

## 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	10/09/2018 17:16
Date Of Accident	07/09/2018 21:00
Exact Location Of Accident	AYE (MCE) BELOW LOWER DELTA FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP63K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KNG KWOON TAIN
NRIC No	S1731153J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96717989
Alternative Phone No	OFFICE-96717989

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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	1700048902
Cover Note Number	-

### Driver

Name of Driver	KNG KWOON TAIN
NRIC No	S1731153J
Date Of Birth	02/10/1965
Occupation	INDOOR
Date Of Driving Pass	01/10/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96717989
Fax Number	
Contact Number	OFFICE-96717989
Email Address	NOEMAIL

Address	10 LAKEPOINT DRIVE #08-55
Postcode	648927
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	CHAIN COLLISION
Weather Conditions	AFTER RAINED
Road Surface	WET

#### 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: : 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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ5502T
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 SLE1904S  
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 3

Vehicle Registration Number SHD5045Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 KNG KWON TAIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SBP63K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name UNKNOWN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SBP63K  
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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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 situated 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

SKETCH PLAN

AYE (MCE) 2410W  
Lower Delta Flyover

Vol. A: SRP65K  
Vol. B: SR25502T  
Vol. C: SR1904S  
Vol. D: SHD5045Y

A  
B  
C  
D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was traveling straight on the street lane. As front vehicle braked, I followed suit. Suddenly, vehicle B hit into my stationary vehicle rear portion, causing my vehicle to propel forward to hit onto vehicle D. I wish to state that I am involved in a 4-vehicle chain collision.

## 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/PIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



J/20180908/7025

1 of 2

## POLICE REPORT (NP299)

Report No. J/20180908/7025

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 08/09/2018 19:48	Vide Report No.	Station Diary No.
Name Of Informant KNG KWOON TAIN	Address 10 LAKEPOINT DRIVE #08-55 SINGAPORE 648927	
ID Type / ID No. NRIC NO / S1731153J	Contact No. Home/Office:	Mobile: 96717989
Nationality SINGAPORE CITIZEN	Email Address celeztene@gmail.com	
Occupation SELF EMPLOYED	Sex Male	Age 52
	Date of Birth 29/09/1965	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 07/09/2018 21:00 - 07/09/2018 21:00	Location Of Incident 10 LAKEPOINT DRIVE #08-55 SINGAPORE 648927	

### Brief details.

I met into an motor accident at keppel road AYE toward MCE below lower delta flyover lane 1 involved 5vehicles. One of the vehicle pax is send to hospital by ambulance. I and my daughter which is in the vehicle sbp83k suffer some injury that we both have 3days MC. LTA report no. A/20180907/172.

Subjects Involved			
Victim			
Person Name	KNG KWOON TAIN		
ID Type	NRIC NO	ID No	S1731153J

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2018 19:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



J/20180908/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180908/7025

Gender	Male	Age	52
Race	Chinese	Language	English
Occupation	SELF EMPLOYED	Address Type	
Address	10 LAKEPOINT DRIVE #08-55 SINGAPORE 648927	Mobile No	96717989
Is Informant A Victim?	Yes		
Person Name	KNG KWON TAIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2018 19:48
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

