

## 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 06:35
Date Of Accident	21/06/2018 18:55
Exact Location Of Accident	ALONG COLLYER QUAY TOWARDS BATTERY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7567D
<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-31584255

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	999995071
Cover Note Number	N.A.

### Driver

Name of Driver	SOH CHENG KANG
NRIC No	S8633578F
Date Of Birth	22/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90273776
Fax Number	
Contact Number	OFFICE-90273776
EEmail Address	EVIL_KANG@HOTMAIL.COM

Address	BLK 218D BOON LAY AVENUE #09-309
Postcode	644218
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG WEST N P C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report: T/20180622/2031 lodged at Jurong West N P C Brief Details On the 21/06/2018 at about 1845hrs, I was driving along Collyer Quay heading towards Battery Road. I was driving on the 3rd lane and the traffic flow was moderate. The vehicle in front of me, SLP1306K suddenly applied a hard brake and come to a stop. As such, I also braked and suddenly a vehicle behind me, SFY2433T had collided onto my rear. The impact was hard which caused my vehicle to collide onto the front. No traffic police or Ambulance was at scene. I was injured and consulted medical assistance at NTFGH and I was given 8 days MC. All the drivers had exchanged particulars. The first vehicle driver told me that there was a taxi ahead of him suddenly stopped in between 2 lanes. As such, the first driver had to apply emergency brakes to avoid collision. There is in vehicle camera in my car but I am unable to play the video as I can't switch on the camera.

#### 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	SLP1306K
Vehicle Make/Model/Colour	NISSAN/QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN SHAN PHAY
NRIC/Passport Number	S7039505C
Contact Number	94513693
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFY2433T  
Vehicle Make/Model/Colour TOYOTA/WISH 1.8 A  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WONG KOCK SUN  
NRIC/Passport Number S1527063B  
Contact Number 98190607  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name SOH CHENG KANG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLQ7567D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Sketch Plan

1. Please report to the Police.
2. This Form must be completed by the insured.
3. Information provided must be as truthful and accurate as possible.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability.
5. Any false reporting may be referred to the Police for investigation.
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 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.
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.  
(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.

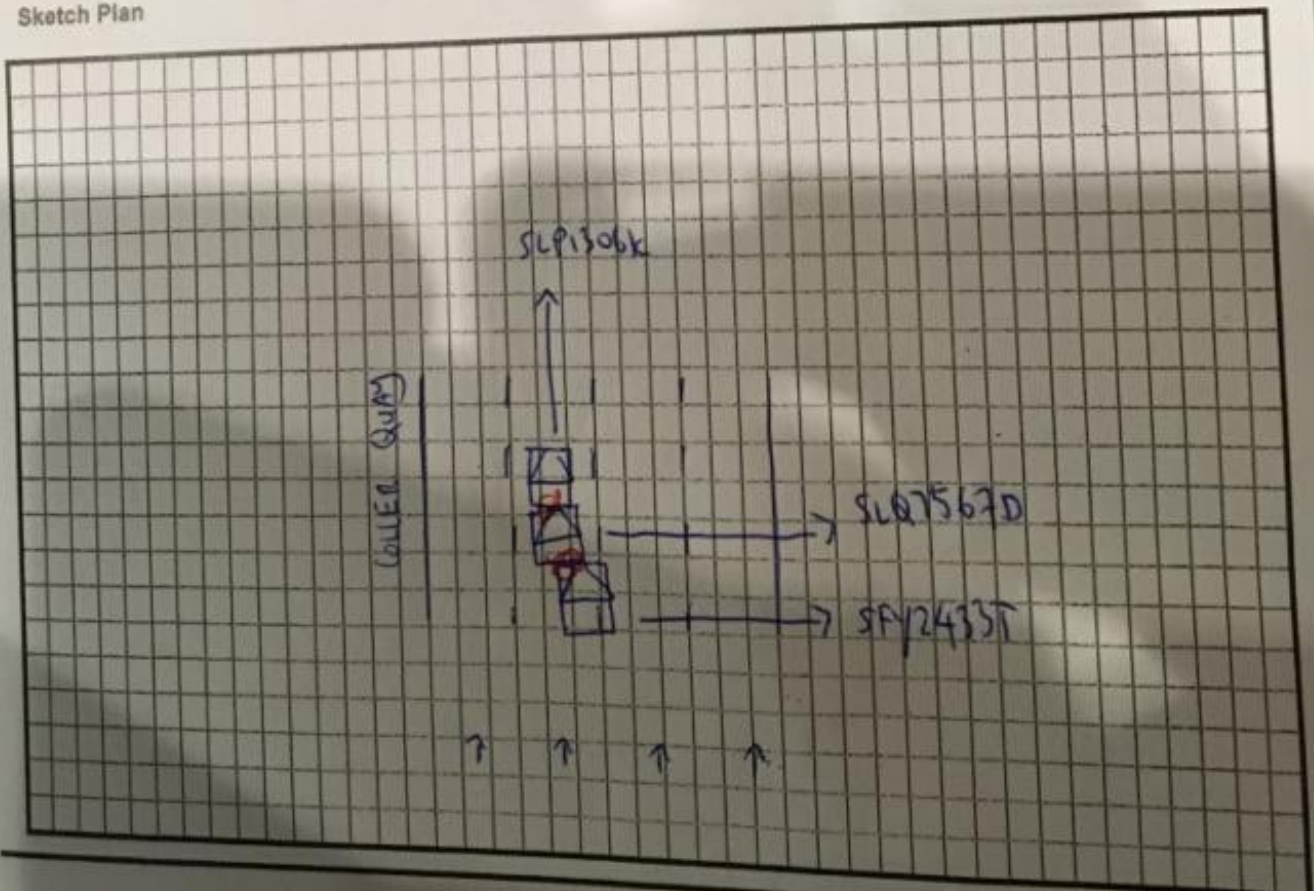
**VERIFIED BY AJAX MARS**  
**REPORTING OFFICER**  
**MOHAMMAD SULHANDI BIN**  
**MOHD AFFANDI**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

I (SLQ7567D) was driving along coller quay on the third lane when suddenly a car (SLP1306K) in front jam braked. I braked but didn't manage to stop in time and as a result I hit the back of the car. After the collision, a car (SFY2433T) hit me from the back. Total of a three car collision. No injuries involved at the moment.

Taxi Voucher No.:

### DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 June 2018 at 7:37 PM

Date/Time:

21 June 2018 at 7:37 PM

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180622/2031

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20180622/2031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 11:35		Vide Report No.:		Station Diary No.: 77	
<b>Informant's Particulars</b>					
Name of Informant: SOH CHENG KANG			Address: APT BLK 218D BOON LAY AVENUE #09-309 SINGAPORE 644218		
ID Type / ID No.: NRIC NO / S8633578F			Contact No.: Home/Office: Mobile: 90273776		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/11/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DEBT COLLECTOR			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: 21/06/2018 06:45	Type of Location: Straight Road
Location: Along Road 1 COLLYER QUAY				
Towards Battery Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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 Passenger
SFY2433T	Car					0
SLP1306K	Car					0
SLQ7567D	Car	TOYOTA	PRIUS	White	Totally Damaged	0



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180622/2031

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 4

Report No. T/20180622/2031

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KOCK SUN	ID No.	S1527063B
Related Vehicle	SFY2433T (Car)	Contact No.	98190607
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	CHIN SHAN PHAY	ID No.	S7039505C
Related Vehicle	SLP1306K (Car)	Contact No.	94513693
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	SOH CHENG KANG	ID No.	S8633578F
Related Vehicle	SLQ7567D (Car)	Contact No.	90273776
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2018	Date Discharge	22/06/2018
No. of Days granted Medical Leave	08	Degree of Injury	Slight

### Brief Details.

On the 21/06/2018 at about 1845hrs, I was driving along Collyer Quay heading towards Battery Road. I was driving on the 3rd lane and the traffic flow was moderate.

The vehicle in front of me, SLP1306K suddenly applied a hard brake and came to a stop. As such, I also braked and suddenly a vehicle behind me, SFY2433T had collided onto my rear. The impact was hard which caused my vehicle to collide onto the front vehicle. No Traffic Police or Ambulance was at scene.

I was injured and consulted medical assistance at NTFGH and I was given 8 days MC. All the drivers had

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180622/2031

3 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180622/2031

### CONTINUATION OF REPORT

exchanged particulars. The first vehicle driver told me that there was a taxi ahead of him which suddenly stopped in between 2 lanes. As such, the first driver had to apply emergency brakes to avoid collision.

There is in vehicle camera in my car but I am unable to play back the video as I can't switch on the camera.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180622/2031

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

4 of 4

Report No. T/20180622/2031

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:

J /  
Sgt 3 GUNASEELAN RAVESADRAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/06/2018 11:35

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

Signature:   
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

## ADDENDUM

Original Report No : MBHH18080318-02      Vehicle Registration No: SLQ7567D

Name (as shown in NRIC) : SOH CHENG KANG NRIC/FIN/Passport No : S8633578F

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 21/06/2018 Time of Accident: 18:55HRS

Place of Accident : ALONG COLLYER QUAY TOWARDS BATTERY ROAD

Insurance Company: **AIG ASIA PACIFIC INSURANCE PTE. LTD.**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to third party claims

Policyholder / Driver's Signature  
Date:

Meilin Chai

---

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 841119016058  
Date: 25 Jun 2018