

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	26/07/2018 12:50
Date Of Accident	25/07/2018 18:50
Exact Location Of Accident	ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1156C
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93391294

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	999995005
Cover Note Number	

Driver

Name of Driver	FRANKIE CHONG KAR WOH
NRIC No	S7816482D
Date Of Birth	14/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93391294
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 269A COMPASSVALE LINK #13-125
Postcode	541269
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20180726/2003

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	SLZ1463L
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 SLX6638C
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 FRANKIE CHONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLK1156C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan #2

Describe Circumstances of the Accident

Attach Police Report T/20180726/2003

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink.

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

A handwritten signature in blue ink.

Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180726/2003

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180726/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 00:44	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: FRANKIE CHONG KAR WOH			Address: APT BLK 269A COMPASSVALE LINK #13-125 SINGAPORE 541269		
ID Type / ID No.: NRIC NO / S7816482D			Contact No.: Home/Office: Mobile: 93391294		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 14/06/1978	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 Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 18:50	Type of Location: Straight Road
Location: Along Road 1 ALEXANDRA ROAD Along Alexandra Road near Arc MapleTree				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJT1724P	Car				No Damage	0
SLK1156C	Car				Slightly Damaged	2
SLX6638C	Car				Slightly Damaged	0
SLZ1463L	Car				Slightly Damaged	1

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180726/2003

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180726/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FRANKIE CHONG KAR WOH	ID No.	S7816482D
Related Vehicle	SLK1156C (Car)	Contact No.	93391294
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Chan Ying Jie Dominic	ID No.	S9003624F
Related Vehicle	SLX6638C (Car)	Contact No.	82829893
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	Desmond Lim Tiang Koon	ID No.	S7125784C
Related Vehicle	SLZ1463L (Car)	Contact No.	85118921
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 the 25/07/2018 at about 1850hrs, I was driving my vehicle bearing registration no: SLK1156C along Alexandra Road on the middle lane of a three lane road and there are two passengers onboard. While traveling straight, another vehicle bearing registration no: SJT1724P in front of me had gradually come to a stop and I also came to a stop behind the vehicle. Right after I came to a stop, I felt a bump from the rear of my vehicle and I immediately alighted to make a check. I observed that two other vehicle had collided head to rear and also collided to my rear. The vehicle bearing registration no: SLZ1463L had collided to my rear and the vehicle bearing registration no: SLX6638C had collided into the vehicle bearing registration no: SLZ1463L. No one require any immediate medical attention and no one needed

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180726/2003

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180726/2003

CONTINUATION OF REPORT

ambulance. No ambulance and no police attended to this accident. All the driver exchanged particulars and took photos before proceeding off from the scene.

After the accident, I felt some pain and ache on my neck therefore I proceeded to see the doctor at Mount Alvernia and was given 5 days outpatient sick leave. One of my passenger onboard my vehicle also informed me that they felt pain and ache on certain parts of their body. My vehicle suffered slight damages to the rear.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180726/2003

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20180726/2003

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.

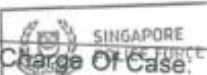
Signature Of Officer Recording The Report:
E /
Sgt 2 NICHOLAS LEE NAM AIK

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
26/07/2018 00:44

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219



SN 168

SIGNATURE

Classification Of Case:

Authentication Stamp
NP168

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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

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

Witnessed by Reporting Centre Personnel

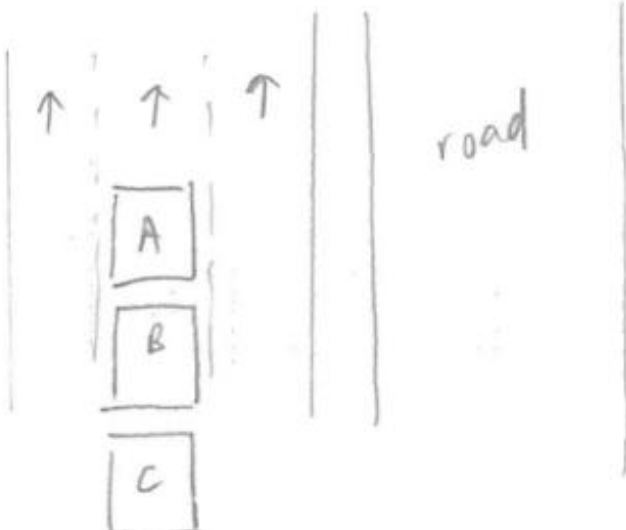
Sketch Plan

A SLK 1156C

B SLZ 1463L

C SLX6638C

ARC
moped tree
business city



Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180726/2003

1 of 4

Report No. T/20180726/2003

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Date/Time Report Made: 26/07/2018 00:44	Vide Report No.:	Station Diary No.: 17
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ID Type / ID No.: NRIC NO / S7816482D			Contact No.: Home/Office: Mobile: 93391294		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 14/06/1978	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 Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 18:50	Type of Location: Straight Road
Location: Along Road 1. ALEXANDRA ROAD				
Along Alexandra Road near Arc MapleTree				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJT1724P	Car				No Damage	0
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No. 112 Toa Payoh N.P.C
Singapore 408014
Tel: 1800-2519999

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180726/2003

Police Station Of Origin:

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Toa Payoh N.P.C

Report No. T/20180726/2003

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FRANKIE CHONG KAR WOH	ID No.	S7816482D
Related Vehicle	SLK1156C (Car)	Contact No.	93391294
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Chan Ying Jie Dominic	ID No.	S9003624F
Related Vehicle	SLX6638C (Car)	Contact No.	82829893
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	Desmond Lim Tiang Koon- 2 <i>Lee Eng Teck</i>	ID No.	67125784G- 2 <i>S7108835C</i>
Related Vehicle	SLZ1463L (Car)	Contact No.	85118921- 2 <i>93323382</i>
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.

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Ceylang NPC

12 Paya Lebar Road

Singapore 409014

Tel: 1800-2519999

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180726/2003

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20180726/2003

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:

E /
Sgt 2 NICHOLAS LEE NAM AIK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/07/2018 00:44

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

SN 168

Classification Of Case:

SIGNATURE

Authentication Stamp
NP158

IC & LIC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

