

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	18/07/2018 14:26
Date Of Accident	18/07/2018 07:05
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4138B
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64524300

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	999994658
Cover Note Number	

Driver

Name of Driver	FOO KOK JEN(FU GUOREN)
NRIC No	S7937180G
Date Of Birth	25/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-86414011
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 121 YUAN CHING ROAD #07-413
Postcode	610121
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)	2
Passenger 1	NAME: : JEREMY CHIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180718/2076

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 Witness 1

Name	JEREMY CHIN
Phone Number	98226413
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW4085C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHYE SOON
NRIC/Passport Number	S7717652G
Contact Number	97697306
Address	

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

DETAILS OF INJURED PERSON 1	
Name	FOO KOK JEN(FU GUOREN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJV4138B
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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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)**

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.



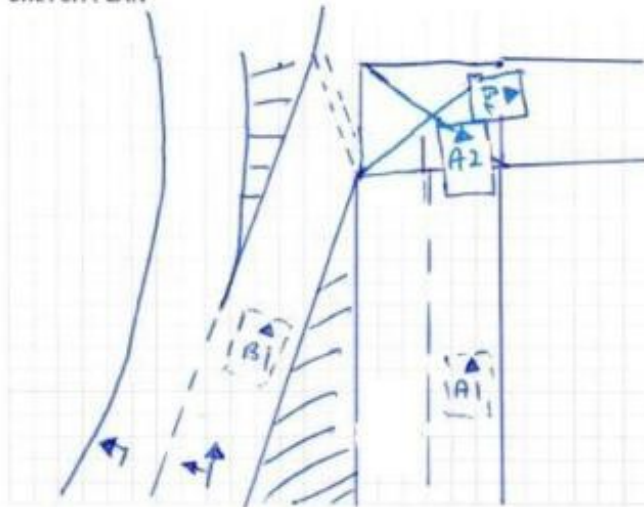
Policyholder's Signature
Date & Time:


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

 18/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Bradden Road
towards CTE

Vehicle A: SJV 4138 B

Vehicle B: SKW 4055 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

T/20180718/2076

Passenger: Jeremy Chin (M)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's
Date & Time:



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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180718/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20180718/2076

CONTINUATION OF REPORT

Passenger			
Name	JEREMY CHIN	ID No.	NIL
Related Vehicle	SJV4138B (Car)	Contact No.	98226413
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	FOO KOK JEN	ID No.	S7937180G
Related Vehicle	SJV4138B (Car)	Contact No.	86414011
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE CHYE SOON	ID No.	S7717652G
Related Vehicle	SKW4085C (Car)	Contact No.	97697306
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

Brief Details.

On 18th July 2018 at about 7.05am, I was driving Grabcar services with my car SJV4138B along the first lane of Braddell Rd towards Lornie Rd with one passenger on board (Jeremy Chin). When approaching the Central Expressway (CTE) flyover, I turned right into the slip road.

When I was approaching a yellow box along the slip road of CTE on the right lane, suddenly one black car (SKW4085C, Nissan) dash out from my left side and cut into my lane. I tried to stop my car but could not stop in time and his car right rear hit onto my car front left portion.

I then quickly stopped my car and made a check. I discovered that my front left bumper is dented, left headlight is damaged and my number plate had fallen off. While the black Nissan have some cracks & scratches on the rear right bumper.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180718/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20180718/2076

CONTINUATION OF REPORT

I checked with my passenger and he did not suffer any injury. However, I felt some pain on both of my shoulder as well as my lower back. I went to Khoo Teck Puat Hospital A&E department for consultation and was given 3 days of sick leave from Dr Koh, Jue xi Casey (13894J).

I wish to state that I do not have any in-car camera installed but my passenger Mr Jeremy Chin, informed that he saw the process and is willing to be my witness should there be a need. I also wish to state that the driver of the black Nissan did not mention anything and we simply exchange our contact details and drove off due to in-coming traffic.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180718/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Euros Crescent #01-2887 SINGAPORE
400009
Tel No: 1800-7479999

1 of 4

Report No. T/20180718/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 13:09	Video Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: FOO KOK JEN			Address: APT BLK 121 YUAN CHING ROAD #07-413 SINGAPORE 810121		
ID Type / ID No.: NRIC NO / S7937180G			Contact No.: Home/Office: Mobile: 88414011		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 25/11/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 18/07/2018 07:05	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJV4138B	Car				Slightly Damaged	1
SKW4085C	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180718/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
470009
Tel No: 1800-7479999

2 of 4

Report No. T/20180718/2076

CONTINUATION OF REPORT

Passenger			
Name	JEREMY CHIN	ID No.	NIL
Related Vehicle	SJV4138B (Car)	Contact No.	98226413
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	FOO KOK JEN	ID No.	S7937180G
Related Vehicle	SJV4138B (Car)	Contact No.	88414011
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE CHYE SOON	ID No.	S7717652G
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Police Report



**SINGAPORE
POLICE FORCE**



1/20180718/2076

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

- 3 of 4

Report No: 1/20180718/2076

CONTINUATION OF REPORT

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I wish to state that I do not have any in-car camera installed but my passenger Mr Jeremy Chin, informed that he saw the process and is willing to be my witness should there be a need. I also wish to state that the driver of the black Nissan did not mention anything and we simply exchange our contact details and drove off due to in-coming traffic.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180718/2078

Police Station Of Origin:
Tampong Ubi NPP
8 Eunus Crescent #01-2667 SINGAPORE
400006
Tel No: 1800-7479999

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Report No. T/20180718/2078

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: G / Sgt 2 NG KA WAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2018 13:09
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No : 65476220	Classification Of Case:
Authentication Stamp N/158	 SIGNATURE

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #38-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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 : MN A118002772 Vehicle Registration No : SJV4138B
Name (as shown in NRIC) : Marc Car Rental Pte Ltd NRIC/FIN/Passport No : 2016206486
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 2 Tayong Lane Singapore ()
Contact (Tel) : 8641 4011 Mobile No. : _____
Email Address : _____
Date of Accident : 18/7/18 Time of Accident : 09:05
Place of Accident : Braddell rd twds CTE
Insurance Company : AIG

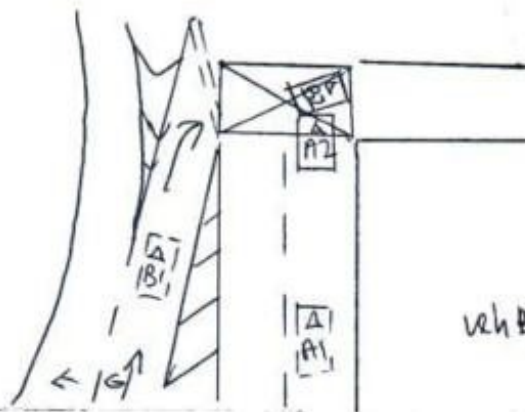
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

To amend sketch plan. point of damage of front left point of vehicle SKW4085C - rear right.



Policyholder / Driver's Signature
Date:



Vehicle A) SJV4138B
Vehicle B) SKW4085C

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