

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	07/07/2018 17:04
Date Of Accident	06/07/2018 19:55
Exact Location Of Accident	CHANGI AIRPORT FLYOVER TWDS T3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5157U
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90927992

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	WORK
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	999994660
Cover Note Number	-

Driver

Name of Driver	TEO CHEE SENG
NRIC No	S6912944G
Date Of Birth	22/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1989
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90927992
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 157 SERANGOON NORTH AVE 1 #05-863
Postcode	550157
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	SIDE SWIPE
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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	SJX8848Z
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	TEO CHEE SENG
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKN5157U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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' 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.



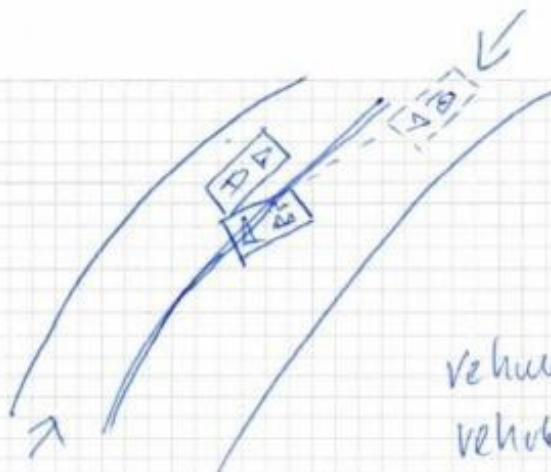
Policyholder's Signature
Date & Time:

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



Vehicle A) SKN51574
Vehicle B) 33X88482

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180707/2071

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Report No. T/20180707/2071

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2018 15:26	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: TEO CHEE SENG			Address: APT BLK 157 SERANGOON NORTH AVENUE 1 #05-863 SINGAPORE 550157		
ID Type / ID No.: NRIC NO / S6912944G			Contact No.: Home/Office: Mobile: 90927992		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 22/04/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			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: 06/07/2018 19:55	Type of Location: Flyover
Location: Along Road 1 AIRPORT BOULEVARD				
ALONG CHANGI AIRPORT FLYOVER, TOWARDS THE DIRECTION OF TERMINAL 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX8848Z	Car				Slightly Damaged	1
SKN5157U	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20180707/2071

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SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20180707/2071

CONTINUATION OF REPORT

Driver			
Name	ARUNASALAM SREEDARAN		ID No. S1106569D
Related Vehicle	SJX8848Z (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	TEO CHEE SENG		ID No. S6912944G
Related Vehicle	SKN5157U (Car)		Contact No. 90927992
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	07/07/2018	Date Discharge	07/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am a grab driver and I am driving the vehicle (SKN5157U).

On 06/07/2018 at about 1958hrs, I was driving my vehicle at the vicinity of my Changi Airport. I wish to state that at that moment, the weather was clear and the road surface was dry. After alighting a passenger at Terminal 2, I proceeded to Terminal 3 and head to the direction of Changi Airport Flyover. As I was driving at the corner of the flyover, reaching Terminal 3, suddenly a car (SJX8848Z) from the opposite direction suddenly slightly cut into my lane. I wish to state that the road I was on was a two-way traffic and there was a double white-line in the middle of the road.

After the accident, both of us alighted and make assessment with regards to the damage. I wish to state that for my vehicle, there were some scratches and dents on the rear right side of my vehicle's bumper and as for the other party, there were some scratches and dents on his front right side of his vehicle. His front bumper came off slightly as well. I then took down the particulars of the said driver and also informed him that I will need to inform my company as the vehicle I was using was a rented car. The driver acknowledged. I wish to state that there was no in-car camera installed in my vehicle. However, based on my observation, the other driver had in-car camera installed in his vehicle but I am unsure if it had recorded the accident.

Further that, I made a check on the driver and he informed that neither he or his only passenger had any injuries.

However, after the accident, I felt some pain on my neck and my lower back hence I went to see doctor. I was given a total of 5 days MC from 07/07/2018 to 11/07/2018.

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Report No. T/20180707/2071

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180707/2071

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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20180707/2071

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:

F /
Sgt 2 TAN WEI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/07/2018 15:26

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

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

