

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	02/02/2018 16:32
Date Of Accident	02/02/2018 07:50
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6429A
Insured/Policyholder	
Name Of Registered Owner	HO YOON CHAN
NRIC No	S7104826H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94368718
Alternative Phone No	Others-94368718

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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?	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	2100469637-01000
Cover Note Number	

Driver

Name of Driver	HO YOON CHAN
NRIC No	S7104826H
Date Of Birth	09/02/1971
Occupation	INDOOR
Date Of Driving Pass	11/03/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94368718
Fax Number	
Contact Number	OTHERS-94368718
EMail Address	NOEMAIL

Address	BLK 271C PUNGGOL WALK
Postcode	#15-533 823271
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	CHAIN COLLISION
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?	YES
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)	4
Passenger 1	Name: : CHARLES Gender: : Male
Passenger 2	Name: : JASMINE Gender: : Female
Passenger 3	Name: : ALICIA Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN & STATEMENT

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	YM9268X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	ZAHARI BIN HARON
NRIC/Passport Number	S1324304B
Contact Number	90680600
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HO YOON CHAN
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLC6429A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SFZ 4556M	SLK 7271M	SLC 6429A	YM 9268 X
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Please refer to Police report.

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

[illegible]

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

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

SKETCH PLAN

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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:

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



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



**SINGAPORE
POLICE FORCE**



T/20180202/2061

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20180202/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 12:57	Vide Report No.:	Station Diary No.: 91
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Informant's Particulars

Name of Informant: HO YOON CHAN			Address: APT BLK 271C PUNGGOL WALK #15-533 SINGAPORE 823271	
ID Type / ID No.: NRIC NO / S7104826H			Contact No.: Home/Office: Mobile: 94368718	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 09/02/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/02/2018 07:50	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SFZ4556D	Car	TOYOTA	COROLLA 1.6	Red		0
SLC6429A	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Red	Slightly Damaged	0
SLK7271M	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	0



**SINGAPORE
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T/20180202/2061

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180202/2061

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM9268X	Lorry	MITSUBISHI	FE84BE6SR DEA	White	Slightly Damaged	10

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC6429A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100469637	20/05/2017	19/05/2018

Brief Details.

On 2/2/2018 at about 0750hrs, I was driving along Loyang Avenue bearing plate number SLC 6429A. My vehicle was stationary at the traffic junction of Loyang Avenue, lane 1 due to red traffic light. While my vehicle was at the traffic junction, vehicle bearing plate number YM 9268X hit the rear of my vehicle. As a result, the front of my vehicle moved forward and hit the rear of vehicle number bearing SLK 7271M. After which, the front of vehicle bearing plate SLK 7271M hit onto the rear of vehicle bearing plate number SFZ 4556M. All of the vehicles sustained damages from this incident. Traffic police and ambulance was at scene. I sustained injury on my neck area and was conveyed to Changi General Hospital. I am lodging this for recording purpose and to claim insurance. That's all.



**SINGAPORE
POLICE FORCE**



T/20180202/2061

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180202/2061

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 B HEMANRAJ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No:

SN 085

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

02/02/2018 12:57

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

