

## 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	29/10/2018 20:04
Date Of Accident	27/10/2018 13:20
Exact Location Of Accident	TAMPINES AVE 9 TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3177R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOO CHEN MING (HE JIANMING)
NRIC No	S7643488C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91391376
Alternative Phone No	OFFICE-91391376

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	
Cover Note Number	1800011865

### Driver

Name of Driver	HOO CHEN MING (HE JIANMING)
NRIC No	S7643488C
Date Of Birth	02/05/1976
Occupation	INDOOR
Date Of Driving Pass	21/05/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91391376
Fax Number	
Contact Number	OFFICE-91391376
EEmail Address	NOEMAIL

Address	BLK 102 RIVERVALE WALK #06-52
Postcode	540102
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?	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: : LOW BO XUAN 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 POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20181027/7029.

#### 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	SKG7757L
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 SLN128A  
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 HOO CHEN MING (HE JIANMING)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLW3177R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LOW BO XUAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLW3177R  
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 purposes) 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:

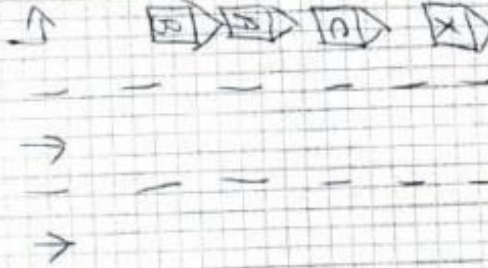
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

Tampines Ave 9



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report G/20181027/7029

## DECLARATION

**DECLARATION**  
I/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:

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

# Police Report



**SINGAPORE  
POLICE FORCE**



G/20181027/7029

1 of 2

## POLICE REPORT (NP299)

Report No. G/20181027/7029

Police Station Of Origin  
Bedok Police Divisional HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 27/10/2018 23:31	Vide Report No.	Station Diary No.
Name Of Informant HOO CHEN MING	Address APT BLK 102 RIVERVALE WALK #06-52 SINGAPORE 540102	
ID Type / ID No. NRIC NO / S7643488C	Contact No. Home/Office:	Mobile: 91391376
Nationality SINGAPORE CITIZEN	Email Address jasgraybaby@gmail.com	
Occupation Human resource consultant (excluding executive search consultant)	Sex Female	Age 42
Institution/School Name	Date of Birth 02/05/1976	Race Chinese
Date/Time Of Incident 27/10/2018 13:20 - 27/10/2018 14:00	Location Of Incident TAMPINES AVENUE 9	

### Brief details.

About 1:20PM , I was travelling along Tampines Ave 9 towards the TPE.  
The vehicle in front of me (SLN 128A), slowed down and stopped, I managed to stop close to it , Traffic is moderate turning left to TPE. Weather is sunny.  
The Vehicle behind me (SKG 7757L) bumped onto my car, causing the bumper to dent inwards. Pushed my vehicle slightly forward and hit the vehicle in front of me.there is no visible dent.  
There is no arguement throughout the incident. No visible injuries at the point of incident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2018 23:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



G/20181027/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181027/7029

Subjects Involved			
Victim			
Person Name	HOO CHEN MING		
ID Type	NRIC NO	ID No	S7643488C
Gender	Female	Age	42
Race	Chinese	Language	English
Occupation	Human resource consultant (excluding executive search consultant)	Address Type	
Address	APT BLK 102 RIVERVALE WALK #06-52 SINGAPORE 540102	Mobile No	91391376
Is Informant A Victim?	Yes		
Person Name	HOO CHEN MING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2018 23:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet

### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

##### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118140498 Vehicle Registration No : SLW 377R  
Name(as shown in NRIC): Hoo Chen Ming  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S7643455C  
Address : Blk 102 Rivervale Walk #06-62  
Contact (Tel) : \_\_\_\_\_ (H/P) : \_\_\_\_\_  
(Email) : \_\_\_\_\_  
Date of Accident : 27/10/18 Time of Accident : 13.20  
Place of Accident : Tampines Ave 9  
Insurance Company : AIG

##### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident 20/10/18 change to 27/10/18  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Vehicle Owner / Driver

Date: