

## 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	23/03/2018 15:47
Date Of Accident	22/03/2018 17:35
Exact Location Of Accident	JUNC OF UPP JURONG RD & JURONG WEST ST 93
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4619M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Co Reg No	201437397C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98530079

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994930/100776981-00000
Cover Note Number	

### Driver

Name of Driver	CHER@ CHIA NGEE HUANG
NRIC No	S2615643B
Date Of Birth	09/09/1964
Occupation	INDOOR
Date Of Driving Pass	14/09/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98530079
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	17 BURGUNDY DRIVE
Postcode	658820
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 - 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?	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: : FOONG ZHI BIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 1 TOH YI DRIVE , <b>POSTCODE:</b> 590001 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4689999 - <b>FAX NO:</b> 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180322/2167

#### 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	FBH7478T
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 INJURED PERSON 1

Name UNKNOWN  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? FBH7478T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? FBH7478T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

## Accident Sketch Plan

### SKETCH PLAN

Refer to attach

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
Report No. T/20180322/2167

### DECLARATION

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

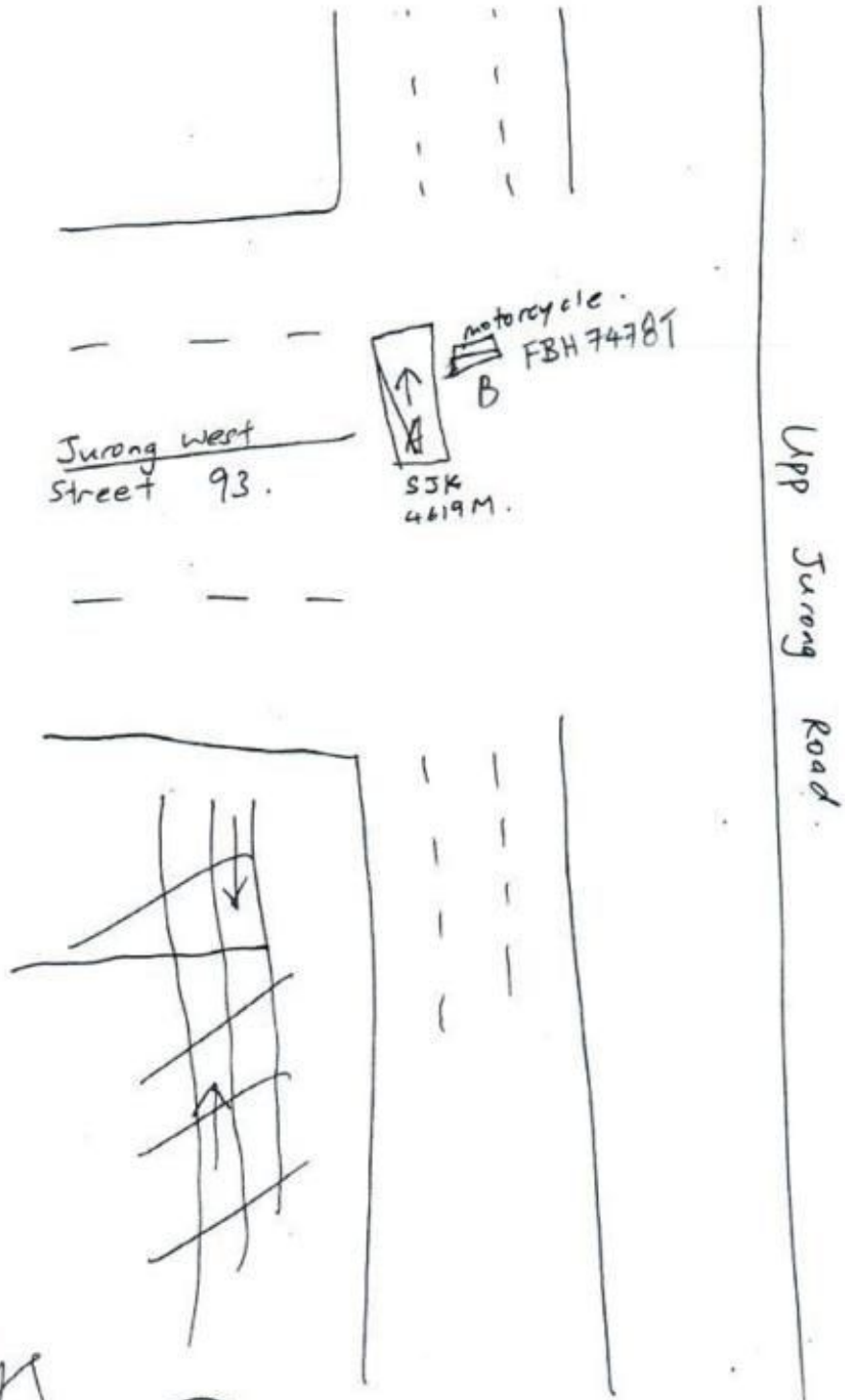
Policyholder's Signature  
Date & Time:



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

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

Accident Sketch Plan



*[Signature]*  
S2615643B





# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180322/2167

2 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20180322/2167

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHER	ID No.	S2615643B
Related Vehicle	SJK4619M (Car)	Contact No.	98530079
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
<b>Rider</b>			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	Serious

### Brief Details.

On 22/03/2018 @1733hrs, I was driving my vehicle SJK4619M along Upper Jurong Road going towards PIE. At the junction of Upper Jurong Road and Jurong West St 93, the traffic light was Green and I continued driving. All of a sudden, a motor-cycle (unknown registration number) which was turning right into Jurong West St 93, hit onto the front right of my vehicle. As a result, both the rider and the pillion flung from the motor-cycle and landed onto my vehicle's bonnet and fell onto the road. I called for the police. The rider and the pillion was conveyed to Ng Teng Fong hospital by SCDF ambulance. Traffic Police officer who was at scene, advised me to make a traffic accident report. I do not know the registration number of the motor-cycle or the particulars of the rider and the pillion.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180322/0167

1 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Tah Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No: T/20180322/0167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2018 20:11		Vide Report No.: J/20180322/0145		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: CHER			Address: 17 BURGUNDY DRIVE SINGAPORE 658820		
ID Type / ID No.: NRIC NO / S2615643B			Contact No.: Home/Office: Mobile: 98530079		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 53	Date of Birth: 09/08/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/03/2018 17:35	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST STREET 93 UPPER JURONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK4619M	Car	TOYOTA	WISH	Black	Seriously Damaged	1
	Motorcycle				Seriously Damaged	1

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180322/2167

2 of 3

Police Station Of Origin  
Bukit Timah NPP  
1 Teh Yi Drive #01-130 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20180322/2167

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHER	ID No.	S2615643B
Related Vehicle	SJK4618M (Car)	Contact No.	98530079
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
<b>Rider</b>			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	Serious

### Brief Details.

On 22/03/2018 @1733hrs, I was driving my vehicle SJK4618M along Upper Jurong Road going towards PIE. At the junction of Upper Jurong Road and Jurong West St 93, the traffic light was Green and I continued driving. All of a sudden, a motor-cycle (unknown registration number) which was turning right into Jurong West St 93, hit onto the front right of my vehicle. As a result, both the rider and the pillion flung from the motor-cycle and landed onto my vehicle's bonnet and fell onto the road. I called for the police. The rider and the pillion was conveyed to Ng Teng Fong hospital by SCDF ambulance. Traffic Police officer who was at scene, advised me to make a traffic accident report. I do not know the registration number of the motor-cycle or the particulars of the rider and the pillion.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180322/2167

3 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800 4888999

Report No. T/20180322/2167

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:

D /  
Sr Staff Sgt ABDUL RAZAK BIN MOHAMMAD  
LASSIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476804

Authentication Stamp  
NP168



Signature Of Informant:

*[Handwritten signature]*

Date/Time:  
22/03/2018 20:11

Classification Of Case:

EN 20