

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	29/06/2018 19:54
Date Of Accident	28/06/2018 18:10
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4560P
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91371661

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	999994926
Cover Note Number	

Driver

Name of Driver	CHUA KOK SIAH
NRIC No	S1633039F
Date Of Birth	06/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1987
Driving Experience	31 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91371661
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 267 BUKIT BATOK EAST AVE 4 #08-208
Postcode	650267
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?	YES
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: : 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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20180628/2202

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	SJR1000E
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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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH3200K

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 CHUA KOK SIAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLH4560P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLH4560P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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

Sketch Plan

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

BUKIT TIMAH
EXP

Witnessed by Reporting Centre Personnel



A: SLH4560P

B: SJR1000E

C: SLH3200K

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

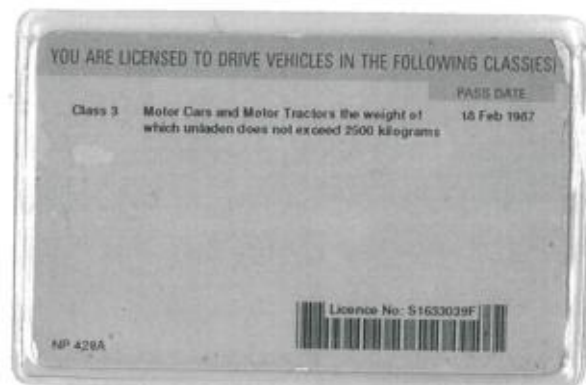
Policyholder's Signature / Date & Time



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

 2/7/18

Witnessed by Reporting Centre Personnel



Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180628/2202

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180628/2202

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 20:56		Vide Report No.:		Station Diary No.: 140	
Informant's Particulars					
Name of Informant: CHUA KOK SIAH			Address: APT BLK 267 BUKIT BATOK EAST AVENUE 4 #08-208 SINGAPORE 650267		
ID Type / ID No.: NRIC NO / S1633039F			Contact No.: Home/Office: Mobile: 91371661		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 06/12/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/06/2018 18:10	Type of Location: Bend
Location: BUKIT TIMAH EXPRESSWAY towards woodlands				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR1000E	Car					0
SLH3200K	Car					0
SLH4560P	Car				Seriously Damaged	1

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180628/2202

2 of 3

Report No. T/20180628/2202

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Brief Details.

On 28/06/2018 at about 1810hrs while I was driving on Bukit Timah Expressway heading towards woodlands to send my ex-wife namely Goh Seok Hoon (Hp: 92323521) in my vehicle SLH4560P, I was driving on the first lane of the expressway. The traffic was heavy thus the cars was moving slowly. Subsequently while I stationary waiting the cars to move off, a vehicle (SJR1000E) suddenly hit me from my rear, the impact was so hard that It made my vehicle move it front and causing me to hit the front vehicle (SLH3200K). My car was badly damage on both front and rear. My ex wife sustain injury on her chest and leg, she was conveyed to Ng Teng Fong Hospital. I sustain abrasion on my right hand and arm. Both ambulance and traffic police came to my scene. I handed over to the traffic police my in car camera SD card as there is an in car camera in my car. traffic police gave me report number , J/20180628/0191

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20180628/2202

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20180628/2202

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:
SN 114

KAM QUAN SHENG NICHOLAS

Signature :

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/06/2018 20:56

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



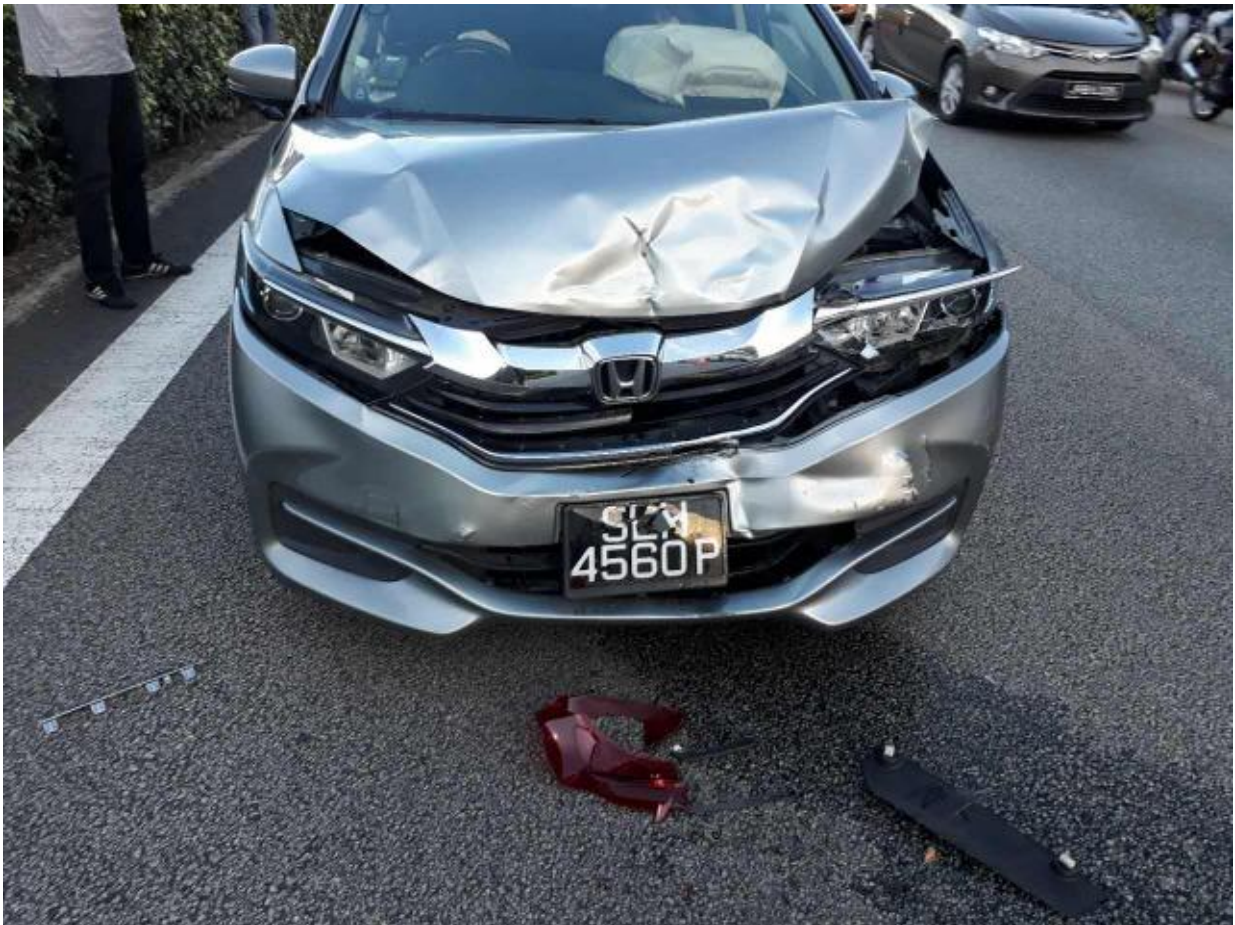
Accident Photo



SCENE 1



SCENE 2



SCENE 3



SCENE 4

