

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	15/03/2018 11:27
Date Of Accident	15/03/2018 09:10
Exact Location Of Accident	ALONG SLE TOWARDS CTE (NEAR SPEED CAM)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2075Z
Insured/Policyholder	
Name Of Registered Owner	LOH KWOK WHY E MELVIN
NRIC No	S7228909I
Email Address	MELLKW@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98731016
Alternative Phone No	Others-98731016

Vehicle Particulars

Manufacturer	AUDI
Model	Q2 1.0 TFSI S TRONIC
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	1700068233
Cover Note Number	-

Driver

Name of Driver	LOH KWOK WHY E MELVIN
NRIC No	S7228909I
Date Of Birth	13/08/1972
Occupation	INDOOR
Date Of Driving Pass	07/07/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98731016

Fax Number	
Contact Number	OTHERS-98731016
EMail Address	MELLKW@SINGNET.COM.SG
Address	BLK 483 SEGAR ROAD #13-336
Postcode	670483
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

WEATHER WAS CLEAR AND DRY AND TRAFFIC CONDITIONS WAS HEAVY MORNING PEAK HOURS. AT ABOUT 9.10AM, I WAS DRIVING ALONG SLE TOWARDS TPE, WHEN APPROACHING THE SPEED CAM, THE WHITE MERCEDES (VEH NO: SKM4402Z) SUDDENLY JAMMED HIS BRAKE AND HIS VEHICLE. I CAME TO A HALT. STEPPED ON MY BRAKES IMMEDIATELY BUT MY VEHICLE (SLT2075Z) COLLIDED INTO THE VEHICLE IN FRONT. THEN I HEARD A LOUD BANG AT THE REAR. I ALIGHTED FROM MY VEHICLE AND OBSERVED THAT A MOTORCYCLE (VEHICLE NO: FBJ7279R) HAD CRASHED INTO MY REAR. THE MOTORCYCLIST WAS LYING ON THE FLOOR INJURED. I CONTACTED 995 FOR AN AMBULANCE TO BE DESPATCHED AT TO THE SCENE OF THE ACCIDENT. THE POLICE OFFICER AT THE ACCIDENT SITE REQUESTED THAT I PASS HIM THE SD CARD IN MY IN-CAR CAM. POLICE IO: SHIKIN (TEL: 65476439) CASE FILE: F/20180315/0086

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE VIDEO FOOTAGE WITH POLICE IO: SHIKIN-65476439
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ7279R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

SKM4402Z

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJE8602R

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

Approximate Age

Injuries Sustain

LEG BROKEN

Injured person in which vehicle?

FBJ7279R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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: 15/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



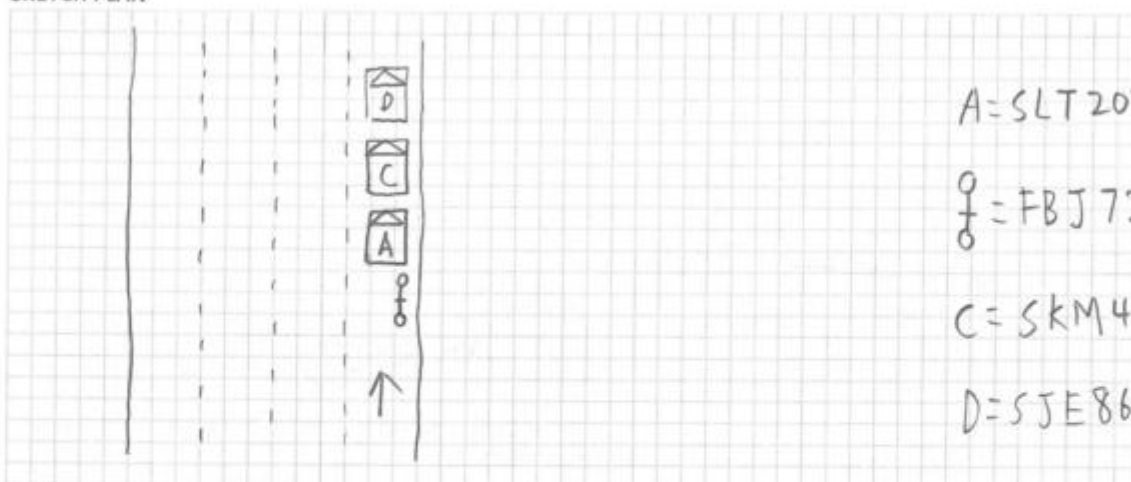
Reporting Centre Personnel's Signature

Name: Tony Fong

NRIC/FIN No.: 620401071

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

weather was clear and dry and traffic conditions was heavy morning peak hours.
At about 9-10am,
I was driving along SLE towards TPE. When approaching the speed cam, the white mercedes (Veh No: SKM4402Z) suddenly jammed his brakes and stopped his vehicle.
I ~~couldn't~~ brake in time came to a halt. My vehicle (SLT 2075Z) I stepped on my brakes immediately ~~but~~ my vehicle (SLT 2075Z) collided into the vehicle in front. Then I heard a loud bang at the rear.
I alighted from my vehicle and observed that a motorcycle (Veh No: FBJ 7279R) had crashed into my rear. The motorcyclist was lying on the floor injured.
I contacted 995 for an ambulance to be despatched to the scene of the accident. The police officer at the accident site requested that I pass him the SD card in my in-car cam.

POLICE IO : Shikin. (Tel: 65476439)
Case File : F/20180315/0086

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 15/3/18

CLAIMING SIGNATURE, V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Tony Fong

NRIC/FIN No.: G72040197X

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



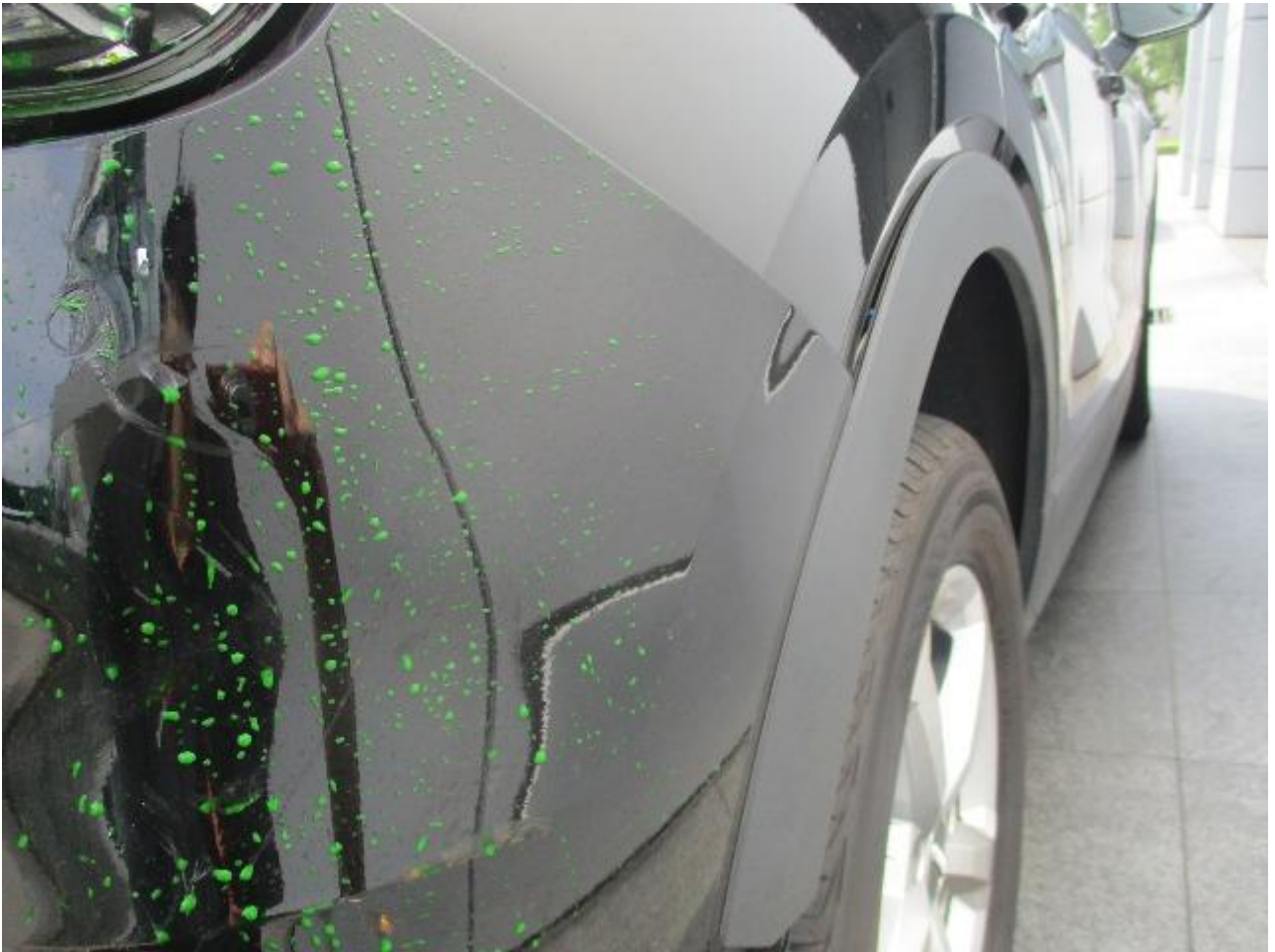
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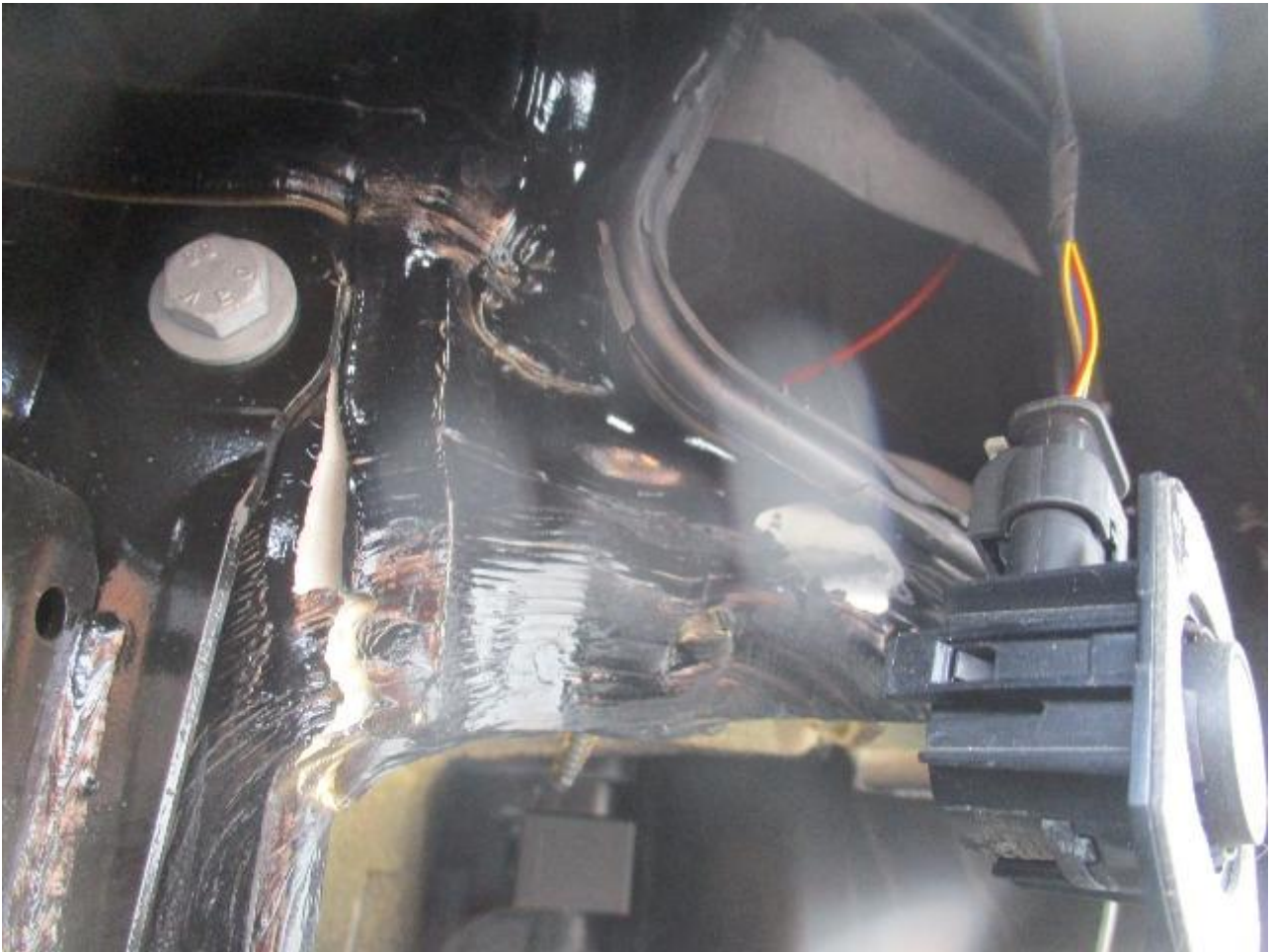
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