

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	27/09/2018 08:16
Date Of Accident	25/09/2018 19:20
Exact Location Of Accident	MARINE PARADE ROAD OUTSIDE PARKWAY PARADE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX82D
Insured/Policyholder	
Name Of Registered Owner	FOO HOE NAN
NRIC No	S7914583A
Email Address	HOENANFOO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96576014
Alternative Phone No	OTHERS-96576014

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	1800043167
Cover Note Number	

Driver

Name of Driver	FOO HOE NAN
NRIC No	S7914583A
Date Of Birth	21/05/1979
Occupation	INDOOR
Date Of Driving Pass	21/09/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96576014
Fax Number	
Contact Number	OTHERS-96576014
EMail Address	HOENANFOO@HOTMAIL.COM

Address	36B JALAN EUNOS
Postcode	419499
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : FOO RUI XIN CHARLENE
	GENDER: : FEMALE

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 THE ATTACHED SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC723L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OOI CHEE TEONG
NRIC/Passport Number	S2570837G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	FOO HOE NAN
Approximate Age	39
Injuries Sustain	SEE POLICE REPORT
Injured person in which vehicle?	SGX82D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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 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:

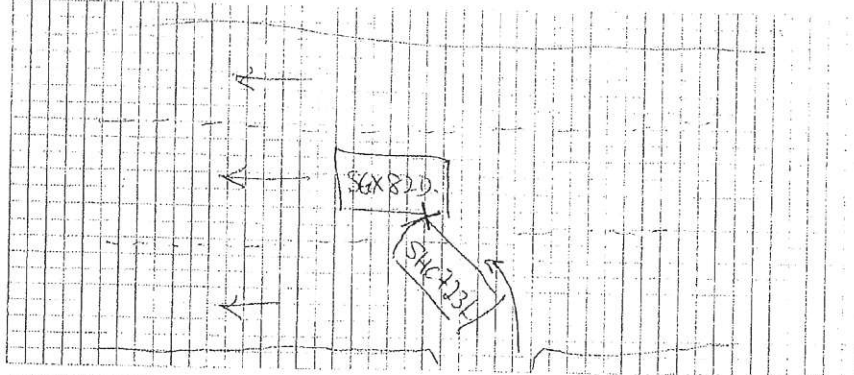
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Officer's Signature
Name:
NEIC/FIN No.:

Attachment Sketch Plan Form V

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling along Marine Parade Road (on the middle lane). This is a straight road with 3 lanes. Mentioned vehicle exiting from Parkway Parade and came into contact with left rear portion of SGX82D.

DECLARATION

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

Policyholder's Signature
Date & Time:

GARNIC SketchPlan form V1

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

Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180926/2073

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

1 of 3

Report No. T/20180926/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2018 13:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: FOO HOE NAN	Address: APT BLK 36B JALAN EUNOS SINGAPORE 419499		
ID Type / ID No.: NRIC NO / S7914583A	Contact No.: Home/Office: Mobile: 96576014		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 39	Date of Birth: 21/05/1979	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: BANK OFFICER	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: 25/09/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 MARINE PARADE ROAD OUTSIDE PARKWAY PARADE				
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
SGX82D	Car	MAZDA	MAZDA6 SEDAN 2.0 AT STANDARD EU6	Black	Slightly Damaged	1
SHC723L	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



SINGAPORE
POLICE FORCE

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



T/20180926/2073

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Report No. T/20180926/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective
SGX82D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800043167	03/04/2018
			Expiry Date
			02/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	FOO HOE NAN		ID No.
			S7914583A
Related Vehicle	SGX82D (Car)		Contact No.
			96576014
Hospital/Clinic	THE BALMORAL CLINIC		Class of Driving Licence & Expiry Date
			Class: 3 Date of Expiry: NIL
Date Treatment	26/09/2018		Date Discharge
			NIL
No. of Days granted Medical Leave	06		Degree of Injury
			Slight

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS TRAVELLING ALONG THE SAID LOCATION. THIS IS A STRAIGHT ROAD WITH 3 LANES. I WAS ON THE MIDDLE LANE. THE MENTIONED VEHICLE EXITED FROM PARKWAY PARADE. HIS FRONT PORTION OF THE VEHICLE THEN CAME INTO CONTACT WITH THE REAR LEFT PORTION OF MY VEHICLE. AFTERWHICH WE STOP AND GOT OFF TO ASSESS THE SITUATION. FIRST OF ALL, WE EXCHANGE OUR PARTICULARS. THE SITUATION WAS STILL NORMAL AT THAT MOMENT. IT WAS ONLY AS HE WENT BACK INTO HIS VEHICLE, HE STARTED SWEARING AND CURSING AT ME. UPON HEARING THOSE, I WENT BACK TO HIS VEHICLE AND PROMPT HIM TO REPEAT WHAT HE JUST SAID. HOWEVER, HE USE THE VEHICLE'S DOOR TO HIT AGAINST ME. I THEN TOOK OUT MY PHONE AND STARTED TO TAKE VIDEO OF HIM. UPON NOTICING IT, HE QUIETLY WENT BACK TO HIS VEHICLE AND START TO TAKE OFF. AS MY VEHICLE WAS INFRONT OF HIS, I HAD TO WALK BACK TO THE FRONT. HE THEN DELIBERATELY DRIVE WITH THE INTENT TO CAUSE INJURY TO ME. HIS VEHICLE CAME INTO CONTACT WITH MY LEFT LEG. I WENT CONSULT A DOCTOR AS MY LEFT LEG AND LOWER BACK ARE STARTING TO FEEL PAINFUL.

HIS PARTICULARS ARE AS FOLLOWS:

NAME: OOI CHEE TEONG
IC: S2570837G

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20180926/2073

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

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Report No. T/20180926/2073

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: TP / NG JIN SHENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2018 13:16
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:  SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: 