

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	20/03/2018 15:08
Date Of Accident	20/03/2018 07:15
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY3880D
Insured/Policyholder	
Name Of Registered Owner	KAM YOU KIN
NRIC No	S7208246Z
Email Address	YK@MATRICOS.COM
Mobile Phone No	(LOCAL) +65-92982982
Alternative Phone No	OFFICE-92982982

Vehicle Particulars

Manufacturer	BMW
Model	740LI
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100423535-02000
Cover Note Number	

Driver

Name of Driver	KAM YOU KIN
NRIC No	S7208246Z
Date Of Birth	12/03/1972
Occupation	INDOOR
Date Of Driving Pass	21/06/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92982982
Fax Number	
Contact Number	OFFICE-92982982
Email Address	YK@MATRICOS.COM

Address	2L LIMAU GARDEN
Postcode	465921
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?	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: : KAM YUN YEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ORCHARD NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SKV6745Z
Vehicle Make/Model/Colour	MIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KAM YOU KIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFY3880D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KAM YUN YEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFY3880D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode


SKETCH PLAN

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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:

20 MAR 2010

Driver's Signature

(If driver is not the policyholder)

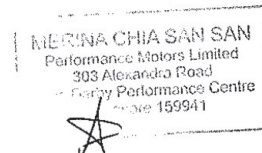
Date & Time:

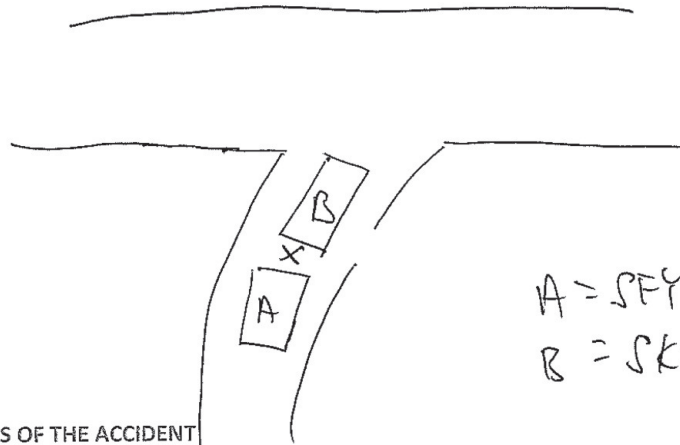

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20 MAR 2010





A = SFY3880D
B = SKV6745Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 20 MAR 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/F.N No.:

20 MAR 2010



**SINGAPORE
POLICE FORCE**



E/20180320/2010

1 of 2

POLICE REPORT (NP299)

Report No. E/20180320/2010

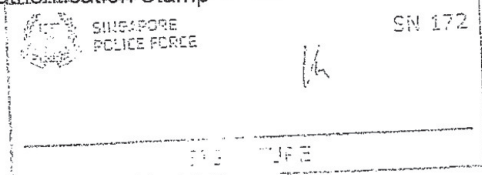
Police Station Of Origin
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Date/Time Report Made 20/03/2018 09:14		Vide Report No.		Station Diary No. 19
Name Of Informant KAM YOU KIN		Address 2L LIMAU GARDEN SINGAPORE 465921		
ID Type / ID No. NRIC NO / S7208246Z		Contact No. Home/Office Mobile 92982982		
Nationality SINGAPORE CITIZEN		Email Address		
Occupation Accountant		Sex Male	Age 46	Date of Birth 12/03/1972
Institution/School Name		Race Chinese		
Date/Time Of Incident 20/03/2018 07:10 - 20/03/2018 07:20		Language		
		Location Of Incident 23 BEDOK SOUTH AVENUE 1 HDB-BEDOK SINGAPORE 460023 Along Bedok South Avenue 1 after turn in from New Upper Changi Road		

Brief details.

On 20/3/2018 at about 7.15am, I was driving along New Upper Changi Road towards the east when I noticed a driver driving erratically and decided to avoid her. I was driving along the lane second from the left, and she was on the lane to my right. As I was turning left into Bedok South Ave 1, she tried to cut my lane and turn left in front of me. I did not give way as it would not be safe to do so. After I made the turn, I saw through my rear view mirror that she made a middle finger gesture, and stopped my car. She then

Signature Of Officer Recording The Report: E / ASP LOH LIANHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2018 09:14
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / ASP ESTHER KOH QING EN Contact No.: 63910000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20180320/2010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180320/2010

knocked into my car from behind. I got out of the car and asked for her NRIC which she refused to provide. I then asked for her driver's license but she said she did not have a driving license. I took pictures of the accident scene and her car plate number. The driver also said that her car has an in-car camera and that she saw me pointing middle finger at her, which I did not do.

At this point, my back hurts and I will be seeing a doctor after lodging this report. My daughter was in the back seat of my car and she has some shoulder pain for which she will be seeing a doctor too. My car boot and bumper was damaged in the accident.

My car's license plate is SFY3880D. The other car's license plate is SKV6745Z.

No government property was damaged and no foreign vehicle was involved in the accident.

I wish to pursue the matter and I am lodging this report for insurance claim.

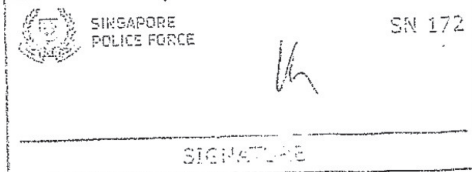
Signature Of Officer Recording The Report:

E / ASP LOH LIANHAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
ASP ESTHER KOH QING EN
Contact No.: 63910000

Authentication Stamp



Signature Of Informant:

Date/Time:
20/03/2018 09:14

Classification Of Case:

Y M Liew Orthopaedic Surgery Pte Ltd

Mount Alvernia Medical Centre Block D
Unit #06-52, 820 Thomson Road
Singapore 574623

Kam Yun Yee - S9940428J

2L LIMAU GARDEN
RICHMOND VILLE
SINGAPORE 465921

Invoice #4102

Date 20/03/18

Ref No 440125015573

Invoice

Item	Description	Qty	Sub Total
First Consultation	First Consultation	1	\$120.00
Reparil-Gel N	Anti-swelling, pain-relieving aescin gel	1	\$18.00
Celebrex 200mg	Anti-inflammatory for Pain & Inflammation 1 tab 2 times daily	20	\$50.00
Sub-Total:			\$188.00
Total:			\$188.00

Visa

\$188.00

20 Mar 18

Y M Liew Orthopaedic Surgery Pte Ltd

Mount Alvernia Medical Centre Block D
Unit #06-52, 820 Thomson Road
Singapore 574623

Kam You Kin - S7208246Z

2L LIMAU GARDEN
RICHMOND VILLE
SINGAPORE 465921

Invoice #4103

Date 20/03/18

Ref No 440125015572

Invoice

Item	Description	Qty	Sub Total
First Consultation	First Consultation	1	\$120.00
Celebrex 200mg	Anti-inflammatory for Pain & Inflammation 1 tab 2 times daily	20	\$50.00
Bengay Gel		1	\$20.00
Sub-Total:			\$190.00
Total:			\$190.00

Visa \$190.00 20 Mar 18

Sketch Plan Pg. 7

Y M Liew Orthopaedic Surgery Pte Ltd

Mount Alvernia Medical Centre Block D
Unit #06-52, 820 Thomson Road
Singapore 574623

Patient: Kam Yun Yee
NRIC: S9940428J
ID: 440125015573


Date: 20 Mar 2018
MC: #640

MEDICAL CERTIFICATE

This is to certify that the above patient is unfit for work from 20 March 2018 to 03 April 2018 for 15 days.

Remarks:

DR LIEW YOW MING
MBBS (S'pore), FRCS (Edin), FICS (USA), FAM(Ortho)
CONSULTANT ORTHOPAEDIC SURGEON
Mount Alvernia Medical Centre
Blk D #06-52
820 Thomson Road
Singapore 574623
Tel: 62568742 Fax: 62568737



Note: This medical certificate is not valid for absence from court.

Y M Liew Orthopaedic Surgery Pte Ltd

Mount Alvernia Medical Centre Block D
Unit #06-52, 820 Thomson Road
Singapore 574623

Patient: Kam You Kin
NRIC: S7208246Z
ID: 440125015572


Date: 20 Mar 2018
MC: #639

MEDICAL CERTIFICATE

This is to certify that the above patient is unfit for work from 20 March 2018 to 03 April 2018 for 15 days.

Remarks:

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