

## 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	19/03/2018 19:14
Date Of Accident	18/03/2018 12:15
Exact Location Of Accident	CHOA CHU KANG AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4109X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944919

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	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	YES
Policy Number	999995054
Cover Note Number	

### Driver

Name of Driver	SEE HUI KIANG
NRIC No	S7514611F
Date Of Birth	14/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	44 BENOI RD BLOCK B
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 - MAJOR/MINOR RD
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO PHOTOS ATTACHED, THANK YOU.

#### 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	SJS2708K
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
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)

## Accident Sketch Plan

3/19/2018

Choa Chu Kang Ave 1 - Google Maps

Google Maps Choa Chu Kang Ave 1



Image capture: Nov 2017 © 2018 Google

Singapore

Google, Inc.

Street View - Nov 2017



<https://www.google.com.sg/maps/@1.3762217,103.7418937,3a,75y,111.51h,85.46t/data=!3m6!1e1!3m4!1shNuOdoWEAEve71HmqTJfNw!2e0!7!1...> 1/1

## Accident Sketch Plan Pg. 1


### SKETCH PLAN

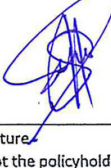
#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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:

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

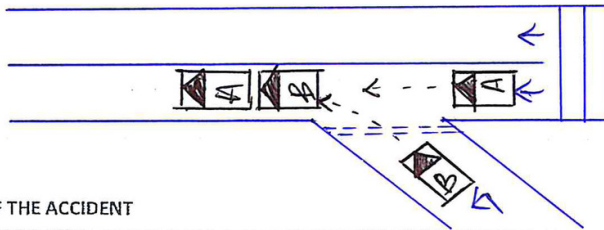
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

choa chiu Kay Ave 1

SKETCH PLAN

Ⓐ SLF4109 X

Ⓑ QJS2708 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police Report Nr: T/20180819/2001

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:

*[Signature]*

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

*[Signature]*  
YIRA RAHMAN



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180319/2001

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20180319/2001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 00:18		Vide Report No.:		Station Diary No.: 1	
<b>Informant's Particulars</b>					
Name of Informant: SEE HUI KIANG			Address: APT BLK 430B FERNVALE LINK #18-217 SINGAPORE 792430		
ID Type / ID No.: NRIC NO / S7514611F			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 14/05/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/03/2018 13:25	Type of Location: X-Junction
Location: Along Road 1 CHOA CHU KANG AVENUE 1				
Junction of Choa Chu Kang Avenue 1 and Choa Chu Kang Avenue 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS2708K	Car	KIA		Orange		0
SLF4109X	Car	TOYOTA		White	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Accident Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180319/2001

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180319/2001

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NUR DIYANAH BINTE MOHAMED YUNOS		ID No. S9435796I
Related Vehicle	SJS2708K (Car)		Contact No. 90460665
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
<b>Driver</b>			
Name	SEE HUI KIANG		ID No. S7514611F
Related Vehicle	SLF4109X (Car)		Contact No. 93823229
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## **Brief Details.**

On 18/03/2018 at about 1.25pm, I was driving my vehicle (SLF4109X) along the outmost right lane and had stopped at the junction of Choa Chu Kang Avenue 1 and Choa Chu Kang Avenue 6.

Subsequently, the traffic light with the right arrow has turned green. Thus, I then signaled right and made a right U-turn towards Choa Chu Kang Avenue 1. After making a U-turn, there was a vehicle (SJS2708K) moving from the rear had suddenly bumped against the rear portion of my vehicle. Due to the impact, I quickly applied emergency brake. After making a stop, there was another impact from the said vehicle and I had to apply the brakes again.

After my vehicle was completely stopped, I went out of my vehicle and made a check of my vehicle. There were damages on the right rear portion of my vehicle. However, there was an inbuilt camera installed in my vehicle. Thus, I have approached the other driver and exchanged particulars. However, none of us sustained any injuries and no one was conveyed to hospital.



Accident Sketch Plan Pg. 3



SINGAPORE  
POLICE FORCE



T/20180319/2001

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20180319/2001

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:

F /

Staff Sgt JULIANA BINTE JUMARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2018 00:18

Officer In Charge Of Case:

TP / GIA /

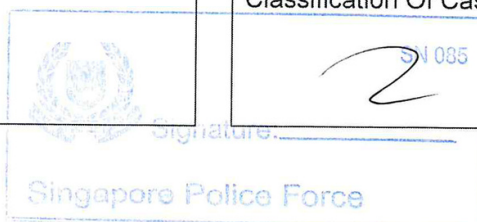
Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

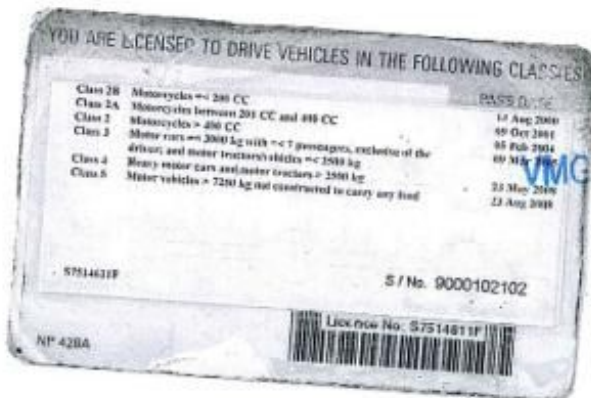
NP168



12

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# IDENTIFICATION CARD & DRIVING LICENCE



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

