

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 | 20/02/2018 16:46 |
| Date Of Accident | 20/02/2018 00:50 |
| Exact Location Of Accident | COLLYER QUAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLH2088A |
| Insured/Policyholder | |
| Name Of Registered Owner | LCRF PTE LTD |
| Co Reg No | 201624597K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-31584255 |

Vehicle Particulars

| | |
|--|-------------------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS CLASSIC 1.6 CVT |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE HIRER |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999995061 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | CHRISTOPHER LOW CHOON HWANG |
| NRIC No | S7615823A |
| Date Of Birth | 30/05/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/07/1996 |
| Driving Experience | 21 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92394128 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address

249 JALAN BOON LAY

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

COLLISION - CROSS JUNCTION

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) 3

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE N.P.C

Police Station Address

ROAD: 300 MARINE PARADE ROAD , **POSTCODE:** 449296 , **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 POLICE REPORT T/20180220/2016

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

SHB6226X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLH2088A

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

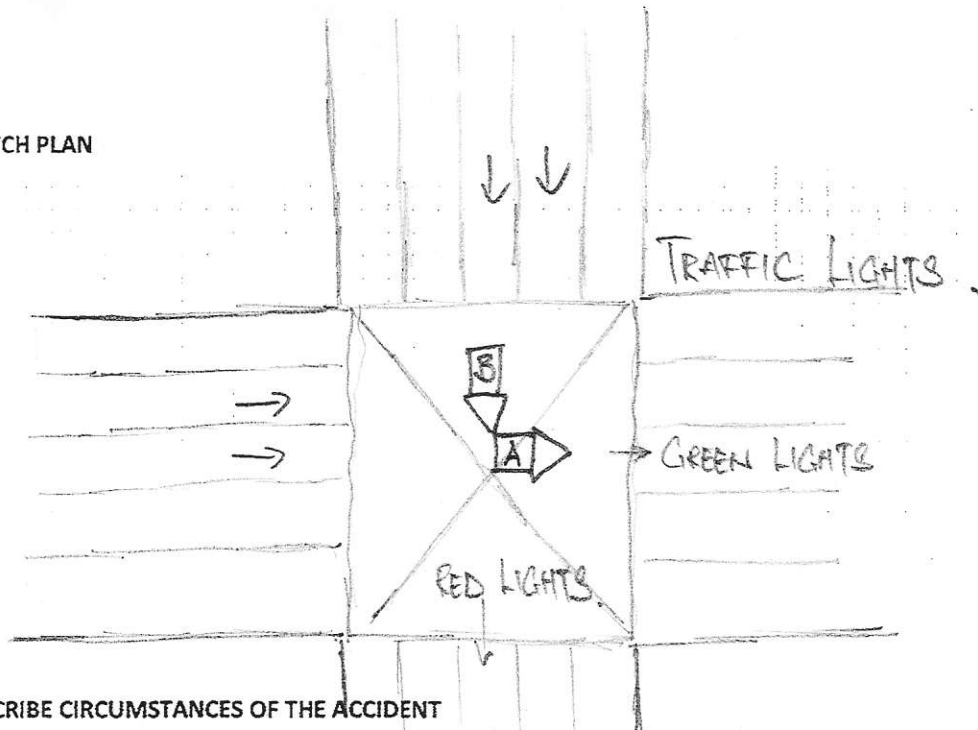
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A = SLH2088X
B = SHB6226X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Police Report T/20180220/2016

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:

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





SINGAPORE POLICE FORCE



T/20180220/2016

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20180220/2016

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|-------------------------|----------------------------|
| Date/Time Report Made: 20/02/2018 05:54 | | Vide Report No.: | | Station Diary No.: 9 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHRISTOPHER LOW CHOON HWANG | | | Address: APT BLK 66 MARINE DRIVE #12-184 SINGAPORE 440066 | | |
| ID Type / ID No.: NRIC NO / S7615823A | | | Contact No.: Home/Office: Mobile: 98480437 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 41 | Date of Birth: 30/05/1976 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: FULL TIME UBER DRIVER | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

| | | | | |
|---|---------------------------|---|--|--------------------------------------|
| General Information of the Accident: | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 20/02/2018 00:50 | Type of Location: X-Junction |
| Location: Along Road 1 COLLYER QUAY CROSS JUNCTION OF CENTRAL BLVD AND RAFFLES QUAY Lamp Post Number: 6 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|---|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHB6226X | Car | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Blue | Seriously Damaged | 3 |
| SLH2088A | Car | TOYOTA | COROLLA ALTIS CLASSIC 1.6 CVT | Grey | Seriously Damaged | 2 |



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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180220/2016

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TONG LEONG YEW | ID No. | S1130379Z |
| Related Vehicle | SHB6226X (Car) | Contact No. | 96818905 |
| 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 | CHRISTOPHER LOW CHOON HWANG | ID No. | S7615823A |
| Related Vehicle | SLH2088A (Car) | Contact No. | 98480437 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I am the driver of a dark grey in colour Toyota Altis bearing vehicle plate number SLH2088A. I am a full time Uber driver.

On the 20/02/2018, I had picked up two female passengers (Donna H/P: 98205792 & Christine) from OUE Bayfront. At about 0051hrs, I was driving my vehicle (SLH2088A) along with my passengers along Collyer Quay in the second lane from the extreme left. The traffic junction of Central Blvd and Raffles Quay was green and in my favour as such I maintained my speed and approached the junction. Around halfway through the junction, a blue in colour Comfort taxi vehicle bearing vehicle plate number SHB6226X, from my left collided into my vehicle's (SLH2088A) left portion. Both the drivers of SLH2088A and (SHB6226X) alighted and made a check. There were three passengers (1 male and 2 female) in vehicle SHB6226X. I also have the particulars of SHB6226X.

There were attendance by Traffic Police and Ambulance. There was also one conveyance by the Ambulance. The male passenger that was seated inside vehicle SHB6226X was seated at the front passenger seat was the person conveyed. There is a witness that approached us (Ash H/P: 97687025) informing that he was in a vehicle nearby that has in car camera and the footage was available.

Both vehicles SLH2088A and SHB6226X had to be towed away as the damages to my vehicle's left portion was serious and both vehicles were un-driveable



**SINGAPORE
POLICE FORCE**



T/20180220/2016

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Report No. T/20180220/2016

CONTINUATION OF REPORT

I wish to state that there is in car camera in my vehicle (SLH2088A) and that the Traffic Police had also secured it. The case number is A/20180220/0009 and the IO in charge is IO Yus Mastari (65476214). I was advised to lodge a traffic accident report. I do however feel discomfort on my back.



**SINGAPORE
POLICE FORCE**



T/20180220/2016

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Report No. T/20180220/2016

Police Station Of Origin:
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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:

G /

Sgt 2 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/02/2018 05:54

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE