

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	04/06/2018 17:17
Date Of Accident	04/06/2018 12:25
Exact Location Of Accident	IRWELL BANK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8314H
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90039493

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994966
Cover Note Number	

Driver

Name of Driver	CHEW CHOON CHYE
NRIC No	S1335653Z
Date Of Birth	08/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90039493
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 341B SEMBAWANG CLOSE #05-35
Postcode	752341
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , 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 STATEMENT / REFER TO POLICE REPORT T/20180604/2135

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	SHD3541U
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)

DETAILS OF INJURED PERSON 1


Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLH8314H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

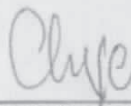
Sketch Plan


SKETCH PLAN

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6. 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.

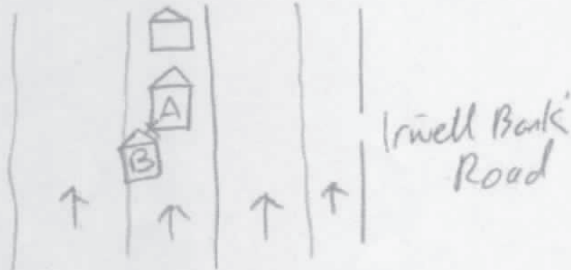

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLH18314H
B = SHD3541U
Lee Eng Hwa
S1505193J



Sketch Plan #2

Describe Circumstances of the Accident

On 9/6/18 at 12:25pm I was travelling at Irwell Bank Road. I follow front vehicle to stop due to traffic light Red. Suddenly I feel an impact & m/taxi SHD 3541U hit onto my rear portion. My car did not hit onto the front vehicle.


Attach Police Report T/20180604/2135

Declaration

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



Witnessed by Reporting Centre Personnel

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1335653Z



Name

CHEW CHOON CHYE

周春財

Race

CHINESE

Date of Birth

08-04-1958

Country of Birth

SINGAPORE

Sex

M

S1335653Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

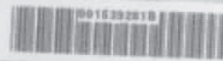


Official Number S1335653Z

CHEW CHOON CHYE

Birth Date: 08 Apr 1958

Issue Date: 01 Nov 2007



0015392818



NRIC No: S1335653Z



Date of Issue: 18-02-2013

Address
APT BLK 341B SEMBAWANG CLOSE
#05-25
SINGAPORE 752341

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 cc	09 Jul 1979
Class 2A	Motorcycles between 201 cc and 400 cc	09 Jul 1979
Class 2	Motorcycles > 400 cc	09 Jul 1979
Class 2	Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and <= 2500kg	23 Aug 1984



Licence No: S1335653Z

NP 428A

SINGAPORE POLICE FORCE

Police Station: CHONG
 Substation: K.P.C.
 A. Substation: SINGAPORE

Do Not Write Below This Line

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/06/2018 16:25

Vehicle Report No. Station Diary No.
32

Informant's Particulars

Name of Informant: CHIEW KWONG CHYE

Address: APT BLK 347B SOMBANG CLOS 805-35 SINGAPORE

Contact No: 82341

Home/Office: Mobile: 90039493

Email:

ID Type / ID No.: NRIC No: 803358332

Nationality: SINGAPORE CITIZEN

Sex: Male Age: 80 Date of Birth: 05/04/1958

Race: Chinese

Occupation: GRAB DRIVER

Type of Informant: Driver

Language:

Institution / School Name:

Driving Licence Information: Class: 2B 2A 2.3 Date of Expiry:

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident	Type of Location
			04/06/2018 12:25	Straight Road

Location:
Along Road 1 Traveling Toward Road 2
IRWELL BANK ROAD
KIM SENG ROAD

Weather	Road Surface	Road Speed Limit
Clear	Dry	

Traffic Flow	Traffic Control	Traffic Volume
One Way	Not Controlled	Light

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Pass
SHD3541U	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	0
LH8314H	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver	Seriously Damaged	3

Chye

SINGAPORE POLICE FORCE

Police Station of Origin
Sembawang N.P.O.
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800 3448999

Report No: 1501800542135

CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Name	LEE ENG HWA	ID No.	S1505193J
Related Vehicle	SHD3541U (Car)	Contact No.	90175459
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		ID No.	S1335853Z
CHEW CHOON CHYE		Contact No.	90039493
Related Vehicle	SLH8314H (Car)	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE @ SEMB MRT	Date Treatment	04/06/2018
Date Treatment	04/06/2018	Date Discharge	04/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On the 4/6/2018 at about 1213hrs, I picked up 3 passengers from Newton MRT. They were headed towards 10 Anson Road. While travelling along Irwell Bank road towards the direction of Kim Seng Rd I was travelling on the 3rd lane. Suddenly I felt a strong bump from behind and I subsequently stop then disembarked from my vehicle and discovered that the other vehicle, namely a ComfortDelgro tr SHD3541U, had hit my rear left bumper with his front right bumper. As such, our signal lights were affected from the impact.

Chia

SINGAPORE POLICE FORCE

Police Station of Origin
 Recording & P.C.
 & Remarking Officer: SINGAPORE
 16/03/2018
 Tel No.: 1800-5547000

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 P / Sgt 2 NG YU KIT	Signature Of Informant <i>[Signature]</i>
Signature Of Interpreter Not applicable	Date/Time: 04/06/2018 16:49
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476164	Classification Of Case:
Authentication Stamp NP168	Signature <i>[Signature]</i>

Singapore Police Force