

## 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 ability.
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 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 Report	12/10/2017 10:23
Date Of Accident	11/10/2017 16:45
Exact Location Of Accident	TOA PAYOH NORTH OPEN SPACE CARPARK INFRONT OF SPH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL601K
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62841542

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	WONG CHEE YUEN
NRIC No	S7308752Z
Date Of Birth	08/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### 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 this accident? NO  
Was any body injured in the Accident? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

#### 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 SHA5837U  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

### 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 Police for investigation.
6. The 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 lodgment 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)

(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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

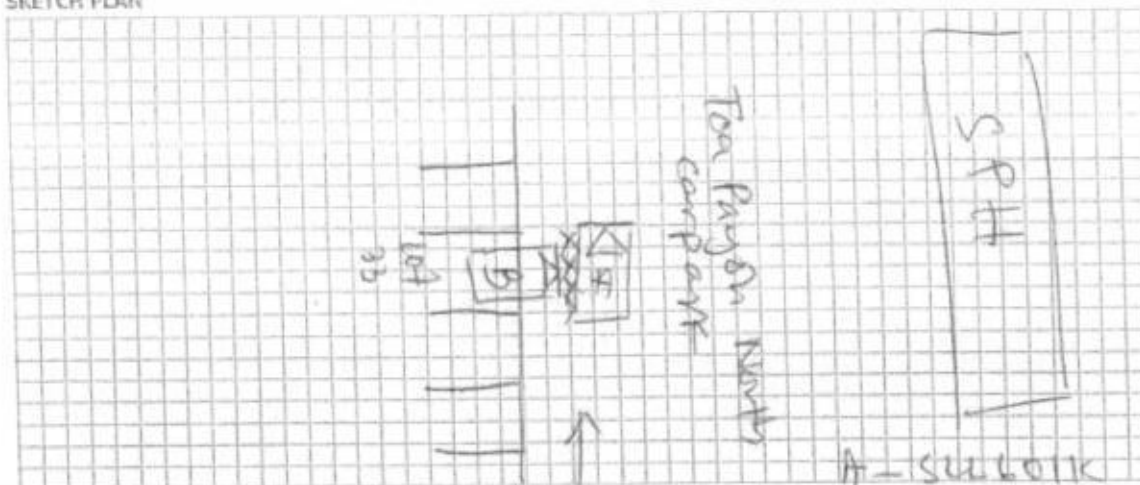
(e) the information so collected under (d) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving straight in the carpark, vehicle B suddenly exit out from the parking lot collided and grazed the left portion of my vehicle. The great impact caused me to hit the side of the car. my head

## DECLARATION

I/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:

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



**SINGAPORE  
POLICE FORCE**



T/20171012/2143

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

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Report No. T/20171012/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2017 17:26		Vide Report No.:	Station Diary No.: 22
<b>Informant's Particulars</b>			
Name of Informant: WONG CHEE YUEN		Address: APT BLK 76 LORONG LIMAU #13-09 SINGAPORE 320076	
ID Type / ID No.: NRIC NO / S7308752Z		Contact No.: Home/Office: Mobile: 96882929	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 08/03/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2017 16:45	Type of Location: Car Park
Location: Along Road 1 TOA PAYOH NORTH				
Along Toa Payoh North Open Space Car park in front of Singapore Press Holdings.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5837U	Car				Slightly Damaged	0
SLL601K	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

Report No. T/20171012/2143

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHUA CHEW MEOW	ID No.	S1780289E
Related Vehicle	SHA5837U (Car)	Contact No.	98192428
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	WONG CHEE YUEN	ID No.	S7308752Z
Related Vehicle	SLL601K (Car)	Contact No.	96882929
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/10/2017	Date Discharge	12/10/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/10/2017 at about 1645hrs, I was driving at Toa Payoh North Open Space Car park as I had just alighted a passenger in the vicinity. I was making my way out of the car park when I felt a bump. I initially thought that it was some debris on the road. However when I heard a scratching sound at the side of my car. I immediately stopped my vehicle. I exited my vehicle to make a check and discovered that a number plate(SHA5837U) was wedged between my car door and rim. I looked around and noticed a blue taxi occupying lot number 33 that was missing its front number. I talked to the taxi driver and we both decided to head down to Xin Min Autocare to assess the damages before deciding whether or not to claim. At about 1715hrs, we both arrived at the repair shop. The Technician informed that the cost of repair for my vehicle would amount to at least \$1000SGD/- . The technician then advised to claim. As such, I exchanged particulars with the cab driver. The taxi driver left while I drove to S3 Automotive, located at B/8 Xin ming industrial estate #01-64, to make a report for the claim.



**SINGAPORE  
POLICE FORCE**



T/20171012/2143

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Report No. T/20171012/2143

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

~~Sgt 3 ERWIN SUTRISNO BIN NADIMOH~~ *[Signature]*

*Sgt (2) Kockick Neo*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

*[Signature]*

Date/Time:

12/10/2017 17:26

Classification Of Case:

Authentication Stamp

NP168



SN (K)

*[Signature]*