

## 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 17:56
Date Of Accident	21/12/2017 15:30
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8970R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SL1253
Co Reg No	53335093W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-90078663

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	UBERING
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LOH SOW LEI
NRIC No	S7064649H
Date Of Birth	09/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1998
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90078663
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	8 BUTTERWORTH LANE
Postcode	#01-09 439423
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	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	
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: : UNKNOWN Gender: : Female
Passenger 2	Name: : UNKNOWN Gender: : Female
Passenger 3	Name: : UNKNOWN Gender: : Female
Passenger 4	Name: : UNKNOWN Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 267 ONAN ROAD , <b>POSTCODE:</b> 424773 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3459999 - <b>FAX NO:</b> 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD9838P
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL WEE LIANG EE
NRIC/Passport Number	S7477864Z
Contact Number	98502252
Address	

Postcode

Insurance Company NameAIG Asia Pacific Insurance Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSLP7818K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of DriverAMANPREET KAUR

NRIC/Passport NumberS8574260D

Contact Number81136649

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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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 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 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.:

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls. refer to police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999



T/20171222/2068

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Report No. T/20171222/2068

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 13:52		Vide Report No.:		Station Diary No.: 15	
<b>Informant's Particulars</b>					
Name of Informant: LOH SOW LEI			Address: 8 BUTTERWORTH LANE #01-09 SINGAPORE 439423		
ID Type / ID No.: NRIC NO / S7064649H			Contact No.: Home/Office: Mobile: 90078663		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 09/04/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2017 15:30	Type of Location: Straight Road
Location: Along Road 1 BRAS BASAH ROAD Near to Carlton Hotel junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD9838P	Car	BMW		Grey	Seriously Damaged	0
SLP7818K	Car	TOYOTA	Vios	Grey	Slightly Damaged	1
SLQ8970R	Car	CITROEN	C4 Picasso	White	Slightly Damaged	4

## Details of Person Involved

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

POLICE REPORT



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Report No. T/20171222/2068

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MICHAEL WEE LIANG EE		ID No. S7477864Z
Related Vehicle	SKD9838P (Car)		Contact No. 98502252
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	AMANPREET KAUR		ID No. S8574260D
Related Vehicle	SLP7818K (Car)		Contact No. 81136649
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	LOH SOW LEI		ID No. S7064649H
Related Vehicle	SLQ8970R (Car)		Contact No. 90078663
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2017		Date Discharge 21/12/2017
No. of Days granted Medical Leave	05		Degree of Injury Slight

**Brief Details.**

On the 21/12/2017 at about 1530hrs, I was driving for Uber in my own car (SLQ8970R) and there were 4 passengers in my car. I was driving along Bras Basah Road near to Carlton Hotel when suddenly the car in front of me (SLP7818K) came to a stop. I managed to jam brake in time behind the car in front without colliding into it. Suddenly, the car behind me (SKD9838P) collided into my car with a great force causing my car to hit the car in front.

I came out of the car to make a check. Everyone who was involved in the accident was not injured. I managed to exchange particulars with the 2 drivers involved. The car behind me could not be driven anymore and had to be towed away as the front part was badly damaged. My car could still be driven but was damaged at the rear and front. The car in front of me had a minor dent on the rear.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20171222/2068

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Report No. T/20171222/2068

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**CONTINUATION OF REPORT**

Later that day I felt some strain on my neck and headache also. I went to see the doctor at Mount Alvernia Hospital and received 5 days of MC.

**POLICE REPORT**





**SINGAPORE  
POLICE FORCE**

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Report No. T/20171222/2068

**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 /  
Staff Sgt SYED FAIZ BIN SYED SHAMSHUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI GOH GEOK LYE  
Contact No. 65474885

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
22/12/2017 13:52

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



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