

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 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	31/01/2018 13:55
Date Of Accident	30/01/2018 12:30
Exact Location Of Accident	ALONG JLN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9872K
Insured/Policyholder	
Name Of Registered Owner	BIKE DYNAMIC CENTRE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67496637

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	1700007567
Cover Note Number	-

Driver

Name of Driver	PHUA JUN WEI
NRIC No	S9230338A
Date Of Birth	20/08/1992
Occupation	INDOOR
Date Of Driving Pass	16/03/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835669
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 263 YISHUN ST 22 #10-169
Postcode	760263
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 - CHANGE/CROSS LANE
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?	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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SHD19G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAMASAMY S/O SINNAYAN
NRIC/Passport Number	S1058506F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name	PHUA JUN WEI
Approximate Age	
Injuries Sustain	LEFT OF MY RIB
Injured person in which vehicle?	GBF9872K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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 liability**.
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.:

Accident Sketch Plan

SKETCH PLAN

Stationary battery

A = GBF 9872K
C = SHD 19G

Jalan Besar

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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: 6

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180130/2102

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20180130/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2018 16:02	Vide Report No.: A/20180130/0069	Station Diary No.: 16
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: PHUA JUN WEI			Address: APT BLK 263 YISHUN STREET 22 #10-169 SINGAPORE 760263		
ID Type / ID No.: NRIC NO / S9230338A			Contact No.: Home/Office: Mobile: 91835669		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 20/08/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ADMIN STAFF			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 JALAN BESAR				
ALONG JALAN BESAR				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBF9872K	Lorry				Slightly Damaged	0
SHD19G	Car				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180130/2102

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No: T/20180130/2102

CONTINUATION OF REPORT

Driver			
Name	PHUA JUN WEI	ID No.	S9230338A
Related Vehicle	GBF9872K (Lorry)	Contact No.	91835669
Hospital/Clinic	JOASH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	30/01/2018	Date Discharge	30/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RAMASAMY S/O SINNAYAN	ID No.	S1058506F
Related Vehicle	SHD19G (Car)	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	NIL

Brief Details.

On 30/01/2018, I was travelling along Jalan Besar Road as I was doing a delivery for one of my customer. I was on the 2nd lane from the right the entire time while driving along Jalan Besar road. As I was driving I noticed a stationary lorry parked at the 1st lane of the road, but I did pay much attention to it as I was on the 2nd lane all the way. As I passed the stationary lorry, I suddenly felt an impact on the right side of my lorry. I quickly made a check and notice that the taxi behind me could have collided with the rear of my lorry. As such, I decided to park my lorry one side and make a check. As I came down, there was not much damage to the rear of my lorry only that the rubber mounting came off. The right front bumper of the taxi was slightly damaged, but no injuries to the driver of the taxi and his passenger.

I made a check on the driver, he questioned me why I abruptly enter the 2nd lane. However, I told him that I was in the 2nd lane all the way while travelling along Jalan Besar Road. During the conversation I noticed that there was a in-vehicle camera inside the taxi and I told the taxi driver to make a check to see whether was I in the wrong. However, he says that only the management can view it.

Shortly after, I noticed that he made a phone call and police soon arrived at scene. The Police officer interviewed both of us and advised me to lodge a formal traffic report and I acknowledge. As I was resuming back to my delivery, I felt slight discomfort at the bottom left of my rib, I decided to visit a clinic first and was given 3 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180130/2102

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No: T/20180130/2102

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:

F /

Sgt 2 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/01/2018 16:02

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

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



CHASSIS NO: JN1SC2F24Z0859408
U.L.W : 2160 KGS
M.L.W : 3500 KGS
P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00
TYRE SIZE : F: 175 x 80R 15PLY
R: 155 x 13R 8PLY (D)