

## 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	10/01/2018 14:10
Date Of Accident	09/01/2018 14:50
Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS BEDOK CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1174Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO CHUAN HUAT
NRIC No	S1306310I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98801191
Alternative Phone No	OTHERS-98801191

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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	1700009060
Cover Note Number	

### Driver

Name of Driver	KHOO CHUAN HUAT
NRIC No	S1306310I
Date Of Birth	31/12/1958
Occupation	INDOOR
Date Of Driving Pass	09/11/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98801191
Fax Number	
Contact Number	OTHERS-98801191
EEmail Address	NOEMAIL

Address	BLK 833 TAMPINES STREET 83 #07-26
Postcode	520833
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	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	2
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180110/2001

#### 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	FX7326S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD KHAIROL BIN SELAMAT
NRIC/Passport Number	S8532652Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KHOO CHUAN HUAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLP1174Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan


### 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.

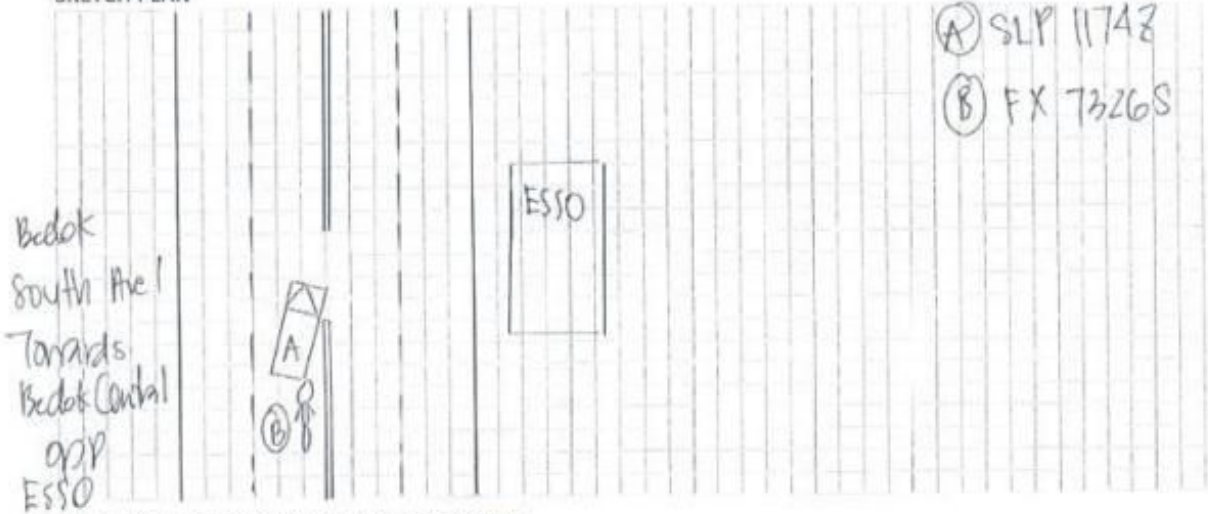
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09-01-2018 at about 1450hrs. I was travelling along Bedok South Ave 1 Towards Bedok Central Opposite ESSO Kiosk. At the junction, I was on stationary to turn to my right. While waiting for the main road to clear, all of a sudden I felt an hard impact from the rear. Then I realised a bike FX 7326S had collided onto my rear.

Police Report 1/20180110/2001

## 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:

 10/01/2018  
Reporting Centre Personnel's Signature  
Name: ROSE WAT/AB  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180110/2001

1 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180110/2001

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2018 00:14	Vide Report No.: G/20180109/0115	Station Diary No.: 1
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#### Informant's Particulars

Name of Informant: KHOO CHUAN HUAT			Address: APT BLK 833 TAMPINES STREET 83 #07-26 SINGAPORE 520833	
ID Type / ID No.: NRIC NO / S1306310I			Contact No.: Home/Office:	Mobile: 98801191
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 31/12/1958	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PROJECT ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:

#### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2018 14:40	Type of Location: Straight Road
Location: Along Road 1 BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FX7326S	Motorcycle			Red		0
SLP1174Z	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Slightly Damaged	0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLP1174Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700009060	26/05/2017	25/05/2018

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180110/2001

2 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180110/2001

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD KHAIROL BIN SELAMAT	ID No.	S8532652Z
Related Vehicle	FX7326S (Motorcycle)	Contact No.	NIL
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	Slight
<b>Driver</b>			
Name	KHOO CHUAN HUAT	ID No.	S1306310I
Related Vehicle	SLP1174Z (Car)	Contact No.	98801191
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/01/2018	Date Discharge	09/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 09/01/2018 at about 1445hrs, I was driving my car Reg no: SLP1174Z Mitsubishi red in colour travelling along Bedok South Avenue 1 and was waiting to make a U-turn in front of the patrol station when suddenly I felt a hard impact and a bang. I then realized that a m/cycle Reg no: FX7326S had hit the rear of my car. I then went out of my car and assist the rider. As he was lying down injured on the road however we decided to not move him and called for ambulance.

When the ambulance arrived, the rider was checked however was not conveyed. The traffic police also arrived at scene and took down both our particulars of me and the rider. My car rear bumper was damaged and dented. The m/cycle front part was slightly damaged and not sure what other damages it have.

On the same day at about 1800hrs, I felt pain at the back of my neck and shoulder and went to Mount Avernia Hospital A & E and was given 3 days medical leave.

**Sketch Plan #5**



**SINGAPORE  
POLICE FORCE**



T/20180110/2001

3 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180110/2001

CONTINUATION OF REPORT



Sketch Plan #6



SINGAPORE  
POLICE FORCE



T/20180110/2001

4 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180110/2001

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 /  
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD  
SALEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65476397

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/01/2018 00:14

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

