

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 | 25/10/2018 17:33 |
| Date Of Accident | 24/10/2018 01:00 |
| Exact Location Of Accident | WEST COAST HWY NEAR L/P: 268F |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | GY2279K |
| Insured/Policyholder | |
| Name Of Registered Owner | CHYE PEO VEGETABLES CO |
| Co Reg No | 32179700X |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | URVAN |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 1800082947 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | KOH BOON CHAI |
| NRIC No | S1188073H |
| Date Of Birth | 14/07/1956 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/10/1976 |
| Driving Experience | 41 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93899645 |
| Fax Number | |
| Contact Number | OFFICE-93899645 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 2 TANJONG PAGAR PLAZA #14-42 |
| Postcode | 082002 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | 2 |
| 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) | 3 |
| Passenger 1 | NAME: : KOH AH HEE GENDER: : MALE |
| Passenger 2 | NAME: : TAN SOY MOY GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: 64715299 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181024/2014.

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 | SBC6272C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHIA TIAN HUI |

| | |
|-------------------------------------|---------------|
| NRIC/Passport Number | S8235449B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |
| Passenger 1 | NAME: : |
| | GENDER: : |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | KOH BOON CHAI |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GY2279K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|------------|
| Name | KOH AH HEE |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GY2279K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-------------|
| Name | TAN SOY MOY |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GY2279K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

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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.


Policyholder's Signature
Date & Time: 24/10/18
5:45pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25 Oct 2018

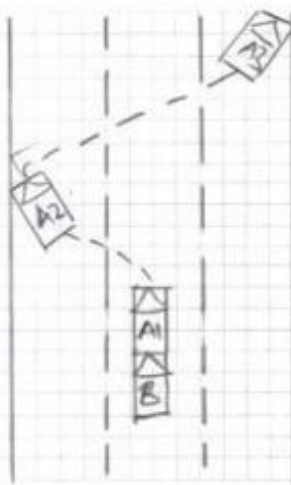

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

HP: 97972528 / 98448935
Singapore 110009
Pasir Panjang Wholesale Centre
Blk 9 #01-375
CHYE PEO VEGETABLES CO.
再 豐 菜 菜 公 司

再 豐 菜 菜 公 司
CHYE PEO VEGETABLES CO.
Blk 9 #01-375
Pasir Panjang Wholesale Centre
Singapore 110009
HP: 97972528 / 98448935

Accident Sketch Plan

SKETCH PLAN



A: Gy 2279K

B: JBC6272C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/024/2014.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 24/10/18
5:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25 OCT 2018

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181024/2014

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20181024/2014

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 24/10/2018 03:20 | | Vide Report No.: D/20181024/0010 | | Station Diary No.: 20 | |
| Informant's Particulars | | | | | |
| Name of Informant: KOH BOON CHAI | | | Address: APT BLK 2 TANJONG PAGAR PLAZA #14-42 SINGAPORE 082002 | | |
| ID Type / ID No.: NRIC NO / S1188073H | | | Contact No.: Home/Office: Mobile: 93899645 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 14/07/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Chinese | | Institution / School Name: |
| Occupation: Hawker/Stall holder (excluding prepared food or drinks) | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|-------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Government Property | Drink Drive: No | Date/Time of Accident: 24/10/2018 01:00 | Type of Location: Straight Road |
| Location: Along Road 1 WEST COAST HIGHWAY | | | | |
| Lamp Post Number: 268F | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| 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 |
|-------------|------|--------|-------|-------|-------------------|-----------------|
| GY2279K | Van | NISSAN | | Blue | Seriously Damaged | 2 |
| SBC6272C | Car | MINI | | Black | Seriously Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20181024/2014

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20181024/2014

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Driver | | | |
| Name | KOH BOON CHAI | ID No. | S1188073H |
| Related Vehicle | GY2279K (Van) | Contact No. | 93899645 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | CHIA TIAN HUI | ID No. | S8235449B |
| Related Vehicle | SBC6272C (Car) | Contact No. | NIL |
| 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 24/10/2018 at about 0100hrs, I was driving along West Coast Highway to Pasir Panjang Wholesale Centre for work when I had an accident. I was driving along the center lane when suddenly the rear of my van was hit by a car. My van swerved to the extreme left lane and after which ended up in the middle lane as I lost control of the vehicle due to the collision. After the collision, I suffered cuts onto my left arms and right leg. Ambulance arrived at the scene shortly where I was being medically treated on the spot however no one was conveyed. Police also arrived at scene and I was advised to lodge a police report regarding the accident. I was driving at a speed of 60 to 70km/h at the point of accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181024/2014

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181024/2014

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:

D /

Staff Sgt MUHAMMAD ASADULLAH BIN
ABDUL RAHIM ANGULLIA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2018 03:20

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

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



Accident Photo



Accident Photo



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