

## 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	18/06/2018 12:59
Date Of Accident	16/06/2018 14:20
Exact Location Of Accident	BLK 584 AMK ST 51 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5436G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APEX CAR LEASING
Co Reg No	53337283J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994582
Cover Note Number	

### Driver

Name of Driver	YEOW KIAN SENG
NRIC No	S1386119F
Date Of Birth	28/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86565865
Fax Number	
Contact Number	OFFICE-86565865
Email Address	NOEMAIL

Address	BLK 487 JURONG WEST AVENUE 1 #05-57
Postcode	640487
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180616/2094.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6916Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	YEOW KIAN SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM5436G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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

Refer to See Attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## 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.:

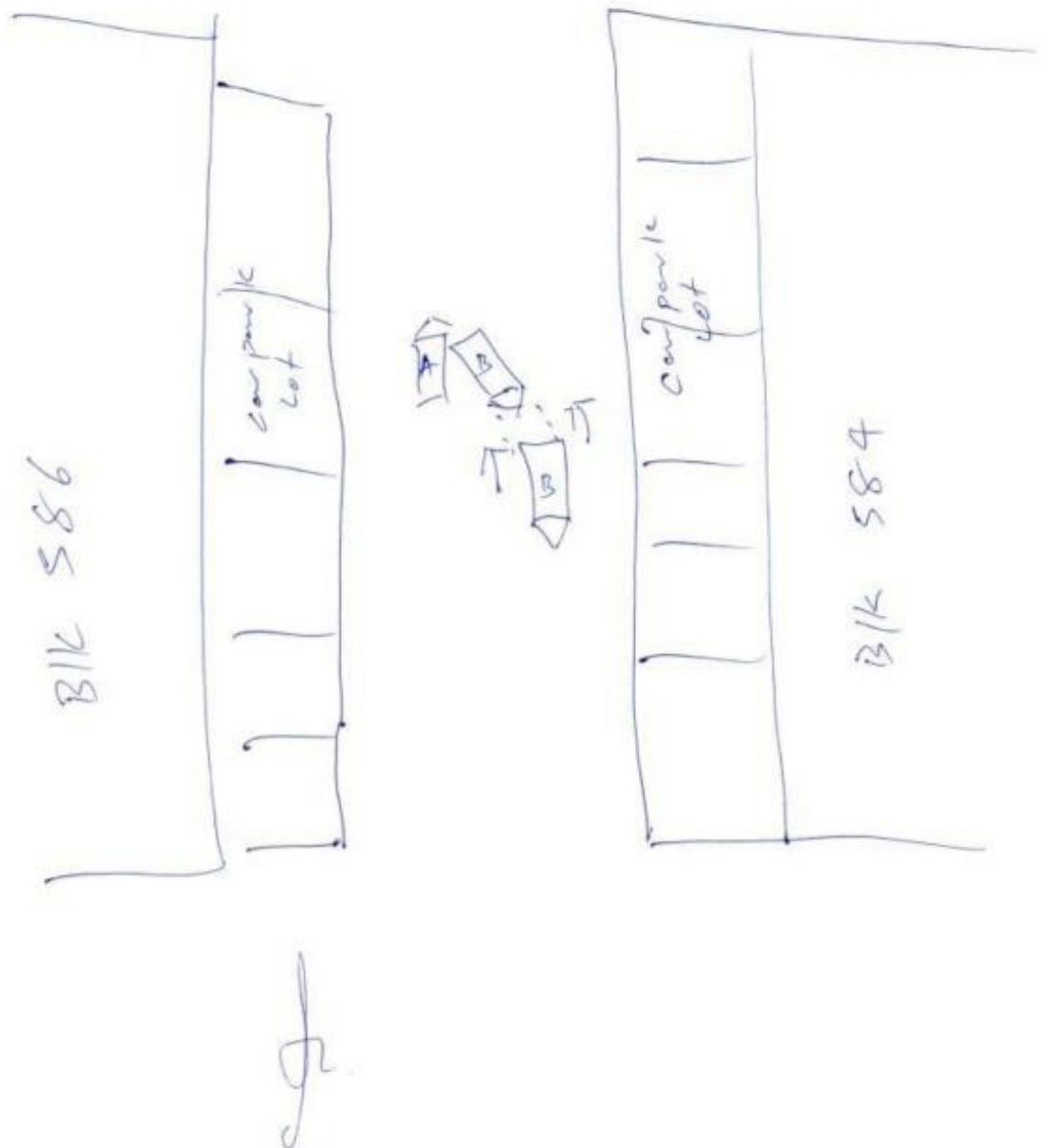
Accident Sketch Plan

A - SJM 54364

16/6/18

B - CB 6916 Y

1350 HRS





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2094

1 of 3

Report No. T/20180616/2094

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2018 17:30	Vide Report No.:	Station Diary No.: 142
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### Informant's Particulars

Name of Informant: YEOW KIAN SENG			Address: APT BLK 487 JURONG WEST AVENUE 1 #05-57 SINGAPORE 640487	
ID Type / ID No.: NRIC NO / S1386119F			Contact No.:	Mobile: 86565865
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 58	Date of Birth: 28/07/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2018 13:50	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO STREET 51				
Carpark near to Blk 586 Ang Mo Kio St 51				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6916Y	Bus/Coach/Mi nibus	TOYOTA	TOYOTA HIACE HIROOF AUTO 14 SEATER	White	Slightly Damaged	0
SJM5436G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	1

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2094

2 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180616/2094

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEOW KIAN SENG	ID No.	S1386119F
Related Vehicle	SJM5436G (Car)	Contact No.	86565865
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	16/06/2018	Date Discharge	16/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 16/06/2018 at about 1350hrs, I was driving my passenger in my vehicle SJM5436G along Ang Mo Kio St 51. As I was at the carpark near Blk 586 Ang Mo Kio St 51, after I had passed by a gantry, my passenger had directed me to stop between Blk 586 and Blk 584 after I had passed by a van CB6916Y. After I stopped my vehicle and turned on my hazard light, I felt an impact on my vehicle. I noted that the van driver did not check his blind spot and reversed onto my driver side door. I alighted from my vehicle and took some photos of the damages. When I wanted to exchange particulars with the driver, he refused to exchange his particulars with me.

I also made a check with my passenger who informed he did not suffer any injuries at the point of time, no police and ambulance assistance was required. My vehicle was still able to move as such after alighting my passenger at the accident scene, I left the area. Subsequently I felt discomfort on my body and sought medical attention at Intemedical 24Hr Clinic at Ang Mo Kio and was issued with 5 days MC. I am lodging the report for insurance claims. I have the video footage of the accident which showed my vehicle stationary when the accident happened.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2094

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20180616/2094

## 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: E / Sgt 2 PUA JIAN YAN, JEREMIAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/06/2018 17:30
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:  SN 061
Authentication Stamp NP168	 SIGNATURE

**Accident Photo**



**Accident Photo**



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo

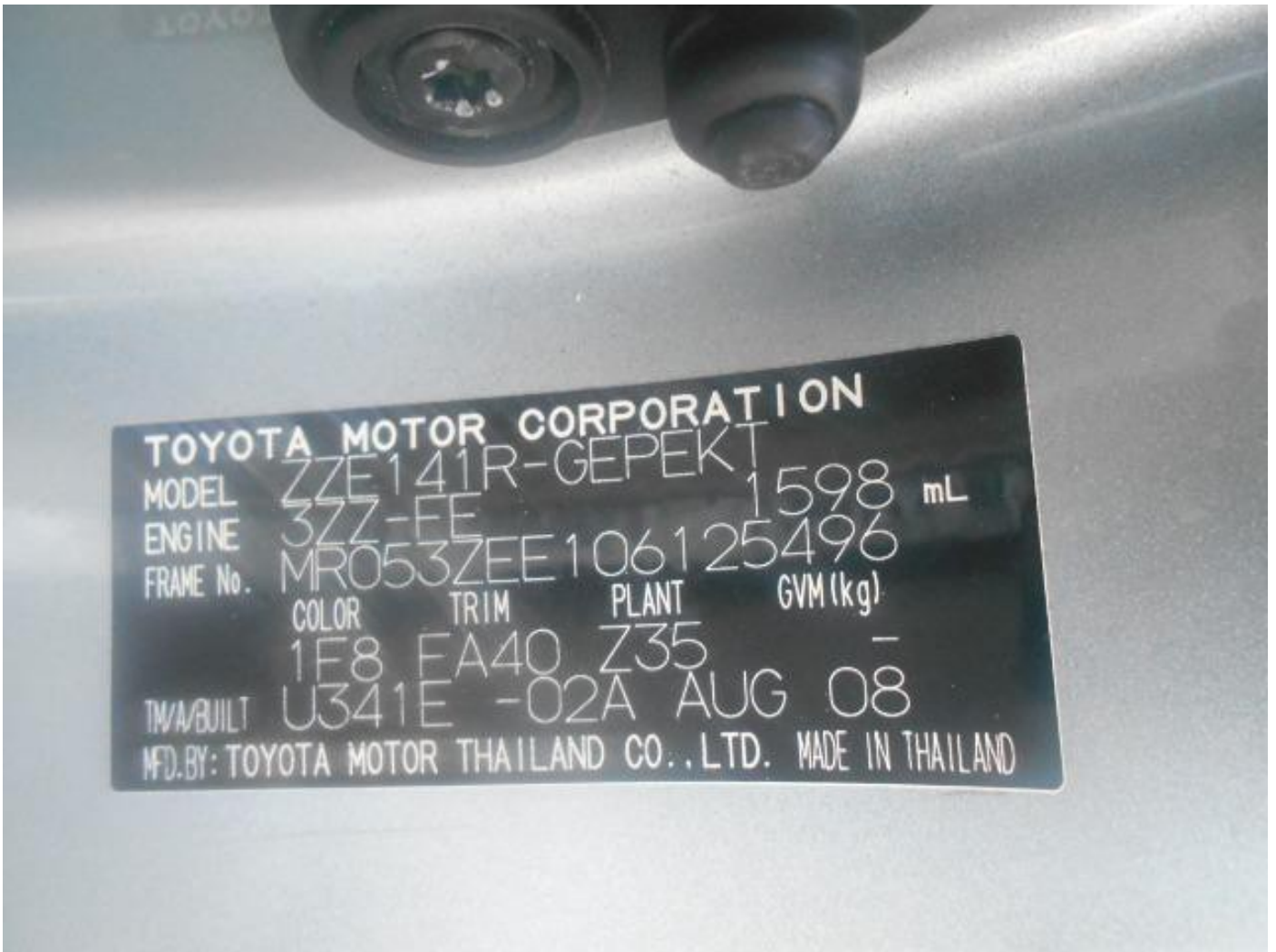




Accident Photo



Accident Photo



Accident Photo

