

## 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	07/03/2018 16:44
Date Of Accident	06/03/2018 20:15
Exact Location Of Accident	JUNCTION OF EUNOS LINK/UBI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9074Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO AZMAN
NRIC No	S1482409Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92705051
Alternative Phone No	OTHERS-92705051

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
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?	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	2100412638-02000
Cover Note Number	

### Driver

Name of Driver	YEO AZMAN
NRIC No	S1482409Z
Date Of Birth	09/08/1961
Occupation	INDOOR
Date Of Driving Pass	11/09/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92705051
Fax Number	
Contact Number	OTHERS-92705051
EEmail Address	NOEMAIL

Address	BLK 416 SERANGOON CENTRAL #11-478
Postcode	550416
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180306/2204

#### 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	FBG1543H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG1543H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### 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 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.

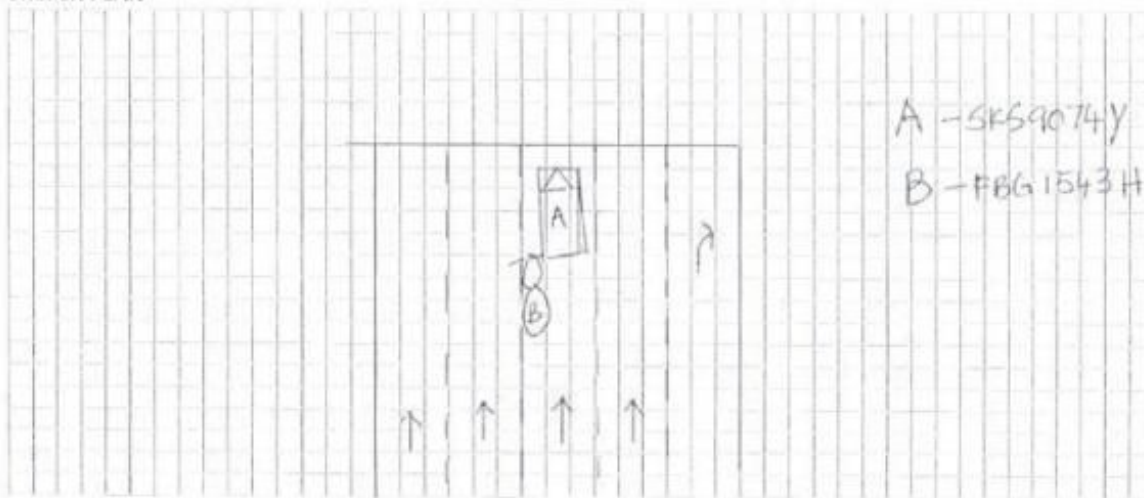
Policyholder's Signature  
Date & Time:

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

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

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO: T/20180306/2204

## 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: Ref. 1 wk  
NRIC/FIN No.:

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180306/2204

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180306/2204

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2018 22:17	Vide Report No.: E/20180306/0167	Station Diary No.:
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#### Informant's Particulars

Name of Informant: YEO AZMAN			Address: APT BLK 416 SERANGOON CENTRAL #11-478 HDB- SERANGOON EST SINGAPORE 550416	
ID Type / ID No.: NRIC NO / S1482409Z			Contact No.: Home/Office: Mobile: 92705051	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 09/08/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

#### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2018 20:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EUNOS LINK UBI AVENUE 2				
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: Yes

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1543H	Motorcycle					0
SKS9074Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Silver		0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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#### Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180306/2204

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Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180306/2204

#### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS9074Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100412638	14/05/2017	13/05/2018

#### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG EUNOS LINK, ON THE 3RD LANE FROM THE RIGHT. I SLOWED DOWN AS I WAS APPROACHING THE TRAFFIC LIGHT AS IT WAS INITIALLY RED. JUST AS THE LIGHTS TURNED GREEN, A MINI-VAN THAT WAS ON MY RIGHT, FORCEFULLY CUT INTO MY LANE WITHOUT SIGNALLING. CAUSING ME TO HAVE TO BRAKE TO AVOID COLLISION. AS MY VEHICLE CAME TO A HALT, I FELT AN IMPACT FROM MY REAR AND REALISED THAT A MOTORCYCLE HAD COLLIDED WITH THE REAR OF MY CAR. HE DID NOT FALL AND HIS BIKE HAD NOT TOPPLED. WHEN I ASKED HIM HOW THE COLLISION HAPPENED, HE EXPLAINED THAT HE HAD NO TIME TO REACT TO ME BRAKING THUS, COLLIDING ONTO MY CAR.

FROM WHAT I OBSERVED AS I APPROACHED AND SPOKE TO THE RIDER, HE WAS STILL CONSCIOUS, SITTING ON HIS BIKE AFTER THE COLLISION. HE WAS ABLE TO WALK ABOUT TOO BUT THE FINGERS ON HIS RIGHT HAND WAS BLEEDING. HE THEN MOVED HIS MOTORCYCLE TO THE SIDE OF THE ROAD WHILE I CALLED AN AMBULANCE ON HIS REQUEST. I WAS ONLY ABLE TO OBTAIN THE RIDER'S CONTACT NUMBER AS THE PARAMEDICS THAT WERE TENDING TO HIM HAD HIS IC. THE TRAFFIC POLICE ARRIVED ON SCENE AFTER THE AMBULANCE LEFT AND I WAS TOLD BY THEM TO MEET IO ABDILLAH AT TRAFFIC POLICE HQ AT 1030PM AS MY SD CARD WAS TAKEN BY THE OFFICERS. THE PARAMEDICS INFORMED THAT THE RIDER WAS CONVEYED TO CHANGI GENERAL HOSPITAL.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180306/2204

3 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180306/2204

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:

TP /

ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2018 22:17

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168

Signature:



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo

