

## 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	22/12/2017 17:02
Date Of Accident	22/12/2017 12:05
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8453S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANG KOK SIONG
NRIC No	S1209360H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96357131
Alternative Phone No	OFFICE-96357131

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6L 6A/T ABS AB 2WD 4DR
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	2100296732-05000
Cover Note Number	

### Driver

Name of Driver	KANG CHEANG WAN, BENJAMIN (JIANG ZHANGYUAN, BENJAM
NRIC No	S8337444F
Date Of Birth	19/11/1983
Occupation	INDOOR
Date Of Driving Pass	19/11/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92725144
Fax Number	
Contact Number	OFFICE-92725144
EEmail Address	NOEMAIL

Address	BLK 756 JURONG WEST STREET 74 #15-58
Postcode	640756
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	8
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : KANG KOK SIONG GENDER: : MALE
Passenger 2	NAME: : LOW BENG CHOO GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171222/2089.

#### 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	SLQ5369Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO CHEE MENG

NRIC/Passport Number	S8012696D
Contact Number	90589445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF4396G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAW CHEE SIONG
NRIC/Passport Number	S7510448J
Contact Number	97982123
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDR9378J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POLLYANNA LIEW POH LING
NRIC/Passport Number	
Contact Number	88283376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLT8060B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR MAHMUD
NRIC/Passport Number	
Contact Number	90589445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SJJ3782K
Vehicle Make/Model/Colour	

**Details Of Properties**

Vehicle Category	PRIVATE CAR
Name of Driver	DAVID LIM SHENG HUI
NRIC/Passport Number	
Contact Number	97552888
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 6**

Vehicle Registration Number	SHB4628H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR CHUA
NRIC/Passport Number	
Contact Number	91827262
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 7**

Vehicle Registration Number	SDM7882J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO AIK MING
NRIC/Passport Number	
Contact Number	94873015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	KANG CHEANG WAN, BENJAMIN (JIANG ZHANGYUAN, BENJAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE8453S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	KANG KOK SIONG
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	SKE8453S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	LOW BENG CHOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE8453S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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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.

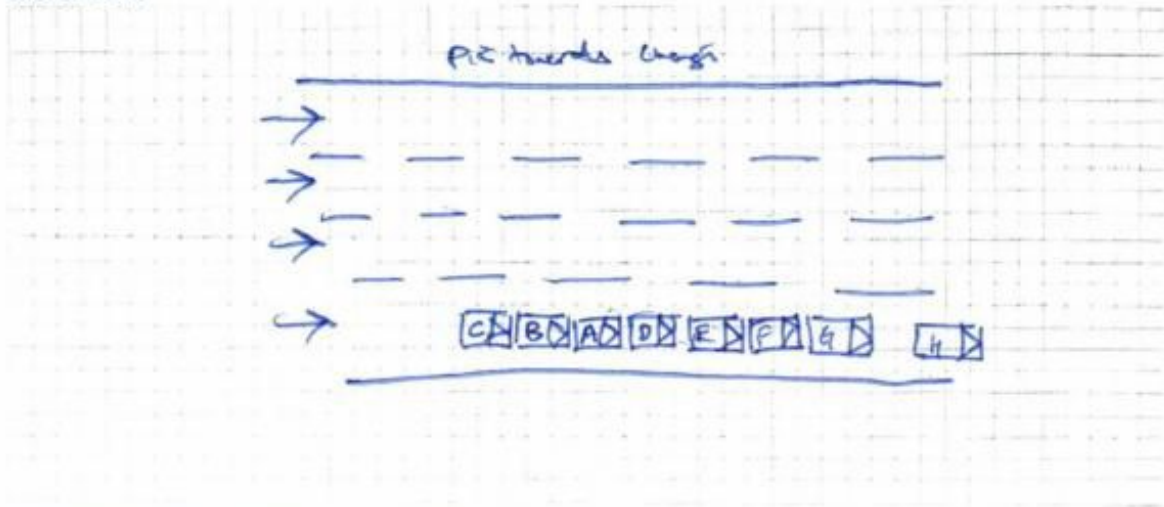
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no T/2017/222/2039

A - SKE P4535  
 B - SLO 5369Y  
 C - SJF 4396G  
 D - SOR 9378J  
 E - SLT 8060B  
 F - SJJ 3752K  
 G - SIB 4628H  
 H - COM 7882J

*[A large handwritten 'Z' mark is drawn across the remaining lines of this section.]*

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171222/2089

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20171222/2089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 15:15	Vide Report No.: D/20171222/0063	Station Diary No.: 34
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### Informant's Particulars

Name of Informant: KANG CHEANG WAN,BENJAMIN			Address: APT BLK 756 JURONG WEST STREET 74 #15-58 SINGAPORE 640756		
ID Type / ID No.: NRIC NO / S8337444F			Contact No.: Home/Office:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/12/2017 12:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Serangoon Road, 500M BEFORE EXIT TO CTE AMK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM7882J	Car					0
SDR9378J	Car					0
SHB4628H	TAXI					0
SJF4396G	Car					0
SJJ3782K	Car					0



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400009  
Tel No: 1800-7479999

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Report No. T/20171222/2089

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE8453S	Car					0
SLQ5369Y	Car					0
SLT8060B	Car					0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TEO AIK MING		ID No.	NIL	
Related Vehicle	SDM7882J (Car)		Contact No.	94873015	
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
Driver					
Name	POLLYANNA LIEW POH LING		ID No.	NIL	
Related Vehicle	SDR9378J (Car)		Contact No.	88283376	
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
Driver					
Name	MR CHUA		ID No.	NIL	
Related Vehicle	SHB4628H (TAXI)		Contact No.	91827262	
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

# Police Report



**SINGAPORE  
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T/20171222/2089

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Police Station Of Origin:  
Kampong Ubi NPP  
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400009  
Tel No: 1800-7479999

Report No. T/20171222/2089

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HAW CHEE SIONG	ID No.	S7510448J
Related Vehicle	SJF4396G (Car)	Contact No.	97982123
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
<b>Driver</b>			
Name	DAVID LIM SHENG HUI	ID No.	NIL
Related Vehicle	SJJ3782K (Car)	Contact No.	97552888
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
<b>Driver</b>			
Name	KANG CHEANG WAN, BENJAMIN	ID No.	S8337444F
Related Vehicle	SKE8453S (Car)	Contact No.	92725144
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>Passenger</b>			
Name	LOW BENG CHOO	ID No.	S1561920A
Related Vehicle	SKE8453S (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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



# Police Report



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T/20171222/2089

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Report No. T/20171222/2089

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	KANG KOK SIONG	ID No.	S1209360H
Related Vehicle	SKE8453S (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	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
<b>Driver</b>			
Name	HO CHEE MENG	ID No.	S8012696D
Related Vehicle	SLQ5369Y (Car)	Contact No.	90589445
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
<b>Driver</b>			
Name	MR MAHMUD	ID No.	NIL
Related Vehicle	SLT8060B (Car)	Contact No.	90589445
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 the above mentioned date, time and place, I was involved in a traffic accident. I was travelling on 1st lane of a 4-lane road. As I was travelling, suddenly, the vehicle in front of me stop. I managed to stop in time. Suddenly, I felt an impact from the rear. The impact caused vehicle to surge forward and colliding onto the vehicle in front of me. I got out of my vehicle and realized there was a total of 8 cars involved in the incident and I am the 6th vehicle. All the drivers exchanged their particulars. Ambulance and Traffic Police came to scene to assist. My parents who was in my vehicle, was conveyed by ambulance to TTSH. My mother suffered swelling on her right knee and left hand. My father had difficulty breathing due to the impact My vehicle suffered major dents and damages on both the front and back bumpers. I was not conveyed however, I am feeling some pain on my right wrist and minor abrasions on my left arm.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20171222/2089

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CONTINUATION OF REPORT

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T/20171222/2089

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400009  
Tel No: 1800-7479999

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Report No. T/20171222/2089

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:

G/ *SS Mubol Farhan*  
Sgt-3 MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant:

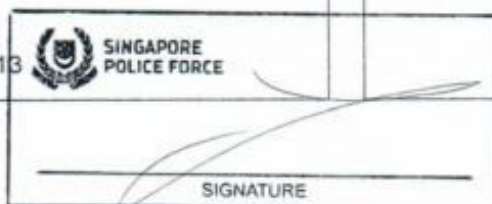
Signature Of Interpreter:  
Not applicable

Date/Time:  
22/12/2017 15:15

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

