

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	30/04/2018 14:58
Date Of Accident	27/04/2018 16:30
Exact Location Of Accident	CTE TWDS CAIRNHILL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA799G
Insured/Policyholder	
Name Of Registered Owner	BLUE STAR CONCIERGE PTE LTD
Co Reg No	201506692D
Email Address	VICTOR.ONG@BLUESTARCONCIERGE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-88227861

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	

Driver

Name of Driver	SEET SIEW KIAM VICTOR
NRIC No	S1252390D
Date Of Birth	24/09/1957
Occupation	INDOOR
Date Of Driving Pass	03/03/1982
Driving Experience	36 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96364188
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 235 SERANGOON AVE 3 #11-08
Postcode	550235
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	RAINING
Road Surface	WET

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?	NO
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: : 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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180427/2116.

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	SJQ5828M
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Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	SEET SIEW KIAM VICTOR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA799G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA799G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

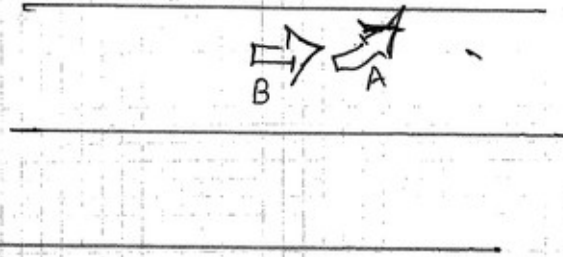
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.:



A = SLA799G.
B = SJQ 5828M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE towards
cairnhill exit & suddenly CAR B
Bang my ~~car~~ behind cause

Please As police Report attached.

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.:

GR12/C/S/01/2019/FORM 1/3



SINGAPORE POLICE FORCE



T/20180427/2115

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20180427/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2018 19:14		Vide Report No.: A/20180427/0074		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: SEET SIEW KIAM, VICTOR			Address: APT BLK 235 SERANGOON AVENUE 3 #11-08 SINGAPORE 550235		
ID Type / ID No.: NRIC NO / S1252390D			Contact No.: Home/Office: Mobile: 96364188		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 24/09/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/04/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Before near 7.5km mark				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	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
SJQ5828M	Car				Slightly Damaged	0
SLA799G	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR		Slightly Damaged	1

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180427/2116

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3
Report No. T/20180427/2116

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJQ5828M (Car)	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	NIL
Driver			
Name	SEET SIEW KIAM, VICTOR	ID No.	S1252390D
Related Vehicle	SLA799G (Car)	Contact No.	96364188
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

Brief Details.

On 27/04/2018 at about 1630hrs, I was driving along CTE towards Cairnhill near 7.5km mark, the ambulance in front of my vehicle jammed brake, I then followed through and managed to stop behind the ambulance safely. However after about 2-3 seconds, I felt a impact from the rear side of my vehicle, my foot was still on my brakes, that is why my vehicle did not went forward and hit onto the ambulance in front. I then made a check with my female passenger behind, she was then observed to be in shock however no sign of visible injuries on her, however she informed me of head pain. There was then a other ambulance that drove by to assist and provided her with first aid and subsequently sent my passenger to the hospital. I then managed to take some photo and also the particulars of the driver of the vehicle (SJQ5828M) behind. I then follow LTA and TP to a nearby carpark for the followup action. That is all.



SINGAPORE
POLICE FORCE



T/20180427/2116

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180427/2116

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:

F /

Sgt 1 EDWIN CHAU YEW FEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2018 19:14

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Classification Of Case:

SN 154

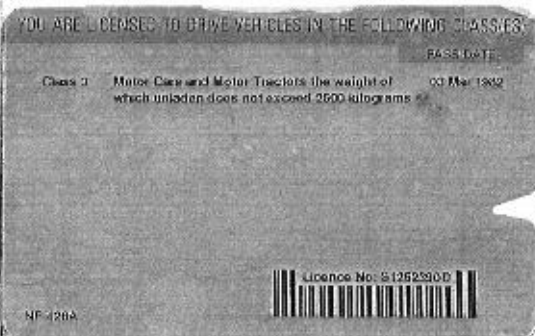
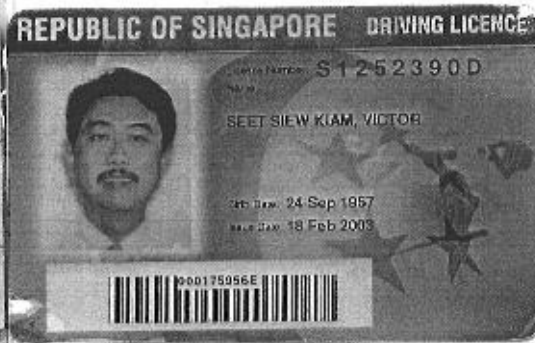
Authentication Stamp

NP168



Singapore Police Force

Driving License



INSURANCE



FOOTLINE TEL (65) 6338-8000
FAX (65) 6335-5723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

MSZ-01

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. SLA799G		(The below excess is subject to GST) POLICY EXCESS S\$1500.00 (I & II) WINDSCREEN EXCESS S\$100.00	
1) VEHICLE REGISTRATION NO.		SUM INSURED Market Value	
2) NAME OF INSURED		INSURING WITH COE/PAF Yes	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SLA799G	
4) DATE OF EXPIRY OF INSURANCE		Blue Star Condoledge Pte Ltd	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		01 September 2017	
		24 August 2018	
<p>A person who is driving on the Insured's order or with their permission. The Policy will indemnify the Policyholder or any authorised driver who is at least 21 years old. If You or Your Authorised Driver is below the age of 21 years and neither has less than 2 year driving experience, the additional excess is S\$3,000 (I & II).</p> <p>*Indicates that the person driving is permitted to do so in accordance with the licensing or other laws or regulations to which the Motor Vehicle or has been exempted and is not disqualified by reason of a Court of law or by reason of any enactment or regulation in that behalf made during the Motor Vehicle.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of 1 km or less. 2) Use for social, domestic, pleasure purposes and business purposes of any distance when the vehicle is hired. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>The Policy does not cover: 1) Use for tuition, driving school, racing, prize-winning, trials, trial or speed testing; 2) Use when driving is under duress; the towing (other than for towed) of any and disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Vehicle.</p>			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		Singapore Finance LTD	
<p>*Limitations are subject to Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 36 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.</p>			

I/We hereby Declare that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles
(Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 31 Aug 2017

AIG Asia Pacific Insurance Pte. Ltd.

691991-000
Moh. Koc. Ieng
78 Riverford Way
#07-18
SINGAPORE 078123

AUTHORIZED REPRESENTATIVE

ORIGINAL

DUPLICATE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

