SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	02/04/2018 19:20
Date Of Accident	01/04/2018 05:10
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS9392S
Insured/Policyholder	
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	ТОУОТА
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
f 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	999995047
Cover Note Number	
Driver	
Name of Driver	GOH TOK CHENG
NRIC No	S0038478Z
Date Of Birth	30/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1972

45 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

Address 6 BENOI SECTOR

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : UNKNOWN

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES EAST NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 263 TAMPINES STREET 21 #01-128, POSTCODE: 520263,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-7839999 - **FAX NO**: 67832500

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO FOLLOWING 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

SKQ6903K

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE B PRIVATE CAR

Sketch Plan

SKETCH PLAN

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

- 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;
 - (li) 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
- 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 sendce 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

of waget after it

Date & Time:

Driver's Si (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

EDMOND

NRIC/FIN No.:

Clemati Road

7	A - SLS9392S
100/20	B- Ska6903k

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

亚	please	refer	to	police	Report	T/20180401/206	2
	1				•		
	7.50						
			-				
					-		
	*						
		-					

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

EDMOND

Name: NRIC/FIN No.:





Pelice Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

1 of 4 Report No. T/20180401/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2018 17:40			Vide Report No.: D/20180401/0052		Station Diary No.:	
Informa	nt's Partic	ulars				
Name of	Informant:		Address:			
GOH TOK CHENG			7			
ID Type / ID No.: NRIC NO / S0038478Z		78Z	Contact No.: Home/Office:	Mobile:		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 63 30/08/1954			Type of Informant: Driver	1 1		
Race:			Language:	Institution / School Name:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run		Drink Drive: Yes	Date/Time of Accident: 01/04/2018 05:1	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI R Clementi Roa Lamp Post Ni	OAD _.				
Weather: Clear	•	Road Dry	Surface:		Road Speed Limit:
Traffic Flow:	6	Traffic	Control:		Traffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear			Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKQ6903K	Car				Slightly	0
SLS9392S	Car	-:-			Slightly Damaged	1

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





Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999 2 of 4 Report No. T/20180401/2062

CONTINUATION OF REPORT

Driver				Blue L		
Name	GOH TOK CHENG			ID No		S0038478Z
Related Vehicle	SLS9392S (Car)			Conta	ct No.	91812946
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Passenger						
Name .	MAK ZHENG YAO CA	ARLIN		ID No		NIL .
Related Vehicle	SLS9392S (Car)		Contact No.		92313396	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	

Brief Details.

On 01/04/2018 at about 0508hrs, I was driving (SLS9392S) for Uber along Clementi Road towards Bukit Panjang with one passenger on the right lane of the 2 lane fly-over. Suddenly, I felt and heard a bang from the rear. I checked and saw that another car (SKQ6903K) had hit onto the rear of my car.

I then switched to the left lane and stopped and the other driver followed suit. The other driver immediately approached me and accused me of blocking the 2 lanes and a dispute broke out between us as I was explaining that I had a camera in my vehicle. At this time, I noticed that the driver smelt of alcohol.

During the dispute, I had left the driver side door of my car open and the other driver suddenly climbed into my car and forcefully removed my in-car front facing camera. He then returned to his car and drove off

My passenger assisted me in calling for the police.

When the police arrived, my statement was recorded and a registration plate belonging to the other driver that had been left behind at the scene was seized by the police. At the time of the accident, my passenger and I were not injured. I then assisted my passenger in getting another ride home and we left the accident scene.

The camera that was taken away by the other driver was a black coloured Mobella dash camera valued at about \$100/-





Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999 4 of 4 Report No. T/20180401/2062

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 Reports G / Staff Sgt MUHAMMAD NOOR AZRI BIN MOHAMED SALLEH	Signature Of Informant:	
Signature Of Interpreter:	Date/Time:	
Not applicable	01/04/2018 17:40	
Officer In Charge Of Case: TP / HRT /	Classification Of Case:	
SSI GOH GEOK LYE Contact No.: 65476148 SINGAPORE POLICE PROPER		
Authentestion Stamp		
SIGNATURE	*	



Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999



T/20180401/2062

3 of 4 Report No. T/20180401/2062

CONTINUATION OF REPORT





VOCATIONAL LICENCE

Licence No.: S0038478Z

GOH TOK CHENG

Sue Call 21/9/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0038478Z



GOH TOK CHENG



Date of birth Sex 30-08-1954 M

SINGAPORE

500384782

4854447

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not face of 200 kilograms
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms 29 Nov 1978 29 Nov 1978 29 Nov 1978 Of Oct 1972 09 Feb 1977 NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 02

Description TAXI VL

Issue Date

21/09/2012

VMG USE





18-04-2012



APT BLK 250 TAMPINES STREET 21 #07-512 SINGAPORE 520250















