

## 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	07/01/2018 21:40
Date Of Accident	07/01/2018 11:35
Exact Location Of Accident	CTE LANE 2 HEADING FROM YIO CHU KANG TOWARD ORCHARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU807Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH MEILING SERENA
NRIC No	S8518779A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97268030
Alternative Phone No	Others-92962915

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100418750-02
Cover Note Number	

### Driver

Name of Driver	KOH MEILING SERENA
NRIC No	S8518779A
Date Of Birth	08/07/1985
Occupation	INDOOR
Date Of Driving Pass	03/06/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97268030
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	106N AH SOO WALK

Postcode	SINGAPORE 536739
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	
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	Name: : JASON LIM Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
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	MR KEONG
Phone Number	94551186
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBA6446D
Vehicle Make/Model/Colour	BLACK MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL AJEEZ RIYAZ
NRIC/Passport Number	G0268481R
Contact Number	98988040
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

8/1/18  
3-10pm

HAADMO SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/1/18  
3-10pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

## DECLARATION

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

Policyholder's Signature

Date & Time:

Date & Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Number of Passengers (Including driver)? 2

Passenger 1

Name : Jason Lim

Gender : M / F

Passenger 2

Name : \_\_\_\_\_

Gender : M / F

Passenger 3

Name : \_\_\_\_\_

Gender : M / F

Passenger 4

Name : \_\_\_\_\_

Gender : M / F

Passenger 5

Name : \_\_\_\_\_

Gender : M / F

Passenger 6

Name : \_\_\_\_\_

Gender : M / F

Passenger 7

Name : \_\_\_\_\_

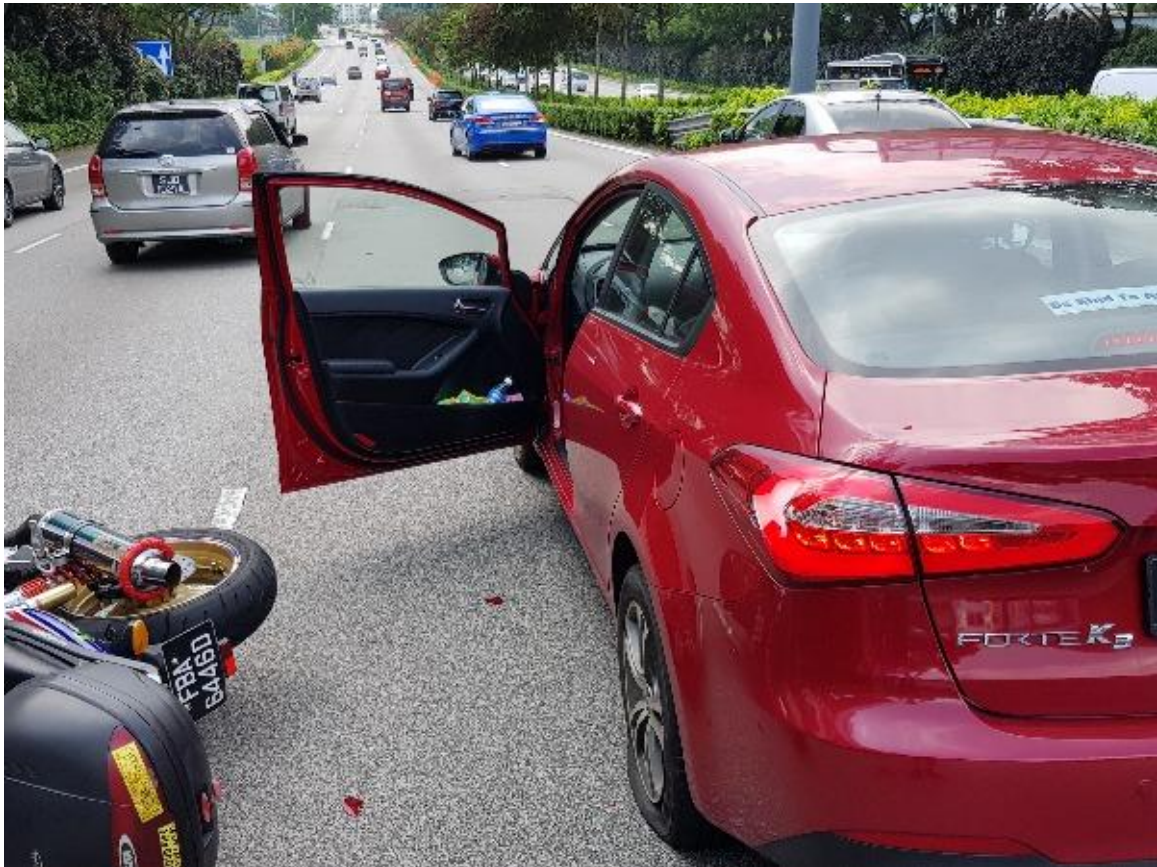
Gender : M / F



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



# Police Report



**SINGAPORE  
POLICE FORCE**



E/20180107/7007

1 of 3

## POLICE REPORT (NP299)

Police Station Of Origin  
Tanglin Police Divisional HQ  
21 Kamsong Java Road SINGAPORE  
226882  
Tel No: 1800-3810000

Report No. E/20180107/7007

Date/Time Report Made 07/01/2018 22:09		Video Report No.		Station Diary No.	
Name Of Informant KOH MEILING, SERENA		Address 108N AH SOO WALK SINGAPORE 536739			
ID Type / ID No. NRIC NO / S8518779A		Contact No. Home/Office:		Mobile: 97268030	
Nationality SINGAPORE CITIZEN		Email Address serenakoh85@gmail.com			
Occupation DOCTOR		Sex Female	Age 32	Date of Birth 06/07/1985	Race Chinese
Institution/School Name:		Language English			
Date/Time Of Incident 07/01/2018 11:35 - 07/01/2018 11:40		Location Of Incident CTE Lane 2 from Yio Chu Kang to Orchard approximately 300 meters before Ang Mo Kio Avenue 5 Exit 14			

### Brief details.

Traffic was stalled on CTE Lane 1 & 2 due to road works near Ang Mo Kio Avenue 5.

I was driving straight ahead slowly in lane 2 at approximately 10km/h when my car was hit from behind by a motorcyclist (G0268481R Abdul Ajeaz Rhyaz Tel:88988040 PlateFBA6446D).

I believe that he was weaving between vehicles in lane 2 and 3 at a high speed and lost control of his

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: 07/01/2018 22:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

## Police Report



SINGAPORE  
POLICE FORCE



E/201801077007

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/201801077007

motorcycle. I believe that the incident may also have been captured by the CTE traffic cameras.

I stopped my car to check on the motorcyclist. He was conscious, orientated and said he sustained no serious injuries. He declined ambulatory assistance.

A lorry driver from 'N Generation' company (Mr Keong Tel:64551186 Plate:YP3491R) was a witness to the incident and stopped to check on the motorcyclist as well. We exchanged contact details.

We moved our vehicles to the road shoulder to await vehicle recovery assistance. An LTA Road Marshal PC Aiyas later arrived.

The rear of my car body, including tail light, was damaged as well as my rear left tire.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	ABDUL AJEEZ RIYAZ		
ID Type	OTHERS / Driving Licence	ID No	G0266481R
Gender	Male	Age	40
Race	Indian	Mobile No	98988040
<b>Victim</b>			
Person Name	KOH MEILING, SERENA		
ID Type	NRIC NO	ID No	S8518779A
Gender	Female	Age	32
Race	Chinese	Language	English
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		07/01/2018 22:09	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



## Police Report



SINGAPORE  
POLICE FORCE



E/20180107/7007

3 of 3

POLICE REPORT (NP289)

CONTINUATION OF REPORT

Report No. E/20180107/7007

Occupation	DOCTOR	Address Type	
Address	108N AH SOO WALK SINGAPORE 536739	Mobile No	97288030
Is Informant A Victim?	Yes		
Person Name	KOH MEILING, SERENA (Informant)		

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: 07/01/2018 22:08
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

## Driving License

