

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	06/02/2018 16:22
Date Of Accident	05/02/2018 15:45
Exact Location Of Accident	ALONG PIE NEAR KALLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2946C
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Insured/Policyholder

Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	999995166
Cover Note Number	

Driver

Name of Driver	KER TECK SENG
NRIC No	S1482778A
Date Of Birth	09/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6 MARSILING LANE
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	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?	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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : NA Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EX686A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW WEE KAH EDWIN
NRIC/Passport Number	S1251882Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JSN7555
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIU CIAN EE

NRIC/Passport Number

A50293517

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180206/2045

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20180206/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 10:45		Vide Report No.:		Station Diary No.: 33
Informant's Particulars				
Name of Informant: KER TECK SENG		Address:		
ID Type / ID No.: NRIC NO / S1482778A		Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 09/10/1961	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: UBER DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/02/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Near Kallang				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
EZ686A	Car	LEXUS	ES300h	Grey		0
JSN7555	Car	TOYOTA		Black		1
SLL2946C	Car	MAZDA	Mazda 3	Blue	Seriously Damaged	1
	Car					0

Accident Sketch Plan



**SINGAPORE
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T/20180206/2045

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Police Station Of Origin:
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Tel No: 1800-363 9999

Report No. T/20180206/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW WEE KAH EDWIN	ID No.	S1251882Z
Related Vehicle	EZ686A (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
Driver			
Name	LIU CIAN EE	ID No.	A50293517
Related Vehicle	JSN7555 (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
Passenger			
Name	CUBIL MAYETTE CIDRO	ID No.	S7767915D
Related Vehicle	SLL2946C (Car)	Contact No.	
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Accident Sketch Plan



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T/20180206/2045

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Report No. T/20180206/2045

CONTINUATION OF REPORT

Driver			
Name	KER TECK SENG	ID No.	S1482778A
Related Vehicle	SLL2946C (Car)	Contact No.	97807523
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/02/2018 at 1545hrs along PIE near Kallang, while I was driving my Uber car (Dark Blue, Mazda 3, SLL2946C) on the 1st lane on a four lane road. Suddenly, a car (Grey, Lexus ES300h, EZ686A) directly in front of my car jammed braked. As I could not stop in time, my car collided to the back of the said car. I got out of my car and saw that there the car directly in front of mine had crashed on the back of a Malaysian car (Black, Toyota Innova, JSN7555) which was in front of it. Furthermore, there Malaysian car too had crashed behind another car I did not managed to get the car plate number and particulars of the said car driver). My Uber rented car was seriously damaged on its front side. Subsequently, ambulance and traffic police came to attend to us. No one was sent to hospital. However, after my car was towed to Whitley Road / Thomson road heavy vehicle carpark. My female passenger and I had followed tow truck to the said heavy vehicle carpark. When we reached the said carpark, my passenger proceeded to Thomson medical centre where she received 4 days medical leave until Thursday (8 Feb 2018). No government properties involved.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20180206/2045

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Report No. T/20180206/2045

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
J /
Sgt 2 MUHAMMAD SHAFUDIN SHAH BIN
EFFENDI

Signature Of Informant:

x

Signature Of Interpreter
Not applicable

Date/Time:
06/02/2018 10:45

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

Accident Sketch Plan


SKETCH PLAN

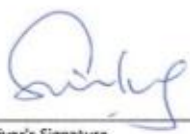
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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: 6/2/18 11:11am


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

Accident Sketch Plan

SKETCH PLAN

A: SLL 2946C
B: E2 626 A
C: JSN 7555
D: unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

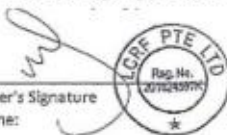
Refer to Police Report

7 / 2018 0206 / 2045

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:

Signature of the driver

6/2/18 11-11 am

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

Signature of the reporting centre personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1482778A



NAME
KER TECK SENG
郭德成

Race
CHINESE

Date of birth
09-10-1961

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S14
Name
KER TECK SENG

Valid Date 09 Oct 19
Issue Date 06 Feb 2000



0526



NRIC No. S1482778A



Place Group Date of issue
A 07-09-1992

APT BLK 514 HOUSANG AVENUE 10 #04-155
SINGAPORE 530514

NRIC No. S1482778A Date: 16-05-2000 No. 3755333

YOU ARE PERMITTED TO DRIVE VEHICLES OF THE FOLLOWING CLASS:

Class 2B Motor cycles not exceeding 250 cc
Class 3 Motor Cars and Motor Trucks the weight of which is below 3.5 tonnes

Issue Date 07 Oct 1992



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



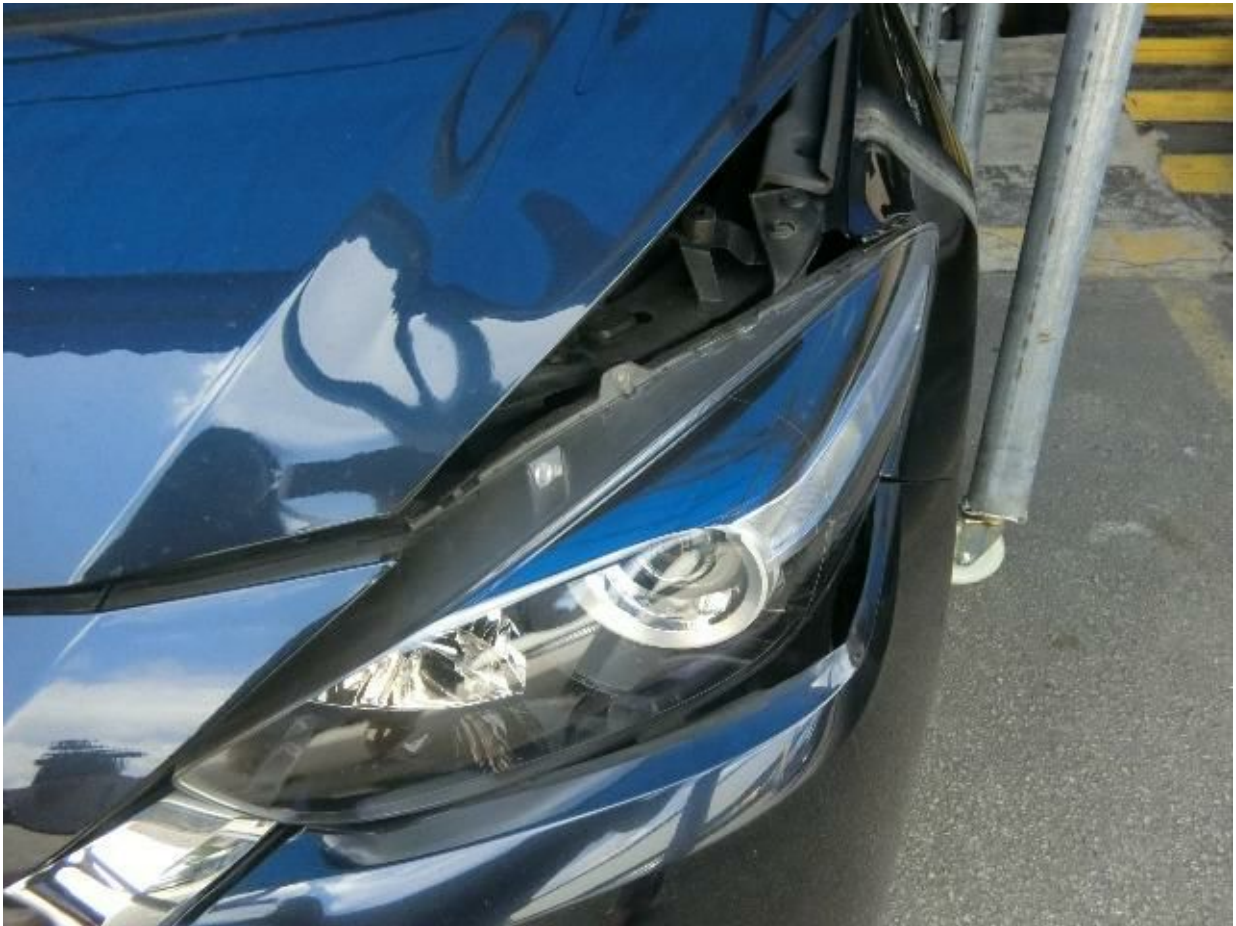
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