

## 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	09/07/2018 18:08
Date Of Accident	08/07/2018 08:35
Exact Location Of Accident	JALAN DAYA 1 TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ697K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWEK KIOK KHIANG (GUO KEQIAN)
NRIC No	S7812684A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90903030
Alternative Phone No	OFFICE-90903030

### Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.2(8AT) CRDI 2WD S/R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800041450
Cover Note Number	

### Driver

Name of Driver	KWEK KIOK KHIANG (GUO KEQIAN)
NRIC No	S7812684A
Date Of Birth	15/05/1978
Occupation	INDOOR
Date Of Driving Pass	06/10/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90903030
Fax Number	
Contact Number	OFFICE-90903030
Email Address	NOEMAIL

Address	BLK 132 LORONG AH SOO #04-394
Postcode	530132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Foreign Vehicle Registration Number	ACU178 (PRIVATE CAR)
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)	2
Passenger 1	NAME: : HUE MAY LING GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180708/7004.

#### 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	ACU178
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) 1

#### DETAILS OF INJURED PERSON 1

Name KWEK KIOK KHIANG (GUO KEQIAN)

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? SLZ697K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name HUE MAY LING

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? SLZ697K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

### SKETCH PLAN

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 liability**.
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. 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 upon application by interested parties.
7. By the lodgment 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)**

(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.

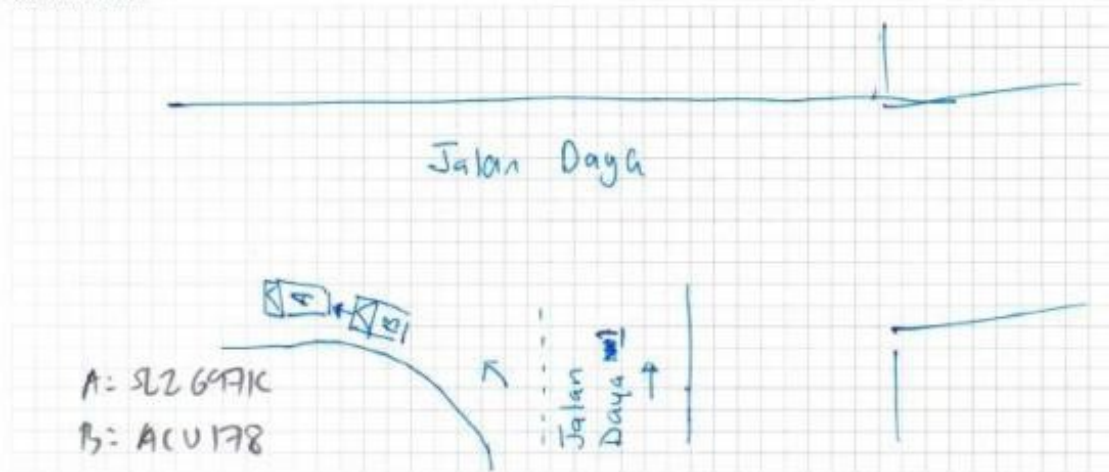
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180708/7004.

## 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

09-07-18:15:31 ;Kuru & Co.

TK

18532 2007

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**SINGAPORE  
POLICE FORCE**



T/20180708/7004

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 85470000

1 of 4

Report No. T/20180708/7004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2018 19:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KWEK KIOK KHIANG			Address: APT BLK 132 LORONG AH SOO #04-394 SINGAPORE 530132		
ID Type / ID No.: NRIC NO / S7812684A			Contact No.: Home/Office: Mobile: 90903030		
Nationality: SINGAPORE CITIZEN			Email: kwekstephen@gmail.com		
Sex: Male	Age: 40	Date of Birth: 12/05/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marketing and sales representative (technical)			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2018 08:35	Type of Location: T-Junction
Location: jalan daya				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
ACU 178	Car	PROTON	Proton Saga	Blue	Slightly Damaged	2
SLZ697K	Car	KIA	SORENTO 2.2(8AT) CRDI 2WD S/R	Grey		0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180708/7004

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

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Report No. T/20180708/7004

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLZ697K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800041450	23/04/2018	22/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KWEK KIOK KHIANG		ID No.	S7812684A
Related Vehicle	SLZ697K (Car)		Contact No.	90903030
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2018		Date Discharge	08/07/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	Hue May Ling		ID No.	S8104557G
Related Vehicle	SLZ697K (Car)		Contact No.	90903033
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018		Date Discharge	08/07/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight

### Brief Details.

Accident happened in Malaysia, I was driver of SLZ 697 K together with my spouse Hue May Ling, travelling from Jalan Daya 1 to Johor Bahru Town Area at approx 0835 hrs this morning. At the filter road, the vehicle in front of me stopped and I had to stop. Suddenly, a Malaysian vehicle with number plate ACU 178 collided into the rear of my car SLZ 697 K.

After we reach home, we rested awhile and felt pain at the shoulder and neck area and we immediately went to Mount Alvernia Hospital to see a doctor. Me and my Spouse was given 4 days of MC by the hospital.

I had already had made a Malaysia Traffic Police report at POLIS DIRAJA MALAYSIA, CAWAGAN TRAFIK, IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN with the report number : TRAFIK JOHOR BAHRU(S)/016183/18.

I also had a video recording footage of the accident.

## Police Report

09-07-18;15:31 J. Kuru & Co.

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18532 2007

# 3/ 4



**SINGAPORE  
POLICE FORCE**



T/20180708/7004

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

3 of 4

Report No. T/20180708/7004

**CONTINUATION OF REPORT**



# Police Report

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**SINGAPORE  
POLICE FORCE**



T/20180708/7004

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

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Report No. T/20180708/7004

## 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 / TPHQ /  
SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

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:  
08/07/2018 19:47

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



The image shows a close-up of a vehicle's chassis, specifically the area where a metal plate with technical specifications and a VIN label is located. The plate is divided into two main sections. The left section contains Korean text and technical specifications, while the right section contains the VIN and weight information.

**Left Section (Technical Specifications):**

- 기아자동차(주)** (Kia Motors Corporation)
- 모델** (Model): J
- 사출** (Injection): ABT
- 도장** (Paint): WK
- 중량** (Weight): 1- kg
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**Right Section (VIN and Weight Information):**

- KIA MOTORS CORPORATION**
- VIN: KNAPH81BMJ5448549**
- 중량** (Weight): 1- kg
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Accident Photo



## Addendum Sheet



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: S665500206 / GST Reg. No.: N400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118088572 Vehicle Registration No: SL26971K  
Name(as shown in NRIC) : Khale Kioh Kheng (Gua) (29140) NRIC/FIN/Passport No : 57812684A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 132 Wang Ah Soo #4-394 Singapore(530172)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90903030  
Email Address : \_\_\_\_\_  
Date of Accident : 8/7/18 Time of Accident : 08:35  
Place of Accident : Jalan Danga 1 twds JB.  
Insurance Company : Alfa

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

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

1. Add in policy number (1800641450)

\_\_\_\_\_  
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Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: