

## 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	02/06/2018 18:28
Date Of Accident	02/06/2018 13:30
Exact Location Of Accident	ALONG RIVER VALLEY ROAD AND CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP371C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-98181590

### Vehicle Particulars

Manufacturer	MAZDA
Model	3 SEDAN 1.5 AT EU6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE AND HIRED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	999995046
Cover Note Number	N.A

### Driver

Name of Driver	CHIN WING SUN
NRIC No	S1807385D
Date Of Birth	09/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1990
Driving Experience	27 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98181590
Fax Number	
Contact Number	
E-Mail Address	CHINWINGSUN@GMAIL.COM
Address	NA
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	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?	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)	2
Passenger 1	Name: : P1 Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: ON 2/06/2018 AT ABOUT 1310HRS, I WAS DRIVING MY VEHICLE BEARING REGISTRATION NUMBER SLP371C ALONG RIVER VALLEY RD. I WAS WITH 1 PASSENGER SEATED AT THE REAR LEFT. SUBSEQUENTLY, AS I WAS CROSSING THE JUNCTION OF RIVER VALLEY RD & CLEMENCEAU AVENUE, ONE BLUE COMFOR DELGRO TAXI BEARING REGISTRATION NUMBER SH8046Z FROM THE LEFT DASHED IN FRONT OF ME AND I COLLIDED WITH THE RIGHT SIDE OF THE TAXI. MY VEHICLE'S AIRBAG WAS DEPLOYED. ANOTHER VEHICLE BEARING REGISTRATION NUMBER SKC7222J WHICH WAS ON THE LEFT SIDE OF THE TAXI COLLIDED WITH IT BEFORE COMING TO A STOP. I GOT OUT OF THE VEHICLE AND IMMEDIATELY CALLED FOR POLICE ASSISTANCE. SUBSEQUENTLY, POLICE AND PARAMEDICS ARRIVED AND CONVEYED THE 2 PASSENGERS INSIDE THE TAXI WHO WERE SEATED AT THE REAR. I SUFFERED SOME BRUISES ON THE RIGHT ARM. I WILL BE SEEING THE DOCTOR ONCE I LODGE REPORT. I HAVE AN IN BUILT CAMERA INSIDE MY CAR WHICH WAS ALREADY RETRIEVED BY THE TP OFFICER AT SCENE. ALSO, I WOULD LIKE TO ADD THAT MY VEHICLE IS SERIOUSLY DAMAGED. THE TAXI'S RIGHT SIDE WAS ALSO DAMAGED. ON THE OTHER HAND, THE VEHICLE SKC7222J WAS SLIGHTLY DAMAGED AT THE FRONT PART.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8046Z
Vehicle Make/Model/Colour	HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO / BLUE
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	QUEK
NRIC/Passport Number	S0013850I
Contact Number	91089372
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	Name: : P1 Gender: : Male
Passenger 2	Name: : P2 Gender: : Female

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC7222J
Vehicle Make/Model/Colour	MERCEDES BENZ / GLA180 URBAN (R18 LED) / SILVER
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL CHOO
NRIC/Passport Number	S1583428E
Contact Number	86732830
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SH8046Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	

Injuries Sustain  
Injured person in which vehicle? SH8046Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name CHIN WING SUN  
Approximate Age  
Injuries Sustain BRUISES ON RIGHT ARM  
Injured person in which vehicle? SLP371C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

**IMPORTANT NOTICE**

- Please report correctly the details of the accident and the claims process.
- This Form must be completed by the Policyholder or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 application by interested parties.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
  - I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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.
    - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 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 located outside of Singapore, for one or more of the above Purposes.

**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI**

Policyholder's Signature / Date & Time \_\_\_\_\_ Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_ Witnessed by Reporting Centre Personnel \_\_\_\_\_

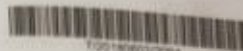
**Sketch Plan**

Sketch Plan #2



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C.  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No. 1800-8728999



T20180602/0123

1 of 3

Report No. T20180602/0123

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
02/06/2018 17:47

Vide Report No.:  
E/20180602/0123

Station Diary No.:  
129

**Informant's Particulars**

Name of Informant:  
CHIN WING SUN

Address:  
APT BLK 208 CLEMENTI AVENUE 6 #14-107 SINGAPORE  
120206

ID Type / ID No.  
NRIC NO / S1807385D

Contact No.  
Home/Office: Mobile: 98181590

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 51 Date of Birth: 09/04/1967

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
SELF EMPLOYED

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: 02/06/2018 13:10	Type of Location: Straight Road
-------------------	------------------------------	-----------------------	---	------------------------------------

Location:  
Along Road 1  
RIVER VALLEY ROAD

Along River Valley Rd junction of Clemenceau Avenue

Weather: Clear	Road Surface: Dry	Road Speed Limit:
-------------------	----------------------	-------------------

Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
------------------------------------	---	-----------------------------

Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: Yes
--	---

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8046Z	Car				Seriously Damaged	2
SKC7222J	Car				Slightly Damaged	1
SLP371C	Car				Seriously Damaged	1

Sketch Plan #3



SINGAPORE  
POLICE FORCE



1/20180602/2094

Police Station Of Origin:  
Clementi N.P.C.  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No: 1/20180602/2094

CONTINUATION OF REPORT

**Brief Details.**

On 2/06/2018 at about 1310hrs, I was driving my vehicle bearing registration number SLP371C along River Valley Rd. I was with 1 passenger seated at the rear left. Subsequently, as I was crossing the junction of River Valley Rd & Clemenceau Avenue, one blue comfort Delgro taxi bearing registration number SH8046Z from the left dashed in front of me and I collided with the right side of the taxi. My vehicle's airbag was deployed. Another vehicle bearing registration number SKC7222J which was on the left side of the taxi collided with it before coming to a stop.

I got out of the vehicle and immediately called for Police assistance. Subsequently, Police and Paramedics arrived and conveyed the 2 passengers inside the taxi who were seated at the rear. I suffered some bruises on the right arm. I will be seeing the Doctor once I lodge report.

I have an in built camera inside my car which was already retrieved by the TP Officer at scene. Also, I would like to add that my vehicle is seriously damaged. The taxi's right side was also damaged. On the other hand, the vehicle SKC7222J was slightly damaged at the front part.

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C.  
20 Clementi Avenue 5 SINGAPORE 129656  
Tel No. 1800-8729999



1201806020064

3 of 3

Report No. 1201806020064

**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:

D /

Sgt 2 KHAIRUL ANWAR LLOVIDO BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/06/2018 17:47

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN  
SAMSUDIN

Classification Of Case:

Contact No.: 65476429

Authentication Stamp

SN 37



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Identification Card



## Driving License

