

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	22/06/2018 18:55
Date Of Accident	22/06/2018 09:25
Exact Location Of Accident	ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8036D
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97321089

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	999995090
Cover Note Number	

Driver

Name of Driver	SEE TOH WENG FAI
NRIC No	S7737767J
Date Of Birth	19/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2003
Driving Experience	15 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97321089
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 602C PUNGGOL CENTRAL #08-648
Postcode	823602
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?	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)	3
Passenger 1	Name: : UNKNOWN Gender: : Male
Passenger 2	Name: : UNKNOWN Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , 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/20180623/7007

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	SLK2998H
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

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

SGS3331S

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 INJURED PERSON 1

Name

PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLN8036D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SEE TOH WENG FAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLN8036D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.



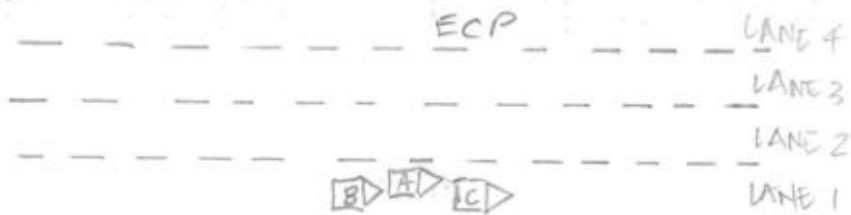
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

NOTICED FRONT CAR HARD BRAKE
I DECIDED TO STOP BRAKE IMMEDIATELY
BEFORE I AM ABLE TO STOP,
THE REAR CAR RAMMED
INTO MY CAR
CAUSING MY CAR
TO HIT THE CAR
IN FRONT



A = SLN8036D
B = SLK 2998H
C = SG5333IS

Describe Circumstances of the Accident

On 22nd June 2018 at about 9.21am, I was travelling along ECP towards City, sending Pax to Millenia walk. I was travelling at 80 km/hr and observing the traffic at the same time -

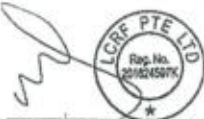
All of sudden, my front car swerve suddenly to the left. I find something amiss, so decided to slow down but noticed the front car jammed brake suddenly. I brake ~~and stop~~. Unfortunately, the car from behind hit my car causing my car to push forward hitting the car in front.

My pax also got injured. I have dropped him at Raffles Hospital immediately after the incident

Attach Police Report T/20180623/1007

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature of the driver, appearing to be 'Amos SA'.

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

A handwritten signature of the reporting centre personnel, dated '23/6/18'.

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180623/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180623/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 08:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEE TOH WENG FAI			Address: APT BLK 602C PUNGGOL CENTRAL #08-648 SINGAPORE 823602		
ID Type / ID No.: NRIC NO / S7737767J			Contact No.: Home/Office: Mobile: 97321089		
Nationality: SINGAPORE CITIZEN			Email: amosseetoh@gmail.com		
Sex: Male	Age: 40	Date of Birth: 19/12/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES AND MARKETING MANAGER			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: 22/06/2018 09:20	Type of Location: Flyover
Location: EAST COAST PARKWAY After Marine Parade exit, along ECP towards city at Lane 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Behind car hit me and i hit the front car			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN8036D	Car	TOYOTA	prius	Silver	Slightly Damaged	4

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180623/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180623/7007

CONTINUATION OF REPORT

Driver			
Name	SEE TOH WENG FAI	ID No.	S7737767J
Related Vehicle	SLN8036D (Car)	Contact No.	97321089
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/06/2018	Date Discharge	22/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was driving at a cruising speed of 81km/hr along lane 1 ECP towards City sending my passenger to his destination at Millenia Walk. After passing Marine Parade exit, noted a car swerve left and felt something amiss so decided to slow down keeping a 2 car length distance. Never did i realize that the front car suddenly e-brake and put a full stop suddenly. henceforth i decided to jam brake to ensure safety of my passenger and also avoiding accident. Managed to stop in time unfortunately the car from behind hit me and my car pushed forward hitting the front car ahead of me. The impact from behind was so hard that causes me and my passenger, Mr Jonathan injured. Immediately after clearing the accident scene, I immediately bring my passenger to Raffles Hospital for immediate attention. Thereafter i left for accident reporting at my appointed workshop at 1 Kranji Loop before attending my own injury at Mount Alvenia A & E. Was given 5 days MC due to the accident. Unable to work till recovery.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180623/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180623/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp
NP158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/06/2018 08:33

Classification Of Case:

Sketch Plan #6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7737767J



Name
SEE TOH WENG FAI
(SITU YONGHUI)
司徒永辉

Race
CHINESE
Date of birth
19-12-1977
Country of birth
SINGAPORE

Sex

M

S7737767J

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S7737767J

SEE TOH WENG FAI (SITU
YONGHUI)

Birth Date: 19 Dec 1977

Issue Date: 11 Jan 2003



000100811K



4160272

NRIC No. S7737767J

Date of issue
11-01-2008

APT BLK 802C PUNGGOL CENTRAL #08-048
SINGAPORE 823602

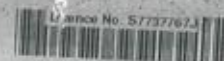
NRIC No. S7737767J

Date: 18/02/2017

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

Class 2 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE
11 Jan 2003



License No. S7737767J

228A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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