

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 18:17
Date Of Accident	19/03/2018 08:15
Exact Location Of Accident	JURONG WEST ST 63
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU1582L
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	DANIEL CHOO E-MING
NRIC No	S7633304A
Email Address	DANIELCHOOEM@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96634630
Alternative Phone No	Others-96634630

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE TRANSPORTATION(ON THE WAY TO WORK)
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	210002662
Cover Note Number	

Driver

Name of Driver	DANIEL CHOO E-MING
NRIC No	S7633304A
Date Of Birth	02/10/1976
Occupation	INDOOR
Date Of Driving Pass	02/01/1998
Driving Experience	20 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96634630
Fax Number	
Contact Number	OTHERS-96634630
EEmail Address	DANIELCHOOEM@OUTLOOK.COM
Address	BLK 692B CHOA CJU KANG CRESCENT #07-30
Postcode	682692
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?	YES
Foreign Vehicle Registration Number	JPX8145 (MOTORCYCLE)
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

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

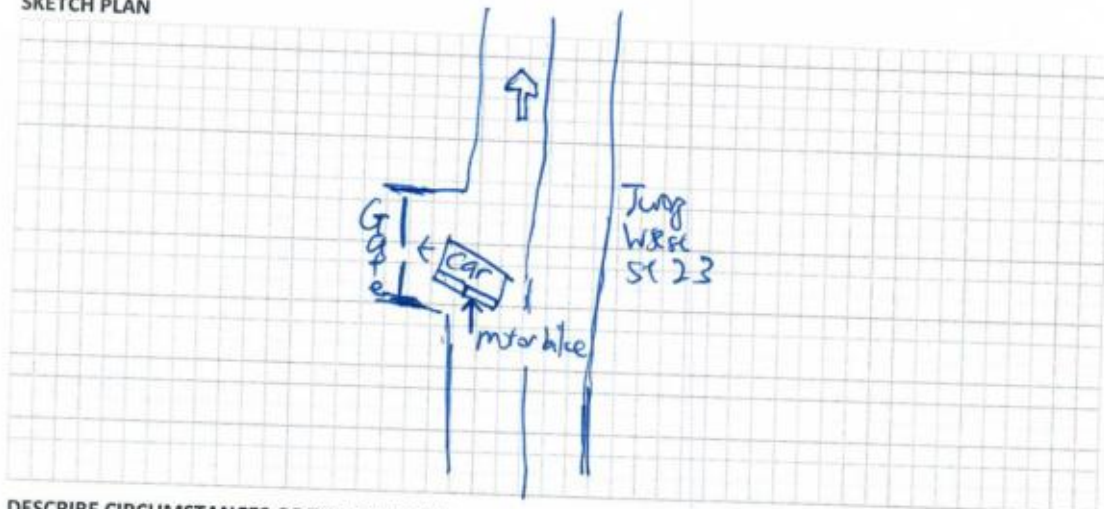
Vehicle Registration Number	JPX8145
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	LIM KAR FOO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	LIM KAR FOO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	JPX8145
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report : J/20180319/0082

On 19th Mar, 8:15am, I was driving my vehicle, signaled left and checked my blind spot and made a left turn ~~into~~ towards the gate of my office. However, a motorbike appeared and rammed into my car. The front of the motorbike collided into the left back door of my car. I only managed to get his name and address before he was conveyed to Ng Teng Fong General Hospital by ambulance. Traffic police was also at the scene.

DECLARATION

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

Policyholder's Signature

Date & Time: 19 Mar 18
245pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

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 liability**.
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 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: 19 Mar 18
245 pm

(MAASVE Sketch Plan Form, V3)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7659299



T2018031902038

1 of 3

Report No. T2018031902038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 11:38	Video Report No.: J/201803190082	Station Diary No.: 40
Informant's Particulars		
Name of Informant: DANIEL CHOO E-MING		Address: APT BLK 682B CHOA CHU KANG CRESCENT #07-30 SINGAPORE 682892
ID Type / ID No.: NRIC NO / S7633304A	Contact No.:	Home/Office: Mobile: 98634630
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 41	Date of Birth: 02/10/1976
Race: Chinese		Type of Informant: Driver
Occupation: SUPPLY CHAIN ENGINEER	Language: English	Institution / School Name:
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: 19/03/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 63				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Moderate		
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
JPX8145	Motorcycle				Slightly Damaged	0
SGU1582L	Car	MITSUBISHI	LANCER 1.5 A	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU1582L	AIG ASIA PACIFIC INSURANCE PTE LTD.	2100026621	03/05/2017	02/05/2018

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T20180318/2038

2 of 3

Report No. T20180318/2038

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SGU1582L), making a left turn into the gate of my office. However suddenly a motorbike (JPX8145) appeared and rammed into my car. The front of the motorbike collided into the left back door of my car, resulting in a big dent and scratches. I only managed to get his name and address before he was conveyed to Ng Teng Fong General Hospital by ambulance. Traffic Police was also at scene.
Rider namely Lim Kar Foo who stays in Lorong 40 Jelapang, Perak.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T201803192038

3 of 3

Report No. T201803192038

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:
J /
Sgt 2 FITRAH RADHIAH BINTE ZULKIFLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP185

Signature Of Informant:

Date/Time:
19/03/2018 11:38

Classification Of Case:

Police Report



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: J120180314 / 008a

1. DET 709915 MD RICHAN, S69193170
(Officer's Name, NRIC or Passport No. / Rank and No.)

at NO 10, UBI AVENUE 3
(Address / Police Station / NPO / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 KEYCARD "ITRONICS", "IPASS BLACK" SGB

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Daniel Chao E-Ming, S7633304A
(Name, NRIC or Passport No. / Rank and No.)

at Blk 692B, #07-20, Choa Chu Kang Crescent, S682692
(Address / Police Station / NPO / NPP)

on 19 Mar 18 at 9:20 am
(Date) (Time)

Witnessed by / * Handed over by:
(* Date if applicable)

Received by:

(Signature)

(Signature)

(Name, NRIC or Passport No. / Rank and No.)

DET 709915 MD RICHAN
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: 1-0 YUS MAJARI

TEL: 6947 6214

Identification Card



FOR C&C USE ONLY



FOR C&C USE ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo

