

## 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	06/04/2018 12:48
Date Of Accident	04/04/2018 20:30
Exact Location Of Accident	SIMS WAY TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8832C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31572626

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995087
Cover Note Number	

### Driver

Name of Driver	CHUNG KEN KEN
NRIC No	S7265542G
Date Of Birth	30/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NO 6 MARSILING LANE
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 - 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : NA GENDER: : MALE
Passenger 2	NAME: : NA GENDER: : MALE
Passenger 3	NAME: : NA GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO ATTACHMENT

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3133P
Vehicle Make/Model/Colour	
Details Of Properties	

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

**Accident Sketch Plan Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180404/7011

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20180404/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2018 22:18	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: CHUNG KEN KEN		Address:	
ID Type / ID No.: NRIC NO / S7265542G		Contact No.:	Mobile:
Nationality: SINGAPORE CITIZEN		Email: cck72shrl@gmail.com	
Sex: Male	Age: 45	Date of Birth: 30/06/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 20:25	Type of Location: Straight Road
Location:  SIMS WAY  Slip road to PIE ( TUAS ) after SIMS WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3133P	Car	HYUNDAI	I40	Blue	Slightly Damaged	1
SLM8832C	Car	KIA	CERATO K3	Black	Slightly Damaged	3

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

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2 of 4  
Report No. T/20180404/7011

**CONTINUATION OF REPORT**

Driver			
Name	CHUNG KEN KEN	ID No.	S7265542G
Related Vehicle	SLM8832C (Car)	Contact No.	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

I am driving Grab using my car ( SLM8832C ) fetching 3 passengers to their destination at Toa Payoh.

I was travelling on Sims Way towards PIE ( Tuas ) where there is 3 merging lanes.

Traffic was slow but moving and when the car in front of me slowed down and stop, hence I followed suit.

Suddenly I felt a huge impact from behind and when I alighted, it was a blue comfort taxi bearing plate ( SHD3133P )

that hit onto my Rear Right Portion of my vehicle causing dents, scratches and paint drop.

I told my passengers to wait in the car as it is dangerous to alight while I took photos.

Me and the other driver alighted and he started shouting and insisted that it is my fault.

I did not bother about him and I took photos of the accident.

After everything I board my car and moved off to Toa Payoh to alight my passengers and made another check on the damages.

I felt some pain in my neck and back area as the impact was quite pain and I went to Mount Alvernia Hospital to see a doctor

I was given 4 days of MC by the doctor to take some rest and I will make a report to my car rental tomorrow.

That is all.

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3 of 4

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CONTINUATION OF REPORT

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4 of 4

Report No. T/20180404/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 04/04/2018 22:18
Classification Of Case:

Authentication Stamp  
NP168

# Accident Sketch Plan

## SKETCH PLAN

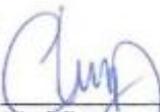
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8. Consent under the Personal Data Protection Act (PDPA)

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:

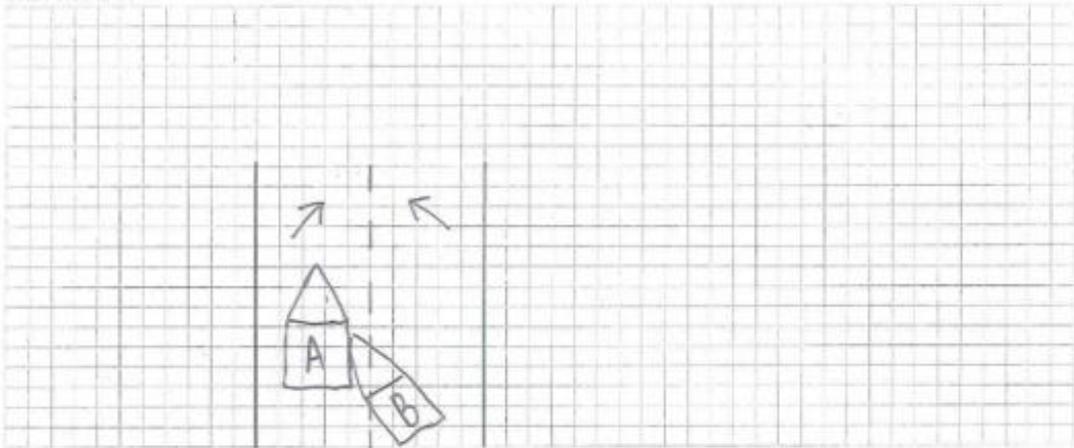
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

05/04/2018  
3:57pm

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

Accident Sketch Plan

SKETCH PLAN



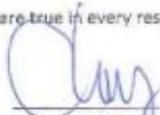
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
T / 2018 04 04 / 7011

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 

 05/04/2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3:57pm

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

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7265542G



  
Name  
CHUNG KEN KEN  
郑 健 健  
Race  
CHINESE  
Date of birth  
30-06-1972  
Country/Place of birth  
MALAYSIA

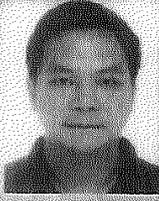
Sex  
M

S7265542G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number S7265542G  
Name  
CHUNG KEN KEN  
Birth Date 30 Jun 1972  
Issue Date 20 Mar 2012

002052467D



5399578



NRIC No. S7265542G



Date of issue  
11-12-2014

Address  
APT BLK 914 TAMPINES STREET 91  
#03-35  
SINGAPORE 520914

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	23 Mar 2007
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	23 Mar 2007

NP 428A

Licence No: S7265542G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

