

MPA218008694 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 17/01/2018 16:37
SUBMITTED BY: Lily Lim

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 17/01/2018 17:02

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	17/01/2018 16:37
Date Of Accident	07/01/2018 02:00
Exact Location Of Accident	WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD696M
Insured/Policyholder	
Name Of Registered Owner	HARIS FIROZ BIN ABDUL JALIL
NRIC No	S7274972C
Email Address	FIROZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96886672 
Alternative Phone No	Others-91552710

Vehicle Particulars

Manufacturer	NISSAN
Model	GTR-3.8 (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? 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	NO
Policy Number	2100374696
Cover Note Number	

Driver

Name of Driver	CHRIS CHEE
NRIC No	S7474781G
Date Of Birth	19/11/1974
Occupation	INDOOR
Date Of Driving Pass	24/10/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-91552710 
Fax Number	
Contact Number	
EMail Address	PNGTRADE2003@YAHOO.COM
Address	BLK 623 SENJA ROAD #04-106
Postcode	670623
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	Name: : LIM XIN YING CLAIRE 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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	YES
If Yes, against whom?	CHRIS CHEE

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS6113A
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)	

DETAILS OF INJURED PERSON 1

Name	CHRIS CHEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGD696M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM XIN YING CLAIRE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGD696M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

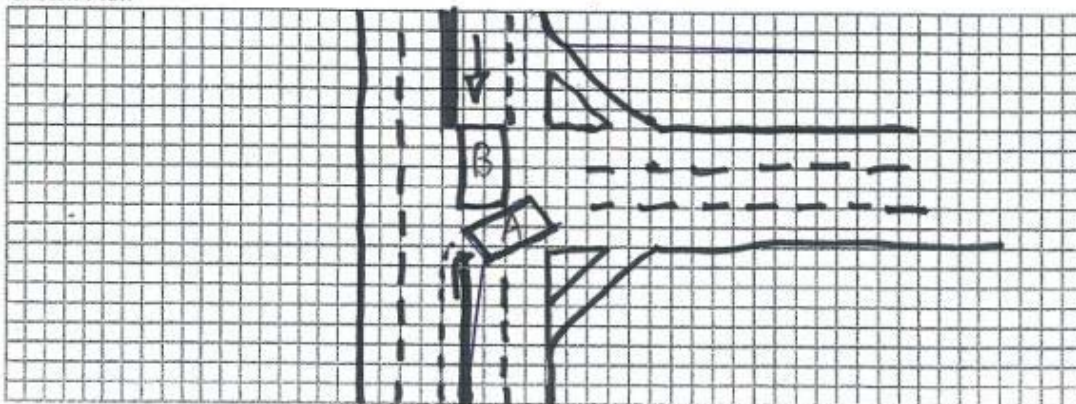
SKETCH PLANIMPORTANT NOTICE

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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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SGD 696M
B - SJS 6113A

Sketch Plan #2

Describe Circumstances Of the Accident (Continue)

I WAS TRAVELLING ON WOODSLAND ROAD TURNING RIGHT TOWARDS SENJA WAY. I WAS AT THE JUNCTION, THERE WAS A CAR COMING TOWARDS THE JUNCTION ON THE OUTER (FAST) LANE.

I THOUGHT I COULD MAKE THE RIGHT TURN IN TIME. I DECIDED TO MAKE THE RIGHT TURN. WHEN I WAS MAKING THE RIGHT TURN, THE FRONT END OF THE APPROACHING CAR COLLIDED INTO THE LEFT SIDE OF MY VEHICLE.

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

Witnessed by Reporting Centre Personnel

17 JAN 2018


**SINGAPORE
POLICE FORCE**


T/20180107/2044

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

1 of 3

Report No. T/20180107/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2018 13:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHRIS CHEE			Address: APT BLK 623 SENJA RD #04-106 HDB-BT PANJANG SINGAPORE 670623		
ID Type / ID No.: NRIC NO / S7474781G			Contact No.: Home/Office: Mobile: 91552710		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 19/11/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bank operations clerk			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: 07/01/2018 02:00	Type of Location:
Location: Junction of Road 1 and Road 2 WOODLANDS ROAD SENJA WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGD696M	Car				Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180107/2044

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

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Report No. T/20180107/2044

CONTINUATION OF REPORT

Driver			
Name	CHRIS CHEE	ID No.	S7474781G
Related Vehicle	NIL	Contact No.	91552710
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

07/01/2018 @0200 (WOODLANDS ROAD JUNCTION OF SENJA WAY)

I WAS TRAVELLING ON WOODLANDS ROAD TURNING RIGHT TOWARDS SENJA WAY. I WAS AT THE JUNCTION, THERE WAS A CAR COMING TOWARDS THE JUNCTION, I THOUGHT I COULD MAKE THE RIGHT TURN IN TIME. I DECIDED TO MAKE THE RIGHT TURN, WHEN I WAS MAKING THE RIGHT TURN WE COLLIDED WITH EACH OTHER. I INFORM MY PASSENGER, I NEEDED TO USE THE WASHROOM. AFTER INFORMING HER, I LEFT THE PLACE TO A NEARBY COFFEE SHOP TO USE THE WASHROOM BUT IT WAS CLOSE. SO I WENT BACK TO MY PLACE, IT WAS 2 BLOCKS AWAY. AFTER REACHING BACK HOME, I STARTED TO FEEL THE PAIN. SO I REST DUE TO THE ACCIDENT, I COULD BEARLY MOVE. IN THE MORNING, I WAITED FOR MY FRIEND TO PICK ME UP BEFORE GOING TO THE HOSPITAL(NUH). AFTER SEE THE DOCTOR, I CAME STRIAIGHT TO THE TRAFFIC POLICE.

I WAS NOT THE OWNER OF THE VEHICLE, THE OWNER OF THE VEHICLE KNOWS I WAS USING HIS CAR.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**

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



T/20180107/2044

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Report No. T/20180107/2044

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 /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Cheng Chuan

Date/Time:
07/01/2018 13:32

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *Wms*

Accident Photo



Accident Photo

Accident Photo

Accident Photo



Accident Photo



Accident Photo

