

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	04/10/2018 15:08
Date Of Accident	03/10/2018 16:10
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3570X
Insured/Policyholder	
Name Of Registered Owner	YEO CHEE KWANG
NRIC No	S8500765C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98585334
Alternative Phone No	OFFICE-98585334

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	2100503147-01
Cover Note Number	

Driver

Name of Driver	YEO CHEE KWANG
NRIC No	S8500765C
Date Of Birth	06/01/1985
Occupation	INDOOR
Date Of Driving Pass	24/11/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98585334
Fax Number	
Contact Number	OFFICE-98585334
EEmail Address	NOEMAIL

Address	BLK 117B JALAN TENTERAM #24-523
Postcode	322117
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WWJ7899 (PRIVATE CAR)
Number of vehicles involved in the accident	6
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: : TEO SZE WEI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181003/7028.

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	WWJ7899
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 SLQ137H
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 SKP308Z
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 4

Vehicle Registration Number UNKNOWN
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 5

Vehicle Registration Number SGS773U
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	YEO CHEE KWANG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLL3570X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TEO SZE WEI
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLL3570X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

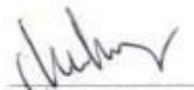
SKETCH PLAN

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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 (c) 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.

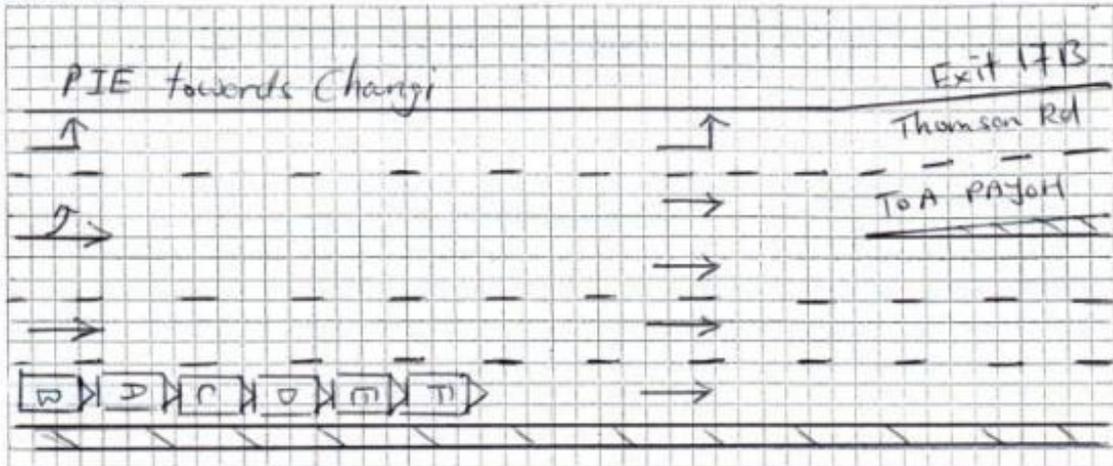

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SLL 3570X
(B) WWJ 7899
(C) SLQ 137H
(D) SKP 308Z
(E) Unknown
(F) SGS 773U.
Refer to TP Report Report No:- T/20181003/7028
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

x

Policyholder's Signature
Date & Time:

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

Reporting Centre Partner's Signature
Name:
NRIC/EN No.:

Continued details on Form 02

Police Report



**SINGAPORE
POLICE FORCE**



T/20181003/7028

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20181003/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2018 20:14	Vide Report No.: E/20181003/0116	Station Diary No.:
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Informant's Particulars

Name of Informant: YEO CHEE KWANG		Address: APT BLK 117B JALAN TENTERAM #24-523 SINGAPORE 322117	
ID Type / ID No.: NRIC NO / S8500765C		Contact No.: Home/Office:	
Nationality: SINGAPORE CITIZEN		Email: yck5334@gmail.com	
Sex: Male	Age: 33	Date of Birth: 16/01/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales supervisor		Driving Licence Information: Class: _____ Date of Expiry: _____	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2018 16:10	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS773U	Car					0
SKP308Z	Car					0
SLL3570X	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Blue		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181003/7028

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181003/7028

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ137H	Car					0
WWJ7899	Car					0
	Car		Kia carens			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3570X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100503147-01	22/02/2018	21/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO CHEE KWANG	ID No.	S8500765C
Related Vehicle	SLL3570X (Car)	Contact No.	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2018	Date Discharge	03/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Teo Sze Wei	ID No.	S8126983A
Related Vehicle	SLL3570X (Car)	Contact No.	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2018	Date Discharge	03/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



SINGAPORE
POLICE FORCE



T/20181003/7028

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181003/7028

CONTINUATION OF REPORT

Driver			
Name	Ong yok len	ID No.	750308015966
Related Vehicle	WWJ7899 (Car)	Contact No.	
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 03/10/2018 at around 1610hours I was driving in vehicle SLL3570X along PIE towards Changi before Thomson exit. While I was driving on the 1st lane from the right, at the point of time I saw a chain collision happen right in front of me hence I came to a stop suddenly I felt an impact from the back, due to the impact my vehicle SLL3570X pushed forward and collided onto vehicle SLQ137H in front of me. After the accident I came down and realised it was a chain collision and Vehicle WWJ7899 has collided onto the back of my Vehicle causing me to pushed forward and collide onto Vehicle SLQ137H. It was a chain collision 6 Vehicles were involve. There was a passenger in my vehicle at that point of time. Due to the impact I felt discomfort hence I went to Mount Alvernia Hospital and was given 3 days of MC.

Police Report



SINGAPORE
POLICE FORCE



T/20181003/7028

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181003/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / RAZIZ BIN TAHAR Contact No.: 65476200

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 03/10/2018 20:14
Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

