

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 | 11/08/2018 14:51 |
| Date Of Accident | 10/08/2018 14:05 |
| Exact Location Of Accident | JUNC OF CHO A CHU KANG AVE 4 & CHO A CHU KANG LOOP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SGT4806C |
| Insured/Policyholder | |
| Name Of Registered Owner | SHIN-HAN LIMO SERVICES |
| Co Reg No | 53315973C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98575910 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | AXIO |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 999994611 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | OW KWOK THOONG |
| NRIC No | S1801255C |
| Date Of Birth | 27/06/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/03/1988 |
| Driving Experience | 30 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85007026 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 710 WOODLANDS DRIVE 70 #06-39 |
| Postcode | 730710 |
| 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 | 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? | 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 | WOODLANDS EAST N.P.C |
| Police Station Address | ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SHA3348C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | LEO BOON PAR |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|----------------|
| Name | OW KWOK THOONG |
| Approximate Age | |
| Injuries Sustain | NECK |
| Injured person in which vehicle? | SGT4806C |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan


SKETCH PLAN

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 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)**


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

CHOA CHU KANG LEP

LOT 1

CHOA CHU KANG AVE 4

(A) SGT A806C
(B) SGT 3348C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. 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/20180810/2120

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180810/2120


REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 10/08/2018 18:04 | Vide Report No.: | Station Diary No.: 174 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: OW KWOK THOONG | | | Address: APT BLK 710 WOODLANDS DRIVE 70 #06-39 SINGAPORE 730710 | | |
| ID Type / ID No.: NRIC NO / S1801255C | | | Contact No.: Home/Office: Mobile: 85007026 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 51 | Date of Birth: 27/06/1967 | 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 Drive: No | Date/Time of Accident: 10/08/2018 14:05 | Type of Location: T-Junction X-JUNCTION  |
| Location: Along Road 1 CHOA CHU KANG AVENUE 4 CHOA CHU KANG AVENUE 4 (TOWARDS LOT ONE) | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage 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 |
|-------------|------|---------|---|--------|---------------------|-----------------|
| SGT4806C | Car | TOYOTA | COROLLA AXIO 1.5X A | Silver | Slightly Damaged | 0 |
| SHA3348C | Car | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Blue | Slightly Damaged | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180810/2120

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 4

Report No. T/20180810/2120

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver: | | | |
| Name | OW KWOK THOONG | ID No. | S1801255C |
| Related Vehicle | SGT4806C (Car) | Contact No. | 85007026 |
| Hospital/Clinic | WOODLANDS POLYCLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/08/2018 | Date Discharge | 10/08/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver: | | | |
| Name | LEO BOON PAR | ID No. | S0166583I |
| Related Vehicle | SHA3348C (Car) | Contact No. | 91723193 |
| 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.

I am the driver of vehicle registration no. SGT4806C.

On 10/08/2018 at about 1405hrs, I was travelling straight on Lane 2/3 of Choa Chu Kang Ave 4 (towards Lot One) and stopped at the X-junction of Choa Chu Kang Ave 4 and Choa Chua Kang Loop. Traffic light was Red and I was the first car at the junction.

Suddenly, I felt an impact from the rear of my vehicle. The front of vehicle SHA3348C had collided with the rear of my vehicle.

Both drivers exchanged particulars and checked for damage. As a result of the impact, my rear boot cannot be closed properly and the rear bumper of my vehicle was dented.

I sought medical treatment at Woodlands Polyclinic on the same day and was given 03 days of MC for neck pain and pending further medical review.

No Traffic Police was at scene. I have front and rear-facing in-vehicle camera installed.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180810/2120

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 4

Report No. T/20180810/2120

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180810/2120

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

4 of 4

Report No. T/20180810/2120

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: N 130
J /
Sgt 2 MUHAMMAD SYAFIQ BIN ABDUL
MANAF
Signature :

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/08/2018 18:04

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

