

## 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 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. 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	15/10/2018 12:33
Date Of Accident	14/10/2018 12:00
Exact Location Of Accident	JUNCTION OF MT ELIZABETH RD & MT ELIZABERTH LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4869S
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#### Insured/Policyholder

Name Of Registered Owner	KWEK JU-YANG,MARK
NRIC No	S8104992J
Email Address	JUYANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92210281
Alternative Phone No	OTHERS-92210281

#### Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 BLUEHDI
Exact Purpose for which vehicle was being used at time of accident	PERSONAL- PICKING UP FAMILY MEMBER FROM PARAGON SHOPPING CENTRE
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	1800002601
Cover Note Number	

#### Driver

Name of Driver	KWEK JU-YANG,MARK
NRIC No	S8104992J
Date Of Birth	15/02/1981
Occupation	INDOOR
Date Of Driving Pass	28/08/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92210281
Fax Number	
Contact Number	OTHERS-92210281
Email Address	JUYANG@GMAIL.COM

Address	87 LORONG KURAU
Postcode	425779
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 3 DOVER ROAD , <b>POSTCODE:</b> 130003 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7788999 - <b>FAX NO:</b> 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

#### 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	SH8612P
Vehicle Make/Model/Colour	HYUNDAI BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HENG BAN
NRIC/Passport Number	S0230752I
Contact Number	86833405
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	FRONT BUMPER SCRATCHES

No. Of Passenger (Including Driver)

### 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.

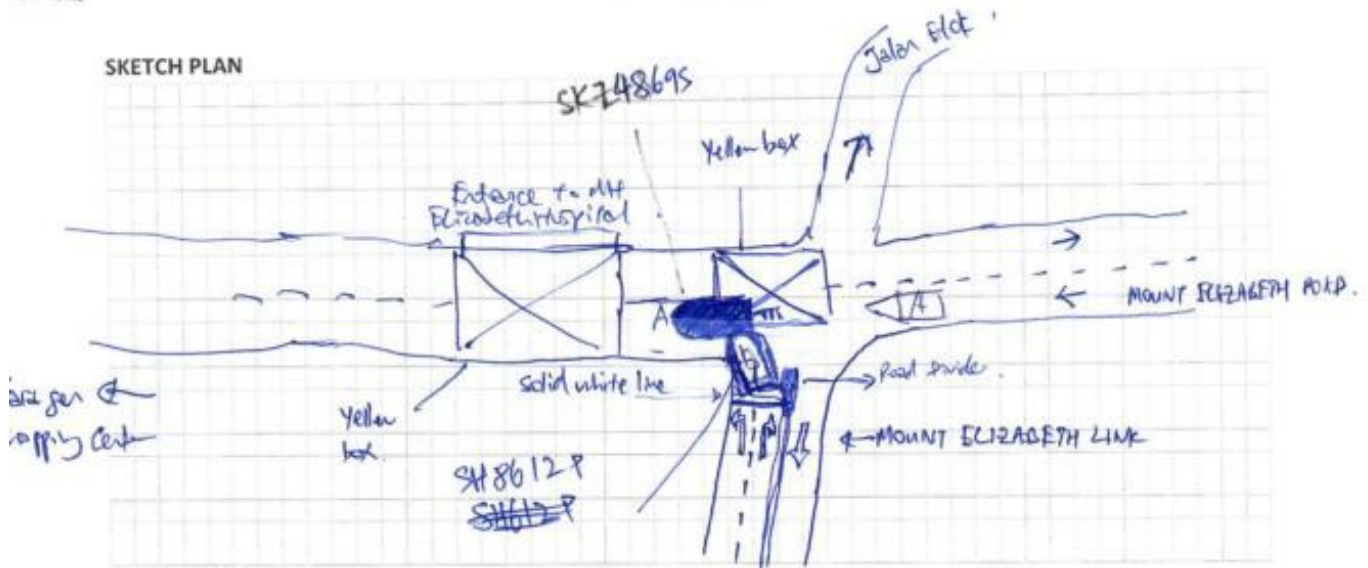
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.10.18 at 12:00 hrs, I was travelling along Mount Elizabeth Road towards Pegon Shopping Centre.

Traffic was light and there was a light drizzle.

I was travelling along Mt Elizabeth Road at about 30 ~~kmh~~ kmph. Traffic along ~~the~~ my road was smooth flowing as I approached the junction of Mt Elizabeth Road and Mt Elizabeth Link.

~~I~~ As I passed the junction of Mt Elizabeth Road and Mt Elizabeth Link, I suddenly felt a sharp and sudden impact from the left, rear side of my car. The impact skidded ~~the~~ my car <sup>partly</sup> across the road, and I immediately brought my car to a stop.

That was when I realised that a taxi bearing vehicle no. SH8612P had collided into me. The said vehicle was exiting Mt Elizabeth Link road at the material time, and appeared to have driven through the solid white stop line at some speed, given the force of the impact.

Both myself and the driver of vehicle no. SH8612P ~~stopped~~ moved to the side of the road to exchange particulars. The taxi was carrying 2 female passengers at the time. We both left the scene shortly after.

I would like to emphasize that I had the right of way at all material times, and my vehicle had almost completely crossed the T junction when the collision happened.

### DECLARATION

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

Policyholder's Signature  
Date & Time: 15/10/18  
11:10am

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

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



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Police Report

Annex D

NOTICE OF REPORTING

This is to confirm that Kwek Ju-Yang Mark, NRIC/FIN S8104992J, has reported to the Police a non-injury traffic accident which

occurred at the junction of Mount Elizabeth Road and Mount Elizabeth Link on 14/10/2018 at 12:00 am/pm involving the following vehicles:

- 1) SKZ 4869S
- 2) SH 8612P

I'm involved in a minor RTA involving my car SKZ4869S and a taxi SH8612P. On 14/10/2018 at 1200hrs, I was driving along Mt Elizabeth Road. It was a straight road and it was a smooth traffic.

While driving straight, a taxi SH8612P came from a left side (Mt Elizabeth Link) and turned left and hit my rear left passenger door. Thus, it was damaged. Nobody was injured, there was no damage to any government property, nobody was conveyed to hospital by ambulance.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS Sureind Mishra

Date: 14/10/2018 Time: 1314hrs

S/D Ref: 07

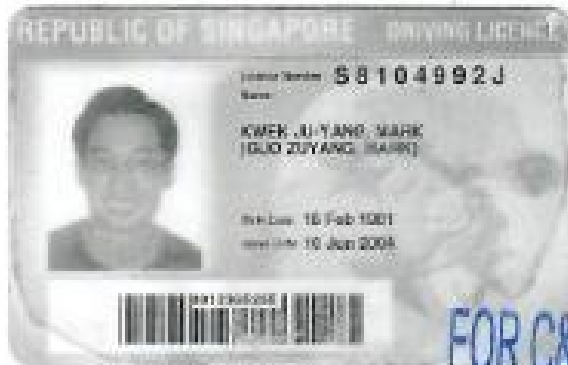
Police Post/Unit : Dover NPP

Original - to be issued to Informant

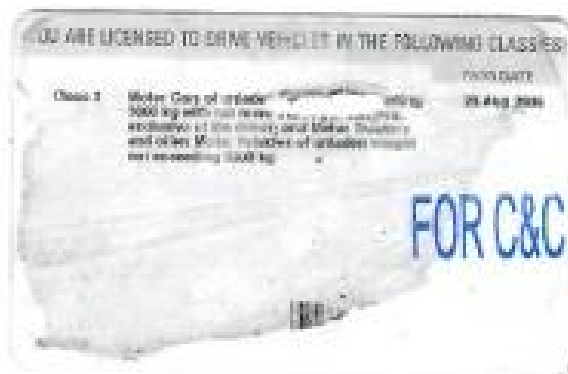
Duplicate - to be submitted to Traffic Police

  
Dover Traffic Control and Police Post  
200, 3 Dover Road #01-368  
Singapore 130003

## Identification Card



FOR C&C USE ONLY



FOR C&C USE ONLY

