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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

alorosaia.	
	ACCIDENT STATEMENT
Date Of Report	27/12/2017 12:29
Date Of Accident	26/12/2017 00:55
Exact Location Of Accident	TPE TOWARDS SLE EXIT PUNGGOL RD TOP OF SLOPE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF2509M
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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	YES
Policy Number	999995056
Cover Note Number	
Driver	
Name of Driver	CHOO YONG SIONG

 NRIC No
 \$8537731J

 Date Of Birth
 08/11/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 03/08/2006

Driving Experience 11 YEARS AND 4 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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions **RAINING** Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 2

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 Witness 1

Name DARYL Phone Number 81026026

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBL5089A

Vehicle Make/Model/Colour YAMAHA R3 (GREY) Details Of Properties BIKE

Vehicle Category MOTORCYCLE

Name of Driver TIMOTHY CHUA HSIEN YIN

NRIC/Passport Number S9203925J Contact Number 94886965

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB4045P

Vehicle Make/Model/Colour QUEK CHONG SENG

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 97506776

Address Postcode

Insurance Company Name

Nature Of Damage DOOR DAMAGED

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TIMOTHY CHUA HSIEN YIN

Approximate Age

Injuries Sustain CHEST PAIN, HAND INJURY, FACE SWOLLEN

Injured person in which vehicle? FBL5089A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)
 - 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.

26/12/19

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

Oriver's Signature (If driver is not the policyholder)

Date & Time:

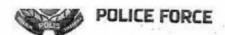
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

_	7 (B) motor	b/ke
SKETCH PLAN		towards pungool fown
towards sergicals town		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	A: my Car (SLF2509m) B: motorialee (F855069A) c: tlax; (SHB4045P) Note: tour door Sway year, has motorbilee, bike hat my ca
Refu to p	olice report.	PROPURITE, DIRE AND MY CA
Refu to in	rotos. (a) Can video feed.	
XSIV 1- W	car can vione pecal.	
DECLARATION We declare the foregoing perfid Office of the state of t	121	1
Policyholder's Signature	(If driver is not the policyholder) Name:	ting Centre Personnel's Signature : FIN No.:



T/20171226/7003

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20171226/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 26/12/20	ne Report M 017 12:28	ade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	lars	The second secon	
CHOO Y	Informant: ONG SION	3	Address: APT BLK 636C SENJA RO	OAD #19-343 SINGAPORE 673636
ID Type NRIC NO	/ ID No.:) / S853773	1J	Contact No.: Home/Office:	Mobile: 91796838
Nationali SINGAP	ty: ORE CITIZE	N .	Email: sembcrop@gmail.com	MODIE, 31730030
Sex: Male	Age:	Date of Birth: 08/11/1985	Type of Informants	3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Race: Chinese		***	Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information Class: 2B,2A,2,3	: Date of Expiry:

General Inform	nation of the Acciden	it	Control of the Contro	
Type of Accident:	Injury Attended by Polic	Drink	Date/Time of Accident: 26/12/2017 00:5	Type of Location X-Junction
TPE TOWARD	OS SLE SLIP ROAD E OS SLE EXIT AT PUN TO PUNGGOL TOW	GGOL ROAD EXIT. A	T THE TRAFFIC III	INCTION UP THE HILL.
Weather: Drizzling		Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Worl	king	50 Km/h Traffic Volume: Light
Type of Collision 1 HIT IN BETV	on: VEEN 2 STATIOARY (Anyone conveyed by ambulance: Yes

Details of V	enicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBL5089A	Motorcycle	YAMAHA	R3	Grey	Slightly Damaged	1
SHB4045P	TAXI	HYUNDAI		Blue	No Damage	1
SLF2509M	Car	MITSUBISHI	ATTRAGE	White	Slightly Damaged	2



T/20171226/7003

Police Station Of Origin: Traffic Police Division HQ 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000

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CONTINUATION OF REPORT

Details of Perso	on Involved	No Company	1000	S. S	
Any Pedestrian I	nvolved: No			19.72E 3.80E	C BROWN THE WARRY
No. of Pedestria	ns Injured: NIL	Use of Pe	doctric	n Cana	alam, MA
Rider .	THE RESERVE THE PROPERTY OF THE PARTY OF THE	USE OF FE	uesina	n Cross	sing: NA
Name	TIMOTHY CHUA HSIEN YIN		ID No).	S9203925J
Related Vehicle	FBL5089A (Motorcycle)		Contact No.		94886965
Hospital/Clinic NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/12/2017	Date Disc		NIL	4
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver		Dogree of	injury	Silgni	
Name	QUEK CHONG SENG		ID No		S2187201F
Related Vehicle	SHB4045P (TAXI)		Contact No.		97506776
Hospital/Clinic	NIL .		Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch			+
	ed Medical Leave NIL	Degree of			7- 1.
Oriver		3.00 0		STATE OF THE PARTY.	SALES TO LOOK OF THE REAL PROPERTY.
Vame	CHOO YONG SIONG		ID No.		S8537731J
Related Vehicle	SLF2509M (Car)		Contact No.		91796838
Hospital/Clinic	NIL		Class Driving Licenc Expiry	e&	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	reatment NIL Date Disch			NIL	
	ed Medical Leave NIL	Degree of		NIL	

Brief Details

ON 26/12/2017 AROUND 12:55AM, I AM DRIVING THE VEHICLE BEARING SLF2509M AS A PART TIME UBER USING SMOVE HOURLY RENTAL CAR, SENDING 2 RIDERS HOME FROM PASIR RIS TO 635 PUNGGOL DRIVE. I STOPPED AT THE TRAFFIC LIGHT OF THE ACCIDENT VENUE (1ST LANE). THE TRAFFIC JUNCTION IS A ONE WAY DIRECTION WITH THE 1ST LANE TURING RIGHT ONLY AND THE 2ND LANE GOING STRAIGHT OR TURNING RIGHT. THERE IS A COMFORT TAXI BEARING SHB4045P ON MY LEFT (2ND LANE). BOTH OF US HAVE ALREADY PULLED TO A STOP AND BOTH ARE STATIONART VEHICLE. SUDDENLY, I HEARD A BANG SOUND COMING FROM MY LEFT AND I REALISED THERE IS A MOTORBIKE PIDER (FRI 50804). DIN TO THE LEFT SIDE OF 186



T/20171226/7003

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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CONTINUATION OF REPORT

CAR. I WENT DOWN TO CHECK IT OUT IMMEDIATELY. THIS IS WHEN I REALISE THE TAXI REAR RIGHT SIDE PASSENGER DOOR WAS WIDE OPEN. MY ASSUMPTION IS THAT THE PASSENGER OF THE TAXI MUST HAVE SWING OPEN THE DOOR AND HIT THE MOTORBIKE RIDER AND THEN THE MOTORBIKE BANG ONTO THE REAR LEFT OF MY CAR. THE PASSENGER IN THE TAXI WAS A CHINESE LADY. MY UNDERSTANDING WAS THAT SHE OPEN THE TAXI DOOR TO VOMIT. HER ACTION OF OPENING THE DOOR HIT THE INCOMING MOTORBIKE AND THE MOTORBIKE HIT MY CAR. THE MOTORBIKE RIDER BY THE NAME OF TIM, WAS SUFFERING CHEST PAIN AND SEEM TO HAVE DIFFCULTY CATCHING HIS BREATH. THAT IS WHEN I CALL 999 TO INFORM THEM ABOUT THE ACCIDENT AND SEEK MEDICAL ATTENTION FOR THE MOTORBIKE RIDER. BY NOW THE TRAFFIC HAS BECOME JAM AS WE ARE BLOCKING BOTH LANES, THE TAXI UNCLE BY THE NAME OF QUEK WENT TO DIRECT THE TRAFFIC TO THE FILTER LANE AND I HELP THE RIDER TO GET OFF HIS BIKE AND WENT TO THE LEFT SIDE OF THE ROAD TO SIT DOWN AND REST. WHEN BOTH OF US RETURN TO OUR CAR, WE REALISED THE TAXI PASSENGER HAS GONE MISSING. SHE IS A CRITICAL ELEMENT OF THE ACCIDENT AND HAS RUN OFF THE SCENE BY NOW. LUCKLY, THE SCENE WAS CAPTURED ON A RECORDING CAMERA INSIDE THE CAR BEHIND US. THE DRIVER OF THE CAR THEN CAME TO US WITH THE VIDEO FEED WHICH CAPTURED THE WHOLE PROCCESS OF THE ACCIDENT. WHEN THE AMBULANCE ARRIVED, THE MOTORBIKE RIDER REFUSED TO GO HOSPITAL AND THE TRAFFIC POLICE HAVE NOT ARRIVED. HENCE THE PARAMEDIC ATTENDED TO THE MOTORBIKE RIDER AND THERE IS AN AUXILLARY POLICE ATTENDING TO THIS ACCIDENT. AFTER WHICH WE DECIDED TO LET THE INSURANCE SETTLE AND PRIVATE SETTLE OURSELF. HOWEVER, THEREAFTER I REALISED THAT THE MOTORBIKE RIDER WENT TO THE HOSPITAL TO SEEK TREATMENT. WITHOUT PREJUDICE, I AM LODGING THIS REPORT TO SAFEGUARD MY INTEREST AS AN INNOCENT PARTY.



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4 Report No. T/20171226/7003

CONTINUATION OF REPORT

Sketch Plan		*
Informant is	not able to provide sketch p	olan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2017 12:28		
Officer In Charge Of Case:	Classification Of Case:		

Driving License & I.C.

