

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	20/06/2018 10:39
Date Of Accident	19/06/2018 18:40
Exact Location Of Accident	PASIR RIS ST 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4296C
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84883698

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	999994927
Cover Note Number	

Driver

Name of Driver	SIM YONG HOCK
NRIC No	S7526302C
Date Of Birth	01/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84883698
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 311 UBI AVE 1 #09-385
Postcode	400311
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 - MAJOR/MINOR RD
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 NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , 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 / POLICE REPORT T/20180620/2063

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	SHD3626J
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	

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLH4296C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan



SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

[Handwritten Signature]

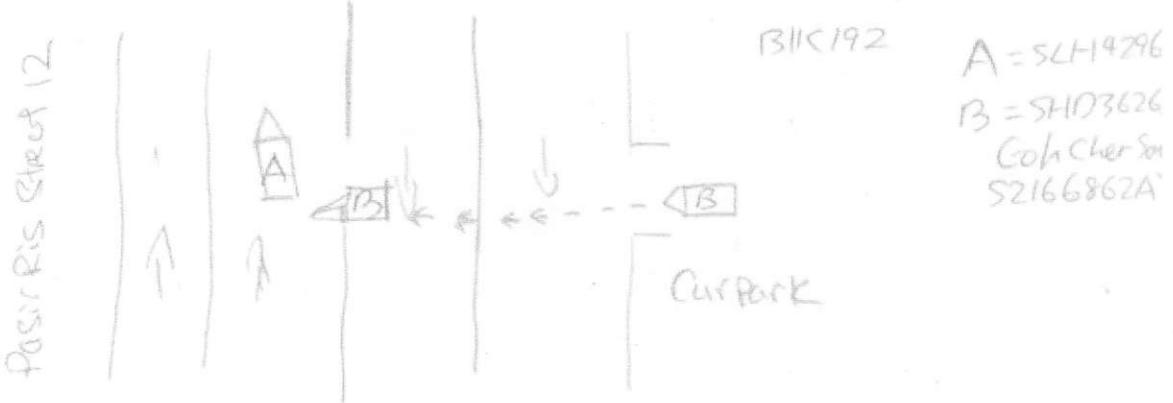
[Handwritten Signature] 20/6/18

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

Describe Circumstances of the Accident

19/6/18 at 6:40pm I was travelling at Pasir Ris S+12 within my lane and driving straight. A m/taxi S+103626J from opposite carpark dashed without stopping and hit onto my right side portion.

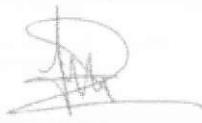
Attach Polia Report T/20180620/2063

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

 20/6/18

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T201806200003

1 of 3

Report No. T201806200003

Police Station Of Origin:
Eunos NPP
829 Bedok Reservoir Road #01, 1820
SINGAPORE 470829
Tel No. 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 13:52	Video Report No.	Station Diary No. 9
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Informant's Particulars		
Name of Informant: SIM YONG HOCK		Address: APT BLK 311 UBI AVENUE 1 #09-345 SINGAPORE 400311
ID Type / ID No. NRIC NO / S7526302C		Contact No. Home/Office: Mobile: 84883898
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 42	Date of Birth: 01/08/1975
Race: Chinese		Type of Informant: Driver
Occupation: OPERATION MANAGER		Language: English
		Institution / School Name:
		Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 19/06/2018 18:40	Type of Location: Straight Road
Location: Along Road 7 PASIR RIS STREET 12				
Towards (Way): near to Blk 192 Pasir Ris on the right				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Exchanges
SH020267	Car	HYUNDAI			Slightly Damaged	0
BLR4288C	Car	HONDA	Shuttle	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	



SINGAPORE POLICE FORCE
 Police Report Form
 Form 101
 1. To be filled by the driver of the vehicle involved in the accident.
 2. To be filled by the driver of the vehicle involved in the accident.
 3. To be filled by the driver of the vehicle involved in the accident.

TRAFFIC ACCIDENT REPORT

Name	Shih Guan Sang	ID No.	82448804
Related Vehicle	SHD3626J (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	SIM YONG HOCK	ID No.	S7526302C
Related Vehicle	SLH4296C (Car)	Contact No.	84883698
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details

On the above mentioned date, time and location, I was driving a Silver Honda Shuttle (SLH4296C) on a straight road when I noticed a Blue Comfon Taxi (SHD3626J) was driving out from the carpark at my right heading towards me. At that point of time, it was too late for me to react and as such, the said Taxi collided onto my right bumper. At the point of time, I did not suffer from any discomfort. I then exchanged particulars with the taxi driver and carry on with my journey.

Due to the accident, there were some scratches and dents at my right bumper.

On 20/6/2018, I felt some discomfort at my neck and shoulder region. I then seek treatment at Mount Elizabeth A&E and was given a total of 4 days MC, as such, I am lodging a Traffic Accident Report.



SINGAPORE POLICE FORCE



Police Station Of Origin:
Lexus NDP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470620
Tel No.: 1800-4439929

741
Report No. T2618252740

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 65474085 using the report number as reference.

Signature Of Officer Recording The Report:

Sgt TAN LI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
2018/02/18 15:52

Officer In Charge Of Case:
TP / ABIT
SI Staff Sgt ONG YONG HOCK
Contact No: 65476436

Classification Of Case:

Authentication Stamp