

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	08/05/2018 17:00
Date Of Accident	08/05/2018 07:35
Exact Location Of Accident	BKE TWDS WOODLANDS NEAR EXIT 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4121U
Insured/Policyholder	
Name Of Registered Owner	KHO BENG GHEE MARK
NRIC No	S1286023D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96390620
Alternative Phone No	OFFICE-96390620

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT
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	1800014522
Cover Note Number	-

Driver

Name of Driver	KHO BENG GHEE MARK
NRIC No	S1286023D
Date Of Birth	16/01/1958
Occupation	INDOOR
Date Of Driving Pass	08/11/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96390620
Fax Number	
Contact Number	OFFICE-96390620
Email Address	NOEMAIL

Address	BLK 603 SENJA RD #07-61
Postcode	670603
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	CHAIN COLLISION
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9865L
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN8601T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE3252U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number YP6965X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 KHO BENG GHEE MARK

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SLW4121U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:



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



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

Accident Sketch Plan

SKETCH PLAN

A - SLW 4121U
B - SLK 9865L
C - YN 8601T
D - GBE 3252U
E - YP 6965X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report. T/20180508/2101

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180508/2101

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180508/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 16:08	Vide Report No.: J/20180508/0058	Station Diary No.: 23
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Informant's Particulars

Name of Informant: KHO BENG GHEE MARK			Address: APT BLK 603 SENJA ROAD #07-61 SINGAPORE 670603		
ID Type / ID No.: NRIC NO / S1286023D			Contact No.: Home/Office: Mobile: 96390620		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 16/01/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/05/2018 07:35	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE TOWARDS WOODLANDS, NEAR EXIT 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBE3252U	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	5
SLK9865L	Car	HONDA	CIVIC	Red	Seriously Damaged	0
SLW4121U	Car	NISSAN	SYLPHY 1.6 CVT	Silver	Seriously Damaged	0
YN8601T	Lorry	MITSUBISHI	FUSO	White	Seriously Damaged	10
YP6965X	Lorry	MITSUBISHI	FUSO	Red	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180508/2101

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180508/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLW4121U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800014522	09/02/2018	08/02/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAMASAMY GANESAN		ID No.	G8378676R
Related Vehicle	GBE3252U (Lorry)		Contact No.	94289585
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	LAU KAI HENG ANTHONY		ID No.	S8108182D
Related Vehicle	SLK9865L (Car)		Contact No.	97978000
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	
Driver				
Name	KHO BENG GHEE MARK		ID No.	S1286023D
Related Vehicle	SLW4121U (Car)		Contact No.	96390620
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/05/2018		Date Discharge	08/05/2018
No. of Days granted Medical Leave		04	Degree of Injury Slight	

POLICE REPORT



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T/20180508/2101

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180508/2101

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	YN8601T (Lorry)	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	NG SHENG WANG	ID No.	G2494212R
Related Vehicle	YP6965X (Lorry)	Contact No.	93427977
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

Brief Details.

On the above mentioned time and date, I was driving my vehicle, SLW4121U, along BKE towards Woodlands, on the most left lane. As I approached exit 7 of BKE, there was a jam and as such I slowed down and stopped my vehicle and waited to exit via exit 7. Out of a sudden, I felt an impact from the rear of my vehicle. Due to the impact, my body was thrown forward. Afterwards, I had discovered that one lorry(YN8601T) had collided onto the rear of vehicle(SLK9865L) which was stationary behind me, and this collision had caused vehicle(SLK9865L) to swerve onto the road shoulder which was on the left and it had bounced off the railings and collided onto the front left of my vehicle. Consecutively, lorry(YN8601T) had collided onto the rear of my vehicle. Also, I am unsure whether did my vehicle collided to the lorry(GBE3252U) which was in front of me due to the impact, however I am aware that GBE3252U and the lorry that was in front of GBE3252U, lorry YP6965X, both lorry had minor damages. Traffic Police and ambulance had came down to scene, and ambulance had conveyed the passengers or lorry YN8601T. Also, the rear bumper and front left portion of my vehicle was badly damage due to the accident.

I would like to state that I had an in-car camera which had captured the whole incident. I had already went to hospital for medical review as I felt pain from my neck, and I was given 4 days of MC. Traffic Police IO Norameera had informed me to lodge a traffic accident report for this.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180508/2101

Police Station Of Origin:
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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180508/2101

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:

G /
Sgt 2 LEE WEI LIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Signature Of Informant:

Date/Time:

08/05/2018 16:08

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

