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 $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 policyliability 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	09/02/2018 18:48
Date Of Accident	08/02/2018 09:40
Exact Location Of Accident	KPE TUNNEL ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM5570C
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE
Exact Purpose for which vehicle was being used at time of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999995093
Cover Note Number	
Driver	
Name of Driver	CHONG WEE LEONG
NRIC No	S9078928G

NRIC No S9078928G

Date Of Birth 08/08/1990

Occupation OUTDOOR

Date Of Driving Pass 07/11/2013

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

44 BENOIRD BLOCK B

Was driver an employee of the Insured's Company

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? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1 Name: : UNKNOWN

Gender: : Male

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

YES

NO

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO PHOTOS ATTACHED, THANK YOU.

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

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEH. B 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

VEH. C

UNKNOWN

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEH. D

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEH. E

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)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEH. F

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)

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEH. G

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)

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEH. H

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)

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEH. I

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)

DETAILS OF OTHER VEHICLE PROPERTY 9

Vehicle Registration Number SHC8635E

Vehicle Make/Model/Colour

Details Of Properties VEH. J

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

SKETCH PLAM

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- 8y 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:

- 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

9/2/12

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Co

NRIC/FIN No .:

Personnel's Signature

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(G) UNKNOWN	
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I UNCNOWN	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
J) SHC8635E	SECURE CINCOMSTRUCES OF THE PACCISENT
	Please vien to Pilice Japan No: 7/2018008/20154
м.	
	DECLARATION I/We declare the foregoing particulars are true in every respect. Report No. 20 1 1 1 1 1 1 1 1 1





Police Station Of Origin:

Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

T/20180208/2154

1 of 3 Report No. T/20180208/2154

Date/Time Report Made: 08/02/2018 20:44			Vide Report No.:	Station Diary No.: 79	
Informant's Particulars				新闻·2010年1月日日本 14日日 - 14日 -	
	Informant: WEE LEO		Address: 238 ORCHARD BOULEVARD #21-05 SINGAPORE 23797		
ID Type / NRIC NO	ID No.: / S907892	28G	Contact No.: Home/Office: Mobile:		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 08/08/1990	Type of Informant:		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Private Hired Car Driver		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2018 09:40		Type of Location: Bend	
	AYA LEBAR EXPRES					
		Road Surface:	Road Surface:		Road Speed Limit:	
Clear		Dry	Dry		The state of the s	
Traffic Flow:		Traffic Control:	Traffic Control:		Traffic Volume:	
Dual Carriage Way Not		Not Controlled	Not Controlled		Heavy	
	Type of Collision: Between Moving Vehicles - Head To Rear					

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC8635E	Car					0
SLM5570C	Car				Slightly	1





T/20180208/2154

2 of 3

Report No. T/20180208/2154

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Brief Details.

On 08/02/2018 at about 0940hrs, I was driving my vehicle along MCE toward Harbourfront. At the entrance of KPE, I was driving behind a taxi(SHC8635E) at a speed of 20-30km/hr while entering KPE. The vehicle behind me was driving very close to my vehicle and he kept on high beaming me, I then accelerate my vehicle. As I was accelerating, I felt a jerk from the rear. All of a sudden, The taxi in front of my vehicle applied the e-brake and which I also applied my e-brake to prevent a collision. I did not managed to stop in time and collided into the taxi in front. As I was alighting from my vehicle, I discovered that there were an accident in front of the taxi and behind my vehicle. The were about a total of 10 vehicle involved in the accident. While the driver and I was exchanging particulars, The vehicle behind mine drove off. I made a check on my vehicle and discovered some paint marks left at the rear of my vehicle by the vehicle behind me.





Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

3 of 3 Report No. T/20180208/2154

Tel No: 1800-4880999

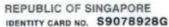
Sketch Plan

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 NGIO HAN BOON, DARREN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2018 20:44
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp Signature: Signature: Ore Police Force	







CHONG WEE LEONG

Date of birth 08-08-1990

59078928G

9339817

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

07 Nov 2013 th =< 7 07 Nov 2013

VMG USE ON

238 ORCHARD BOULEVARD #21-05 SINGAPORE 237973

MALAYSIAN 24-08-2015

CN-S9078928G

NP 428A



9 2 2018 18:39









Accident Photo



Accident Photo



