

## 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	03/01/2018 16:57
Date Of Accident	02/01/2018 10:20
Exact Location Of Accident	CTE TWDS CITY AT ANG MO KIO AVE 5 EXIT (L/P 96)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5494P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOCTOR COOL PTE LTD
Co Reg No	201502388G
Email Address	INFO@DOCTORCOOLSG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-82776757

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700047454
Cover Note Number	

### Driver

Name of Driver	WONG YI LIN
NRIC No	G7452532L
Date Of Birth	08/08/1984
Occupation	INDOOR
Date Of Driving Pass	04/03/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90214722
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 11 WOODLANDS CLOSE #03-24
Postcode	737853
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own 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
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)	2
Passenger 1	NAME: : YAP HONG TAT GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20180102/2142.

#### 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	SBA1168P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	YEO ZHUI PEI
NRIC/Passport Number	
Contact Number	98161133
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

3/1/18

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



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

## Sketch Plan #2 Pg. 1

### SKETCH PLAN

CTE → CITY ANG MO KIO AVE 5 EXIT (LAMP POST 96)

A) GBG 5494 P

B) SBA 1168P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report NO: T/20180102/2142.

DECLARATION ~~FOO~~

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.: \_\_\_\_\_

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**SINGAPORE  
POLICE FORCE**



T/20180102/2142

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20180102/2142

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2018 16:37	Vide Report No.:	Station Diary No.: 110
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**Informant's Particulars**

Name of Informant: WONG YI LIN			Address: C/O APT BLK 11 Woodlands Close #03-24 Woodlands 11 SINGAPORE 737853		
ID Type / ID No.: FIN NO / G7452532L			Contact No.: Home/Office: Mobile: 90214722		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 33	Date of Birth: 08/08/1984	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2018 10:20	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY  Along CTE towards City, Ang Mo Kio Ave 5 Exit Lamp Post Number: 96				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBG5494P	Van	NISSAN	NV200	Grey	Slightly Damaged	1
SBA1168P	Car	TOYOTA	Wish			0

**Details of Person Involved**

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



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Report No. T/20180102/2142

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	YAP HONG TAT		ID No. S8825713H
Related Vehicle	GBG5494P (Van)		Contact No. 91260025
Hospital/Clinic	UNIHEALTH 24 HR CLINIC (ANG MO KIO)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	WONG YI LIN		ID No. G7452532L
Related Vehicle	GBG5494P (Van)		Contact No. 90214722
Hospital/Clinic	UNIHEALTH 24 HR CLINIC (ANG MO KIO)		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	YEO ZHUI PEI		ID No. S8825713H
Related Vehicle	SBA1168P (Car)		Contact No. 98161133
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 02 Jan 2018 at about 1020hrs, I was travelling in my company van (GBG5494P) together with my colleague (sitting at the front passenger seat) along CTE towards City at Ang Mo Kio Ave 5 exit (Near L/P: 96). As I was exiting Ang Mo Kio Ave 5, I stopped my vehicle at the give way line and was looking out for the oncoming vehicles coming from the right. Suddenly, I felt an impact from the rear and my vehicle surged forward from the impact. I then alight from my vehicle to make a check and noticed another vehicle (SBA1168P) had hit onto the rear of my van. I wished to state that at that point of time no one was injured or requires any immediate medical attention. We then exchange particulars and took photographs of the accident. I do not have any in-car camera installed in my vehicle and no government property damage. Thereafter, my colleague and myself was feeling unwell and went to consult a doctor, we were then given a 7 days MC.



**SINGAPORE  
POLICE FORCE**



T/20180102/2142

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Report No. T/20180102/2142

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20 Bishan Street 23 SINGAPORE 579757  
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CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20180102/2142

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Police Station Of Origin:  
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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180102/2142

## 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 /

Staff Sgt TAN AI HWEE, TERESA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2018 16:37

Officer In Charge Of Case:

TP / AEIT /

SI'ANG YI TING, STEPHANIE SN 070

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force