

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	18/04/2018 11:02
Date Of Accident	17/04/2018 21:05
Exact Location Of Accident	BKE TWDS PIE AFT MANDAI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7945M
Insured/Policyholder	
Name Of Registered Owner	WONG SOOK FOON
NRIC No	S7584418B
Email Address	WONGSOOKFOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81334066
Alternative Phone No	OTHERS-81334066

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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700083626
Cover Note Number	

Driver

Name of Driver	WONG SOOK FOON
NRIC No	S7584418B
Date Of Birth	07/11/1975
Occupation	INDOOR
Date Of Driving Pass	16/05/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81334066
Fax Number	
Contact Number	OTHERS-81334066
E Mail Address	WONGSOOKFOON@GMAIL.COM

Address	BLK 208 BOON LAY PLACE #11-183
Postcode	640208
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	FY7738G
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	SLIGHT
Injured person in which vehicle?	FY7738G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

④ Loay Sock Joo

Policyholder's Signature
Date & Time:

Loay Sock Joo

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

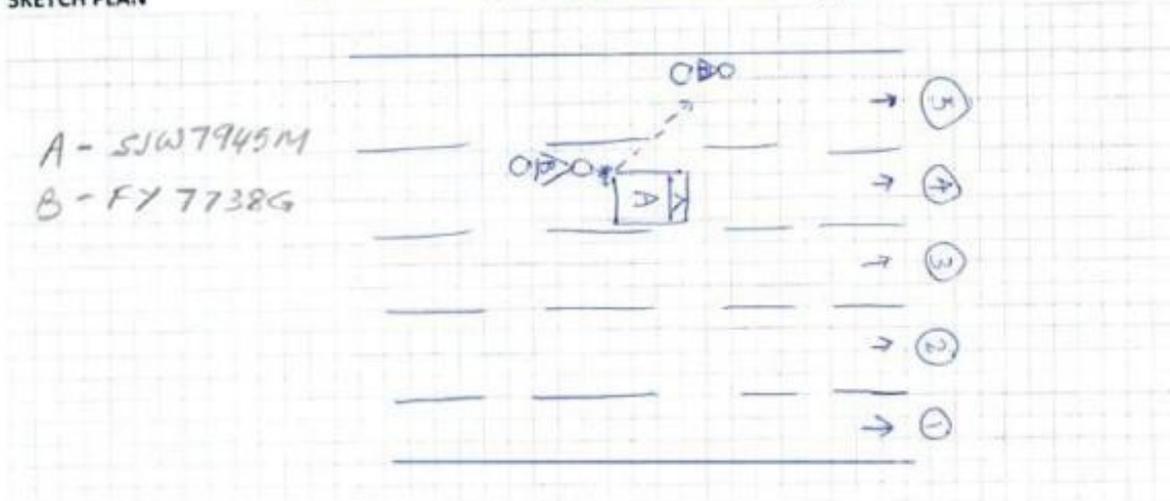
Shyue 18/04/18

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

Accident Sketch Plan

SKETCH PLAN

Bike Towards PLE APICH MANDAZ RO ENET.

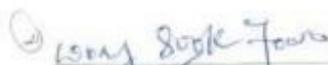


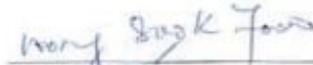
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

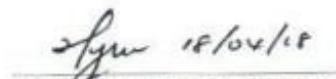
As per police report no. T/20180418/2018.

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)


 Reporting Centre Personnel's Signature
 Name:

Individual Statement

18-04-18;11:16

2/3



**SINGAPORE
POLICE FORCE**



T/20180418/2013

2 of 3

Report No. T/20180418/2013

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved:			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver's Details:			
Name	WONG SOOK FOON	ID No.	S7584418B
Related Vehicle	NIL	Contact No.	81334066
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/04/2018 at about 2:05hrs, It was a heavy jam and I was queuing up at the highway (KJE) towards Jurong. When I was about to move off, I heard a collision at the rear of my vehicle (SLW7945M). I was shocked and immediately alighted to check what has happened. I saw a motorist and his bike (FY7739G) was on the ground. He was bleeding and his leg was injured but was still conscious to move himself to the side. I called for the ambulance for him and was conveyed to the hospital.

Ambulance, Police officer and Traffic Police Officer were at scene.

Vide Report No.: J/20180417/0220

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

18-04-18:11:18



**SINGAPORE
POLICE FORCE**



T/20180418/0513

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2889099

Report No: T/20180418/0513

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2018 08:19	Video Report No.:	Station Diary No.: 22
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Informants Particulars			
Name of Informant: WONG SOOK FOON		Address: APT BLK 208 BOON LAY PLACE #11-163 SINGAPORE 640208	
ID Type / ID No.: NRIC NO / S75844188		Contact No.: Home/Office:	Mobile: 81334068
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 42	Date of Birth: 07/11/1975	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Driver No.	Date/Time of Accident 17/04/2018 21:05	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY7756G	Motorcycle	HONDA	PHANTOM 200M	Silver		0
BJW7946M	Car	TOYOTA	WISH 2.0 AUTO	Silver	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
BJW7946M	AIG ASIA PACIFIC INSURANCE PTE LTD.	1700089626	04/12/2017	03/12/2018

Police Report

15:04:16:11176:14

2 3



**SINGAPORE
POLICE FORCE**



T2018041802013

2 of 3

Report No. T2018041802013

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2589999

CONTINUATION OF REPORT

Details of Persons Involved:			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Brief Details of Person Involved:			
Name	WONG SOOK POON	ID No.	S7584418B
Related Vehicle	NIL	Contact No.	81334090
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Ambulance, Police officer and Traffic Police Officer were at scene.

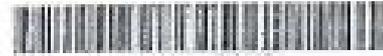
Visit Report No.: J2018041700220

Police Report

15-04-190111418



SINGAPORE POLICE FORCE



TG20180413/2013

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2886999

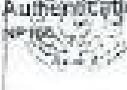
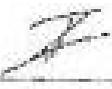
Report No. TG20180413/2013

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 BALJIT-SINGH GRENAL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2013 08:19
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 65473800	Classification Of Case:
Authentication Stamp SN 126  Signature:  Singapore Police Force	