2022