

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 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	31/01/2018 14:26
Date Of Accident	16/01/2018 22:10
Exact Location Of Accident	ALONG ORCHARD TURN HEADING TWDS ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ2203K
Insured/Policyholder	
Name Of Registered Owner	WONG YOKE CHENG
NRIC No	S7388928F
Email Address	PINKIEPRIVATE@LIVE.COM
Mobile Phone No	(LOCAL) +65-96933438
Alternative Phone No	Office-96933438

Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 2.0 TFSI MU
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
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	NO
Policy Number	2100332105-04000
Cover Note Number	

Driver

Name of Driver	RICHARD SOO SIEW MENG
NRIC No	S7374539Z
Date Of Birth	24/09/1973
Occupation	INDOOR
Date Of Driving Pass	19/09/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567468
Fax Number	
Contact Number	
EMail Address	RICKOO@HOTMAIL.COM
	4 JALAN HANG KASTURI 1/7

Address	EAST LEDANG 79250 JOHOR
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	5
Passenger 1	Name: : WOKE YOKE CHENG Gender: : Female
Passenger 2	Name: : RYAN OO Gender: : Male
Passenger 3	Name: : RACHEL SOO Gender: : Male
Passenger 4	Name: : SOON SAU BAN Gender: : Male

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

REFER TO POLICE REPORT NO: T/20171216/2163

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	SHC185P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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)**

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.
- (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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: LIM KEE SIANG
NRIC/FIN No.: G8542564M



SKETCH PLAN



A: SGM 1048 E

B: SHC 185 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20171216/2163

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: LIM KEE SIANG
NRIC/FIN No.: 6850256114



Police Report



**SINGAPORE
POLICE FORCE**



1/201712192163

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
728887
Tel No: 1800-7559859

1 of 3
Report No: T201712192163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2017 23:50		Vide Report No.:		Station Diary No. 171
Informant's Particulars				
Name of Informant: RICHARD SOO SIEW MENG		Address: 4 JALAN HANG KASTURI 1/7 EAST LEDANG 79250 JOHOR		
ID Type / ID No.: NRIC NO / S7374535Z		Contact No.: Home/Office: Mobile: 98557468		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 44	Date of Birth: 24/09/1973	Type of Informant: Driver	
Race: Chinese	Language: English		Institution / School Name	
Occupation: Architect	Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 18/12/2017 22:10	Type of Location: X-Junction
Location: Along Road 1 ORCHARD TURN Along Orchard Turn heading towards Orchard Boulevard			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against Stationary Vehicle - Side Swipe			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM1048E	Car	AUDI	A8 2.0 TFSI MU	Silver	Slightly Damaged	5
SHC185P	Car	HYUNDAI		Yellow	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: N/L	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



1201712165163

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228852
Tel No: 1800-2569959

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Report No: 1201712165163

CONTINUATION OF REPORT

Driver			
Name	RICHARD SOO SIEW MENG	ID No	S7374539Z
Related Vehicle	SGM1049E (Car)	Contact No.	99587488
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
Driver			
Name	LIM SODI LYE	ID No.	S14251CBA
Related Vehicle	SHC185P (Car)	Contact No.	95435531
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/2017 at about 10:10pm, I was traveling along Orchard Turn on the left lane. At the turn into Orchard Boulevard before the pedestrian crossing, I stopped my car to allow pedestrians to cross. Subsequently, a yellow taxi came and also stopped before the pedestrian crossing on the right lane beside me. When the pedestrians have finished crossing, the taxi went to turn in. My car was still stationary when the taxi side swiped mine. His left rear passenger side had swiped my car on my front right side.

As a result, my car sustained scratches, paint marks and a dent on the front right side. We then alighted and exchanged particulars with one another. I wish to state that at all times, I was completely within my lane. As such, the side swipe occurred as a result of him moving into my lane when he turned in. Nobody was injured. I am lodging this report for insurance purposes.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampung Java N.P.C
21 Kampung Java Road SINGAPORE
228852
Tel No. 1800-2953999



T201712182183

3 of 3

Report No. T201712182183

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 65474886 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt J ERWIN SUTRISNO BIN NADIMDH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
IP / G/A /
Staff Sgt TANG SIEW PING
Contact No: 65475430

Authentication Stamp
SP161

Signature Of Informant

Date/Time
18/12/2017 23:50

Classification Of Case

Accident Photo



Accident Photo



Accident Photo



Accident Photo

