

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	07/11/2018 12:32
Date Of Accident	06/11/2018 20:35
Exact Location Of Accident	STADIUM DR TOWARD STADIUM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME286L
Insured/Policyholder	
Name Of Registered Owner	SEOW ZICHAO SIGMUND
NRIC No	S8625546D
Email Address	SIGMUNDSEOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90262260
Alternative Phone No	Others-90262260

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-1.2 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?	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	1800107716
Cover Note Number	

Driver

Name of Driver	SEOW ZICHAO SIGMUND
NRIC No	S8625546D
Date Of Birth	17/09/1986
Occupation	INDOOR
Date Of Driving Pass	30/07/2007
Driving Experience	11 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90262260
Fax Number	
Contact Number	OTHERS-90262260
EMail Address	SIGMUNDSEOW@GMAIL.COM
Address	BLK 267A PUNGGOL FIELD #07-109
Postcode	821267
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 - ROUNDABOUT
Weather Conditions	CLEAR
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED 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	SHC5749E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	SOH CHIANG KHIM
NRIC/Passport Number	S1722048I
Contact Number	97574668
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	Name: : Gender: : Male
Passenger 2	Name: : Gender: : Female
Passenger 3	Name: : Gender: : Male

Sketch Plan

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.

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.:

A hand-drawn sketch on graph paper depicting a street scene. In the center is a large circle. To its left is a vertical line with a small circle at the top, labeled 'Lampost'. To the right of the central circle is a car-like shape labeled 'Taxi' and 'SME2862'. Above and below the central circle are horizontal lines. To the left of the car is another vertical line. The drawing is simple and appears to be a preliminary sketch for a larger project.

My Vehicle No: _____

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

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



SINGAPORE POLICE FORCE



T/20181106/2111

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20181106/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2018 23:25	Vide Report No.: G/20181106/0271	Station Diary No.: 111
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Informant's Particulars

Name of Informant: SEOW ZICHAO, SIGMUND			Address: APT BLK 267A PUNGGOL FIELD #07-109 SINGAPORE 821267	
ID Type / ID No.: NRIC NO / S8625546D			Contact No.: Home/Office:	Mobile: 90262260
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 17/09/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TEACHER.			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2018 20:35	Type of Location: Roundabout
Location: Along Road 1 STADIUM DRIVE				
STADIUM DRIVE TOWARDS STADIUM ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5749E	Car				Seriously Damaged	3
SME286L	Car	NISSAN	NOTE 1.2 CVT	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME286L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800107716	10/09/2018	09/09/2019

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181106/2111

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20181106/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH CHIANG KHIM	ID No.	S1722048I
Related Vehicle	SHC5749E (Car)	Contact No.	97574668
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
Driver			
Name	SEOW ZICHAO, SIGMUND	ID No.	S8625546D
Related Vehicle	SME286L (Car)	Contact No.	90262260
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	NIL

Brief Details.

On the 06/11/2018 at about 2035hrs, I was driving my vehicle bearing plate number SME286L along Stadium drive towards Stadium road. While I was driving along the roundabout of the said road, one vehicle bearing plate number SHC5749E hit the right front bumper of my vehicle. The taxi was coming from Stadium Drive. I managed to apply my brake after the hit however the taxi lost control of his vehicle and hit the lamppost.

I have a dashboard camera and the memory card was handed over to the traffic police officer who attended to my incident.

I was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20181106/2111

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20181106/2111

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:

F /

Sr Staff Sgt MUHAMMAD YASSER BIN OSMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/11/2018 23:25

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355

Classification Of Case:

Authentication Stamp

NP168



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Seow Zichao, Sigmund
VEHICLE NUMBER : SME 286 L
DATE/TIME OF ACCIDENT : 6 Nov. / 2035
PLACE OF ACCIDENT : Stadium Rd Drive towards Stadium Rd.
THIRD PARTY VEHICLE (IF ANY) : SHC 5749 E

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from Kallang Wave mall carpark

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front to side

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No


Name: Seow Zichao Sigmund

I Affirmed The Above Information Is Given To My Best Knowledge.

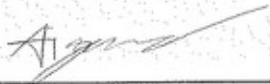
AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000


UNDERTAKING

I, Seow Zichao Sigmund, (NRIC No. S8625546D), hereby confirm that the Singapore Accident Statement lodged by me on 7 Nov 2018 at 1232 hours pertaining to the accident involving motor car Reg. No: SME 286L, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : Seow Zichao, Sigmund
Nric No. : S8625546D
Date : 7 Nov 2018

Signature : 
Name of Policyholder : Seow Zichao, Sigmund
Nric No. : S8625546D
Date : 7 Nov 2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



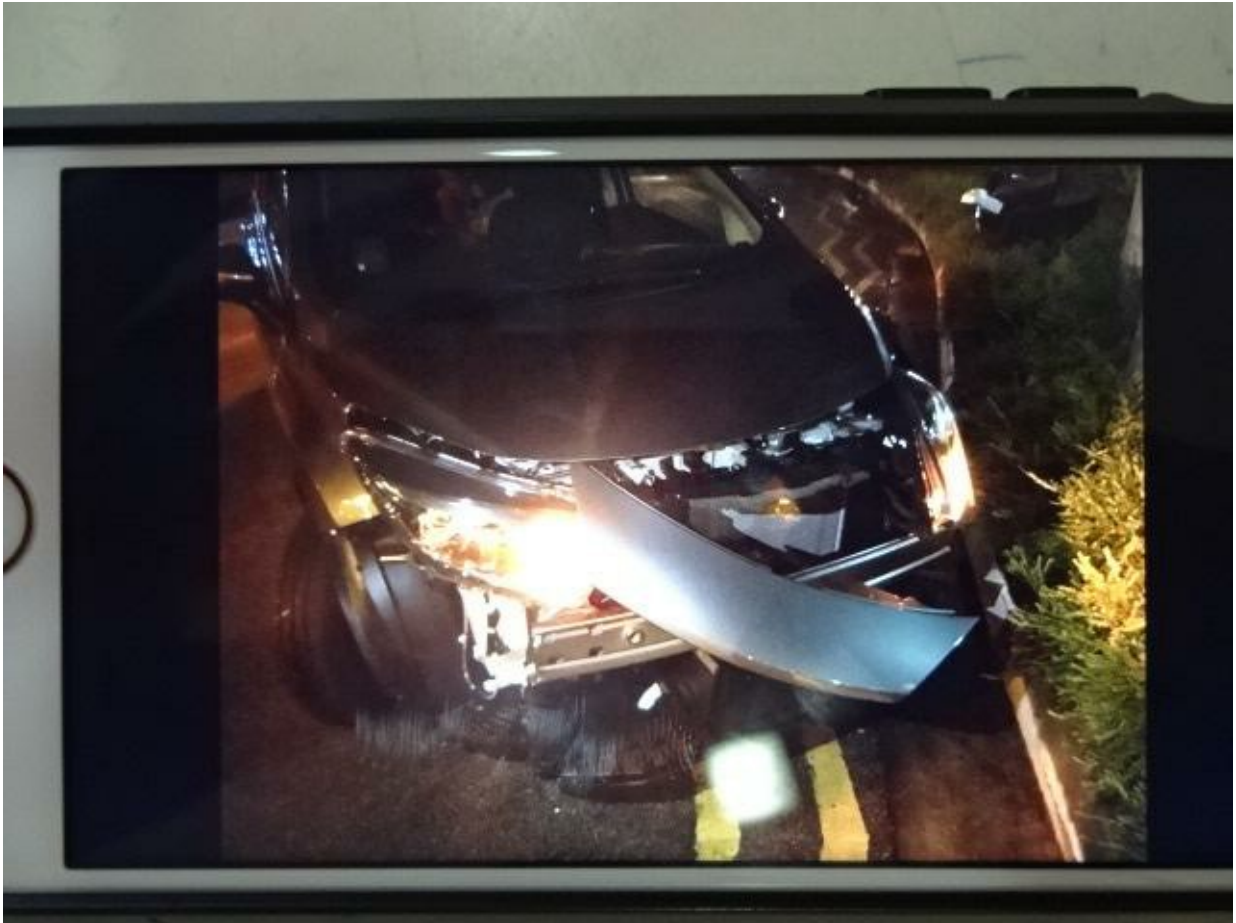
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Accident Photo



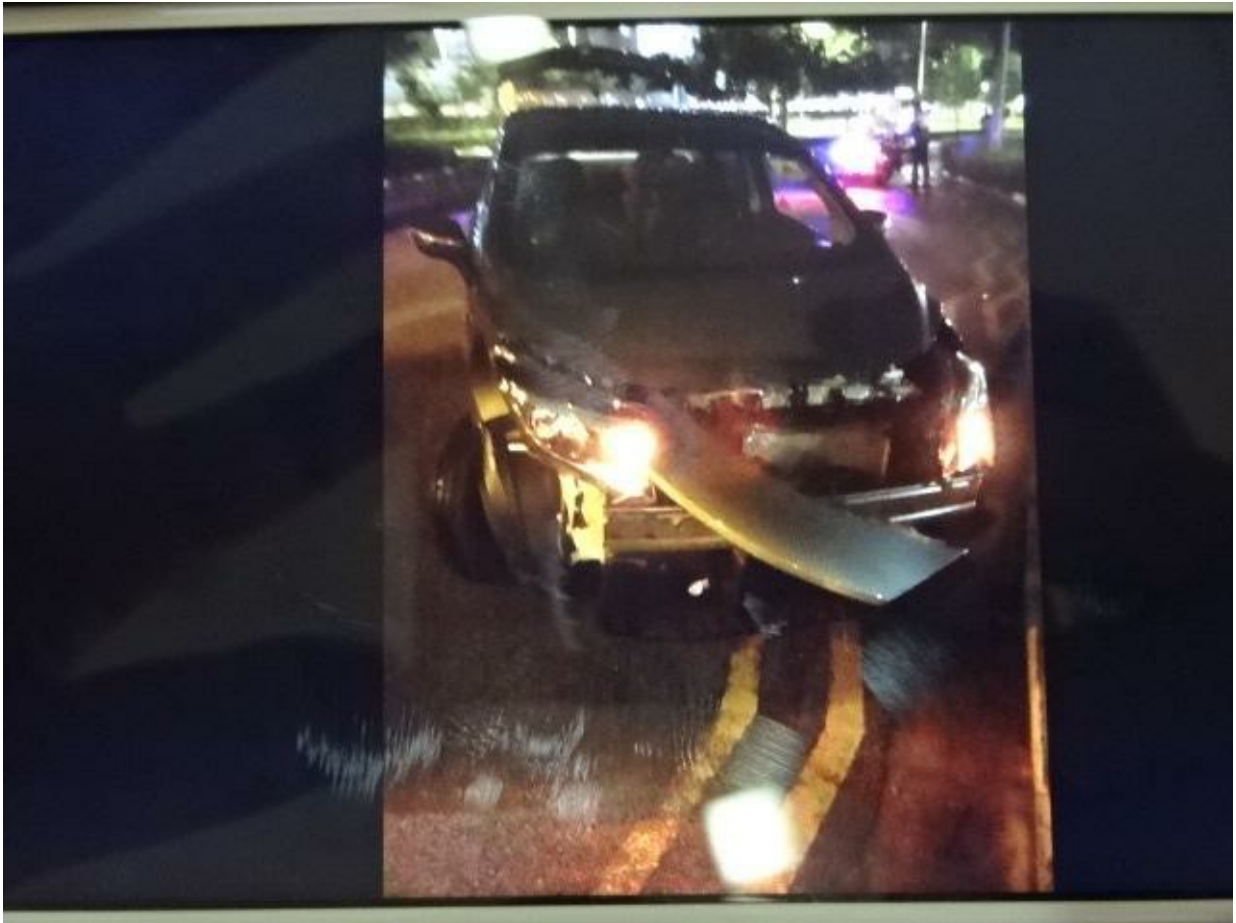
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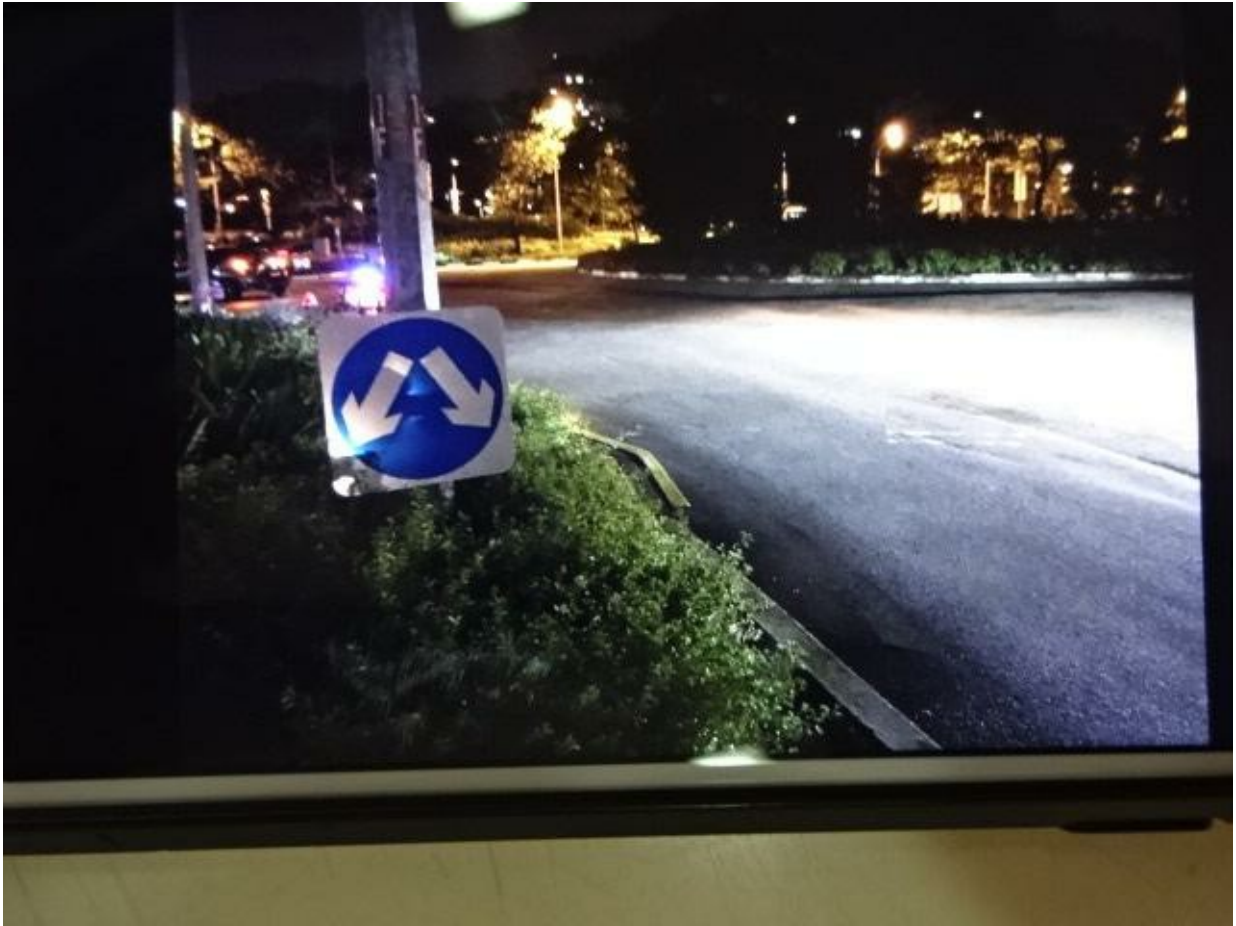
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Accident Photo



Accident Photo



Accident Photo



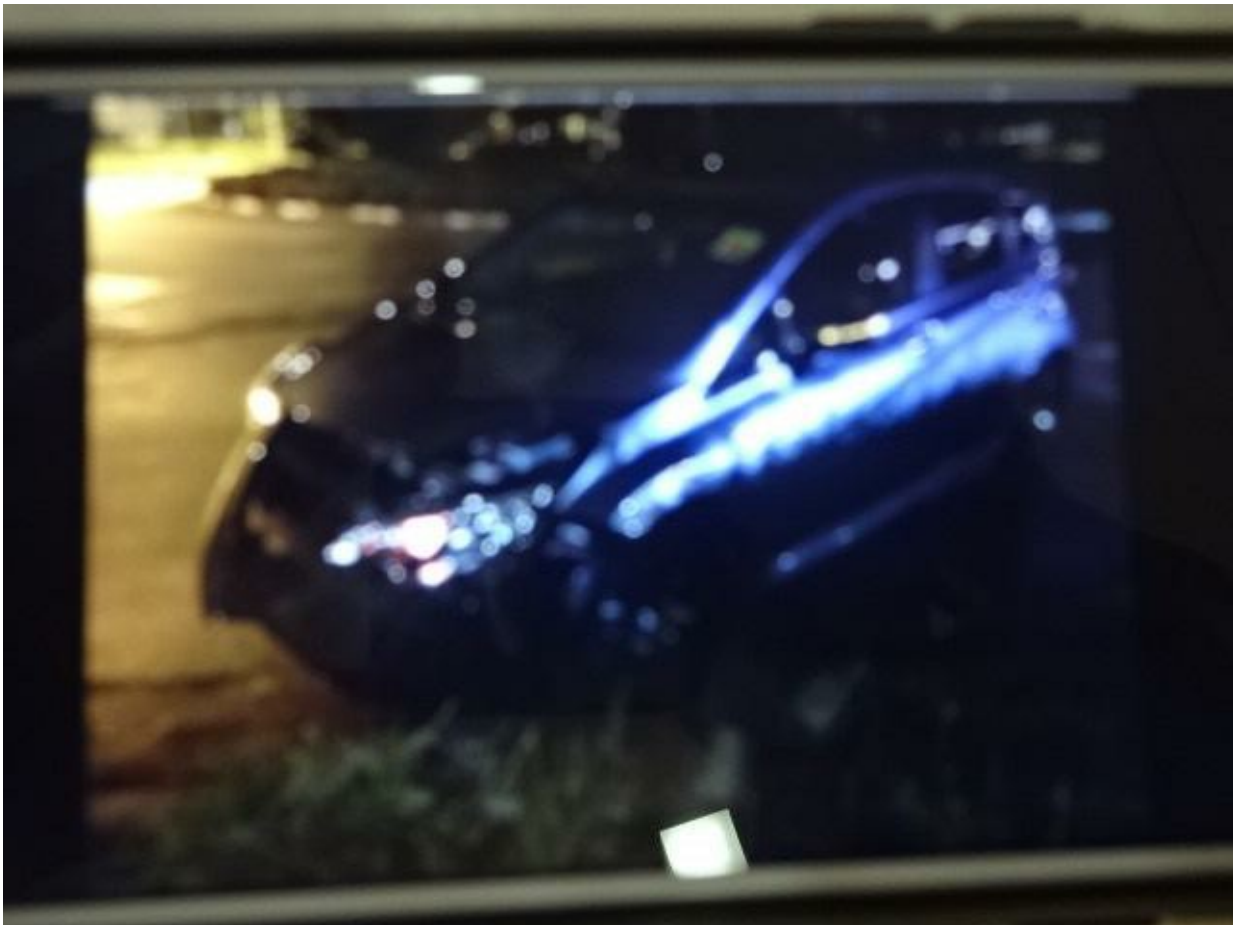
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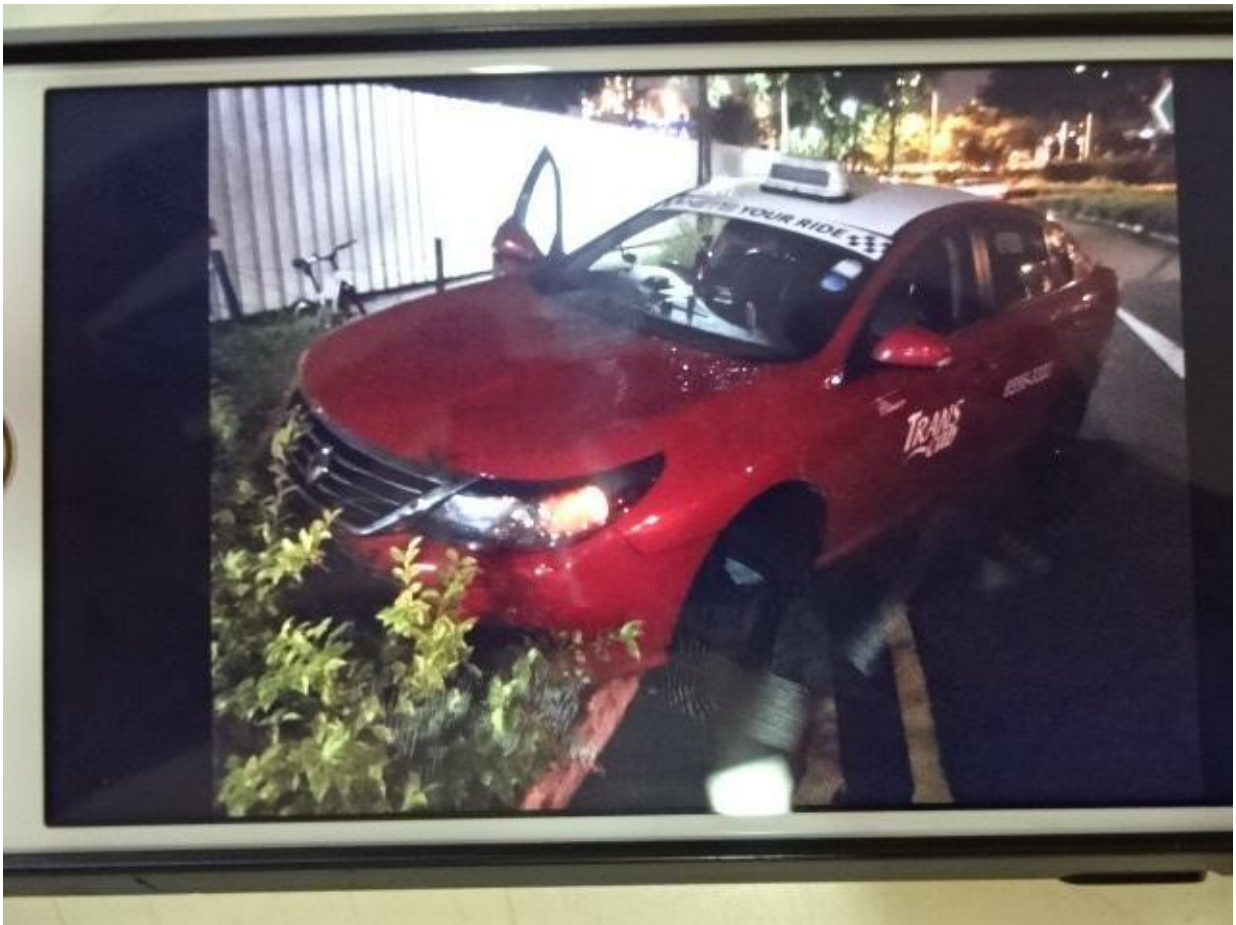
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