

## 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             | 12/07/2018 18:24              |
| Date Of Accident           | 12/07/2018 09:30              |
| Exact Location Of Accident | ENTRANCE OF UOB PLAZA CARPARK |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKV3070G              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | LINUS GOH CHOON HIONG |
| NRIC No                     | S7405210Z             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-91995139  |
| Alternative Phone No        | Others-91995139       |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | VOLVO           |
| Model  | XC60-2.0 T5 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | SOCIAL          |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES             |
| If No, Please state action to be taken                                       |                 |
| 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             |                                      |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LINUS GOH CHOON HIONG |
| NRIC No              | S7405210Z             |
| Date Of Birth        | 09/02/1974            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 19/11/1994            |
| Driving Experience   | 23 YEARS AND 7 MONTHS |

|   |                          |
|---|--------------------------|
| Gender  | MALE                     |
| Mobile Number                                       | (LOCAL) +65-91995139     |
| Fax Number  |                          |
| Contact Number                                      | OTHERS-91995139          |
| EMail Address                                       | NOEMAIL                  |
| Address   | 188 KENG LEE ROAD #23-01 |
| Postcode  | 308414                   |
| 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?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| 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?  | NO |
| If Yes,Please state which Police Station  |    |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom?                      |    |

#### Circumstances of Accident

REFER TO ATTACH

#### 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 | SKR1805M    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | CHEW HO LAN |
| NRIC/Passport Number        |             |
| Contact Number              | 96361107    |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

16345

| SINGAPORE ACCIDENT STATEMENT   |   |
|--|---|
| <b>IMPORTANT NOTICE</b>  |   |
| 1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for filing.<br>2. Please report <u>correctly</u> the details of the accident to speed up the claims process.<br>3. This Form must be completed by the Policyholder and/or the Authorized Driver.<br>4. Information provided must be as <u>truthful and accurate as possible</u> . Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.<br>5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.<br>6. Any false reporting may be referred to the Traffic Police Department for investigation. |   |
| <b>ACCIDENT STATEMENT</b>  |   |
| Date and Time of Accident  | Date: 12.07.18 Time: 0830   |
| Exact Location of Accident   | Entrance of UOB Plaza carpark   |
| <b>DETAILS OF OWN VEHICLE</b>  |   |
| Vehicle Registration Number  | 414V 30706  |
| <b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>  |   |
| Name of Registered Owner (See Insurance Cert.)   | Liamus bzh Khoo Hiong   |
| Personal Identification - NRIC (Singaporean/PR)  | 574052102   |
| - FIN/Passport Number  |   |
| - Not Applicable   |   |
| <b>VEHICLE PARTICULARS (OWN VEHICLE)</b>   |   |
| Vehicle Make / Model   | Manufacturer Volvo Model X60  |
| Type of Vehicle*   | <input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry<br><input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others |
| Exact Purpose for which vehicle was being used at time of accident   | social  |
| Are you claiming under your own insurance policy for repair to your vehicle?   | <input checked="" type="radio"/> Yes <input type="radio"/> No (If No, PLS select: <input type="radio"/> Third Party <input type="radio"/> Reporting)  |
| Vehicle Category*  | <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle  |
| <b>INSURANCE COMPANY (OWN VEHICLE)</b>   |   |
| Name of Insurance Company *  | AIG   |
| Type of Policy   | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only   |
| Fleet Policy   | <input type="radio"/> Yes <input checked="" type="radio"/> No   |
| Policy Number  |   |
| Motor CI   |   |
| <b>DRIVER</b>  | <input checked="" type="radio"/> Same as Insured above  |
| Name of Driver   | Liamus bzh Khoo Hiong   |
| Personal Identification - NRIC (Singaporean/PR)  | 574052102   |
| - FIN/Passport Number  |   |
| Date of Birth  | 09 dd/ 02mm/ 1974 yy  |
| Driving Date Pass  | 19 dd/ 11mm/ 1998 yy  |
| Year of Driving Experience   | Year(s) Month(s)  |
| Occupation   | <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor   |
| Gender   | <input checked="" type="radio"/> Male <input type="radio"/> Female  |
| Contact Number / Mobile Phone / Fax No.  | 9199 5139   |

Page 1

|   |  |         |
|---|--|---------|
| Address of Driver   | 188 Hong Lee Road<br># 23-01 Postcode ( 308414 )   |         |
| Email Address   | no email   |         |
| Was driver an employee of the Insured's Company?                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| If No, Relationship of the Driver with the Insured                                    | owner  |         |
| Vehicle Registration Number of Driver's Own   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable)                   |  |         |
| Insurance Company of Driver's Own Vehicle (if applicable)                             |  |         |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |  |         |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | head to side   |         |
| Weather Conditions  | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____   |         |
| Road Surface  | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____         |         |
| <b>OTHER INFORMATION</b>  |  |         |
| Was any foreign vehicle involved in this accident?                                    | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Was any body injured in the accident?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Was any other vehicle or property damaged?  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |         |
| Was there any video captured by Car Camera?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Number of Passengers (Including Driver)   | 01   |         |
| <b>DETAILS OF POLICE ACTION</b>   |  |         |
| Was the Accident reported to the Police?  | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) |         |
| Police Station Name   |  |         |
| Police Station Address  |  |         |
| Police Station Contact  | Tel No.  | Fax No. |
| Was notice of intended Prosecution given?   | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)                      |         |
| <b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>  |  |         |
| Vehicle Registration Number   | 4KR 1805 m   |         |
| Vehicle Make/ Model/ Colour   |  |         |
| Details of Properties   |  |         |
| Name of Driver  | Uen Ho Lan   |         |
| Personal Identification - NRIC (Singaporean/PR)                                       |  |         |
| - FIN/Passport Number   |  |         |
| Contact Number  | 96361107   |         |
| Address   |  |         |
| Name of Insurance Company   |  |         |
| Nature of Damage  |  |         |
| No. of Passenger (Including Driver)   |  |         |
| (Note - Please use page 6 if you need to add more vehicles )                          |  |         |

**IMPORTANT NOTICE**

- #### 8. Consent under the Personal Data Protection Act (PDPA)

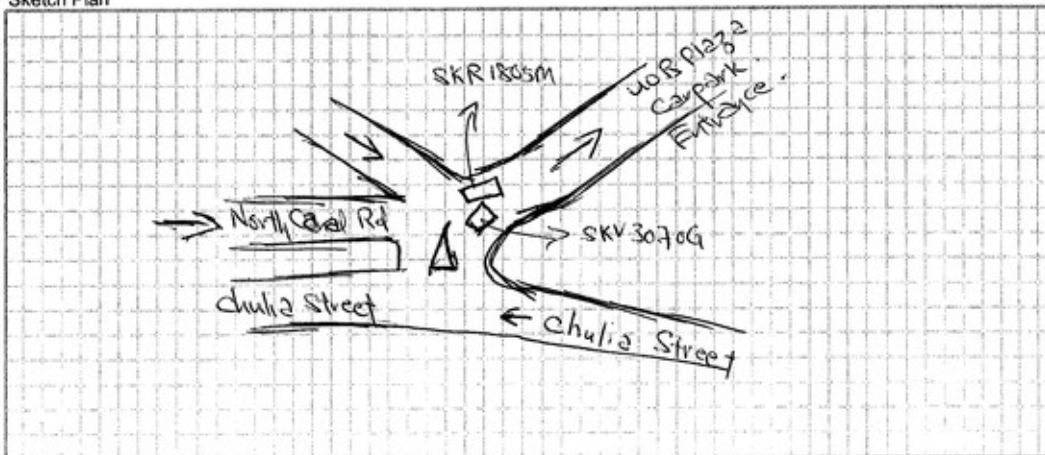
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (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.

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstance of the Accident**

At 9:30am on the 12/07/2019, when I turned in from Chulia Street and into the entrance of UOB Plaza Carpark, another vehicle (SKR180SM) came in front of me at high speed. The vehicle (SKR180SM) came in from the left side of my vehicle. and it was trying to get ahead of me into the carpark. I couldn't swerve away in time and the front/left of my vehicle caught the right/rear end of his vehicle while he was trying to get ahead of me into the carpark.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**


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

  
Policyholder's Signature / Date & Time 12/07/2019

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7405210Z



Name  
LINUS GOH CHOON HIONG

吴俊雄

Race  
CHINESE

Date of birth  
09-02-1974


Country of birth  
SINGAPORE

Sex  
M

S7405210Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7405210Z



Linus GOH CHOON HIONG

Birth Date: 09 Feb 1974

Issue Date: 23 Feb 2007

001480138J

3485406



NRIC No. S7405210Z



Date of issue  
12-01-2004

168 KENG LEE ROAD #23-01  
SINGAPORE 308414

NRIC No. S7405210Z Date: 23/08/2018 (R)


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 19 Nov 1994

NP 428A

Licence No: S7405210Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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