

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	16/10/2018 13:05
Date Of Accident	16/10/2018 07:40
Exact Location Of Accident	B4 JUNC BEDOK NORTH RD & CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5394Z
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995069
Cover Note Number	

Driver

Name of Driver	TAN CHOON KIAT
NRIC No	S6822516G
Date Of Birth	14/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85020879
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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)	2
Passenger 1	NAME: : NONAME GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

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	SKB5229J
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 TAN CHOON KIAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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6. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



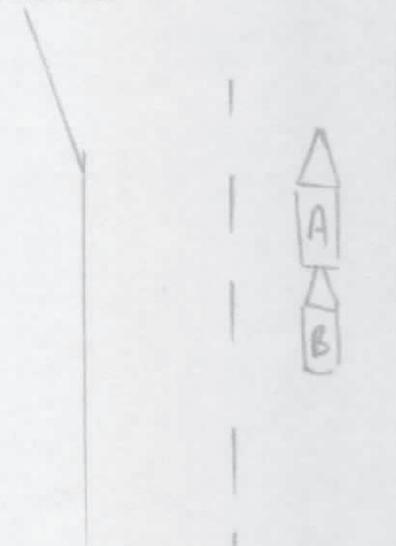
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



A SLQ 5394Z
B SKB 5229J.

Sketch Plan #2

Describe Circumstances of the Accident

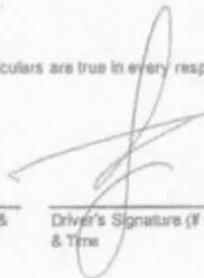
On 16/10/16 around 0740hrs. i travelling along
bedok north road & change road. i stop at the
traffic light suddenly i feel a impact from behind
a car SIKB 5224 J hit onto rear.

Declaration

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

Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T251810162132

1 of 3

Police Station Of Origin:
Bedok South N.P.C.
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No: T201610152132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2018 18:41	Vide Report No.	Station/Clacy No. 64
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Informant's Particulars

Name of Informant: TAN CHOON KIAT		Address: APT BLK 23 CHAI CHEE ROAD #07-498 SINGAPORE 461023	
ID Type / ID No: NRIC NO / 55822516G		Contact No: Home/Office:	Mobile: 85020679
Nationality: SINGAPORE CITIZEN			
Sex: Male	Age: 50	Date of Birth: 14/06/1968	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		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: 16/10/2018 07:35	Type of Location: Straight Road
Location: Along Road 1: BEDOK NORTH ROAD CHANGI ROAD BEDOK NORTH ROAD TURN TO CHANGI RD NEAR BLK 184				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SK85229J	Car	HYUNDAI	ELANTRA 1.5 AT ABS DIAB 2WD 4DR SR	White		0
SLO5364Z	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	1

Sketch Plan #4



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 489045
Tel No: 1800-2448999



T/20181016/2132

2 of 3

Report No: T/20181016/2132

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHOON KIAT	ID No.	S8822516G
Related Vehicle	SLQ5394Z (Car)	Contact No.	85020879
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 16/10/2018 at about 0735hrs, I was driving my vehicle SLQ5394Z with a male passenger (9336 7285) on board. I was waiting to turn right as the traffic light was indicating red. While waiting, suddenly I felt a collision from the rear. I was shocked for a moment after which, I came out of the vehicle. I observed a vehicle SKB5229T and its front bumper had collided with my rear bumper. I wanted to settle the matter amicably with and exchange particulars with him however he did not exchange with me. I proceeded to take photos of the damage of my vehicle and the other driver's vehicle plate number.

I proceeded to Singapore General Hospital to see a doctor as I was dizzy. The doctor informed me it could be whiplash and the impact hurt my back and head. I was given a 03 days medical certificate from 16/10/2018 to 18/10/2018.

I am lodging this report for insurance claims purposes and police record purposes and to assist traffic police in investigations if any.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T201810162132

Police Station Of Origin
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3
Report No. T201810162132

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:
G /
Sgt 3 EDWARD TAN CHUN SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
18/10/2016 18:41

Officer In Charge Of Case:
TP / AEIT /
SGI 2 SITIMARSITA BINTE BOHARI
Contact No. 65476219

Classification Of Case:

Authentication Stamp
SP-02

Sketch Plan #6

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S6822516G



Name
TAN CHOON KIAT

Race
 CHINESE

Date of birth
 14-06-1968

Sex
 M

Country of birth
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S6822516G

Name
 TAN CHOON KIAT

Date of issue 14 Jun 1968

Issue date 26 May 2011




Land Transport Authority

VOCATIONAL LICENCE

Licence No : S6822516G
 Name : TAN CHOON KIAT



Please visit www.lta.gov.sg to check the status of this vocational licence

4733117



NRIC No. S6822516G



Date of issue
 26-05-2011

Address
 APT BLK 23 CHAI CHEE ROAD
 #07-49B
 SINGAPORE 461023

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 09 Mar 1994



Licence No: S6822516G

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	13/09/2018

