

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	09/11/2018 13:57
Date Of Accident	03/11/2018 04:00
Exact Location Of Accident	BLK 114 HO CHING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL2500P
Insured/Policyholder	
Name Of Registered Owner	BS CAR RENTAL PTE LTD
Co Reg No	201736414R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81450022
Alternative Phone No	OFFICE-81450022

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	999994637
Cover Note Number	

Driver

Name of Driver	CHEONG WEN QING
NRIC No	T0020595D
Date Of Birth	25/06/2000
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88008132
Fax Number	
Contact Number	OFFICE-88008132
EEmail Address	NOEMAIL

Address	BLK 114 HO CHING ROAD #09-62
Postcode	610114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : CHEONG MIN YUEN GENDER: : FEMALE
Passenger 2	NAME: : GOH QI JIN GENDER: : MALE
Passenger 3	NAME: : ISAAC LIM JUN YANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181103/2069.

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	SJS4969K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	PRASHU HADARAJAN
NRIC/Passport Number	S9139994F
Contact Number	91634630
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	CHEONG WEN QING
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SGL2500P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHEONG MIN YUEN
Approximate Age	
Injuries Sustain	HEADACHE
Injured person in which vehicle?	SGL2500P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	GOH QI JIN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SGL2500P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.



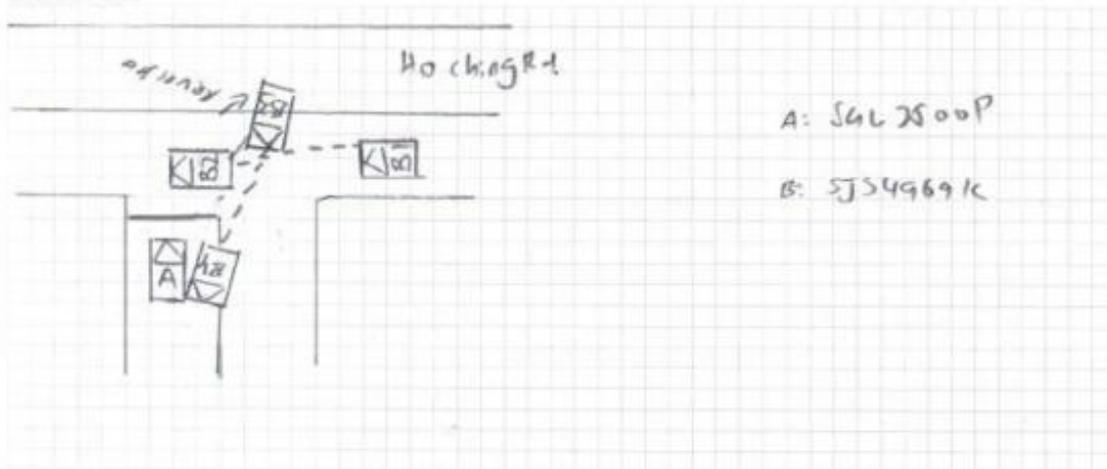
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report - 1/2018/103/2009.

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

Page 1 of 2
Report No. 120181103/0083

SINGAPORE POLICE FORCE
Police Station of Origin
Jurong NPP
155 Yung Lion Road #01-08 SINGAPORE 610158
Tel No. 1800-2050000

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made: 03/11/2018 13:44
Vide Report No.: J20181103/0083
Station Diary No.: 10

Informant's Particulars
Name of Informant: CHEONG WEN QING
Address: APT BLK 114 HO CHING ROAD #09-62 SINGAPORE 610114
ID Type / ID No.: NRIC NO / T00205/850
Contact No.: Mobile: 85008132
Home/Office:
Email:
Nationality: SINGAPORE CITIZEN
Type of Informant: Driver
Institution / School Name:
Sex: Male
Age: 18
Date of Birth: 25/06/2000
Language:
Race: Chinese
Driving Licence Information: Class 3
Date of Expiry:
Occupation: UNEMPLOYED

General Information of the Accident
Type of Accident: Reported by Police
Date/Time of Accident: 03/11/2018 04:00
Type of Location: T-Junction
Location: Along Road 1 HO CHING ROAD
at B/114 Ho Ching Road, service road entrance
Road Surface: Dry
Road Speed Limit:
Weather: Clear
Traffic Volume: No Traffic
Traffic Flow: Two Way
Traffic Control: Not Controlled
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
SGL2500P	Car	TOYOTA	VIOS 1.5E A	Grey	Slightly Damaged	3
SJ5499K	Car	KIA	CERATO FORTE 1.6 AT 5X ABS D/AB 2WD 4DR	Silver		0

Police Report



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong NP
158 Yung Lok Road #01-58 SINGAPORE
#10158
Tel No: 1800-2050999



2 of 3
Report No: T20181103/0083

CONTRIBUTION OF REPORT

Details of Person Involved		Class of Pedestrian Crossing	
City Pedestrian Involved No		Class of Pedestrian Crossing	NA
No. of Pedestrians Injured		ID No.	T00205050
Officer Name	CHEONG WEI GING	Contact No.	9908132
Related Vehicle	BGL2500P (Car)	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Officer Name	PHANSHU PALANJIAN	ID No.	99139904F
Related Vehicle	SJS4969K (Car)	Contact No.	91634630
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 the 03/11/2018, at 0400hrs, I was driving a rented gray Toyota Vios car(Bright Star Rental), bearing plate number SGL2500P. I was at the T junction of Ho Ching road, and the entrance into B/114 Ho Ching road cluster at the left lane of the 2 lane entry exit road. I noticed a Kia car, bearing plate number SJS4969K travelling along Ho Ching road towards Corporation drive. The Kia car then turned left into the entrance of B/114 Ho Ching road but ended up going into my lane therefore I sounded the car horn at the Kia car.

The Kia car then reversed and turned left again but collided onto the driver side portion. After which, the Kia car continued driving into the HDB cluster but I alighted and ran after it. The Kia car stopped on the service road and I approached the driver. I smelt alcohol on the driver and called for Police reference J/20181103/0083. I managed to exchange particulars with the driver.

Traffic Police later arrived and arrested the driver. The in charge case is Traffic Police IO Nur Affendy, tel 6547 6209

Police Report

 **SINGAPORE POLICE FORCE**

Police Station Of Origin
Jurong NPP
158 Yung Lok Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No: T101811000000

2 of 3

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: J / Sgt 2 MOHAMED AZRIN BIN MOHAMED ALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2018 13:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No: 65476394	Classification Of Case:
Authentication Stamp N166	


Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



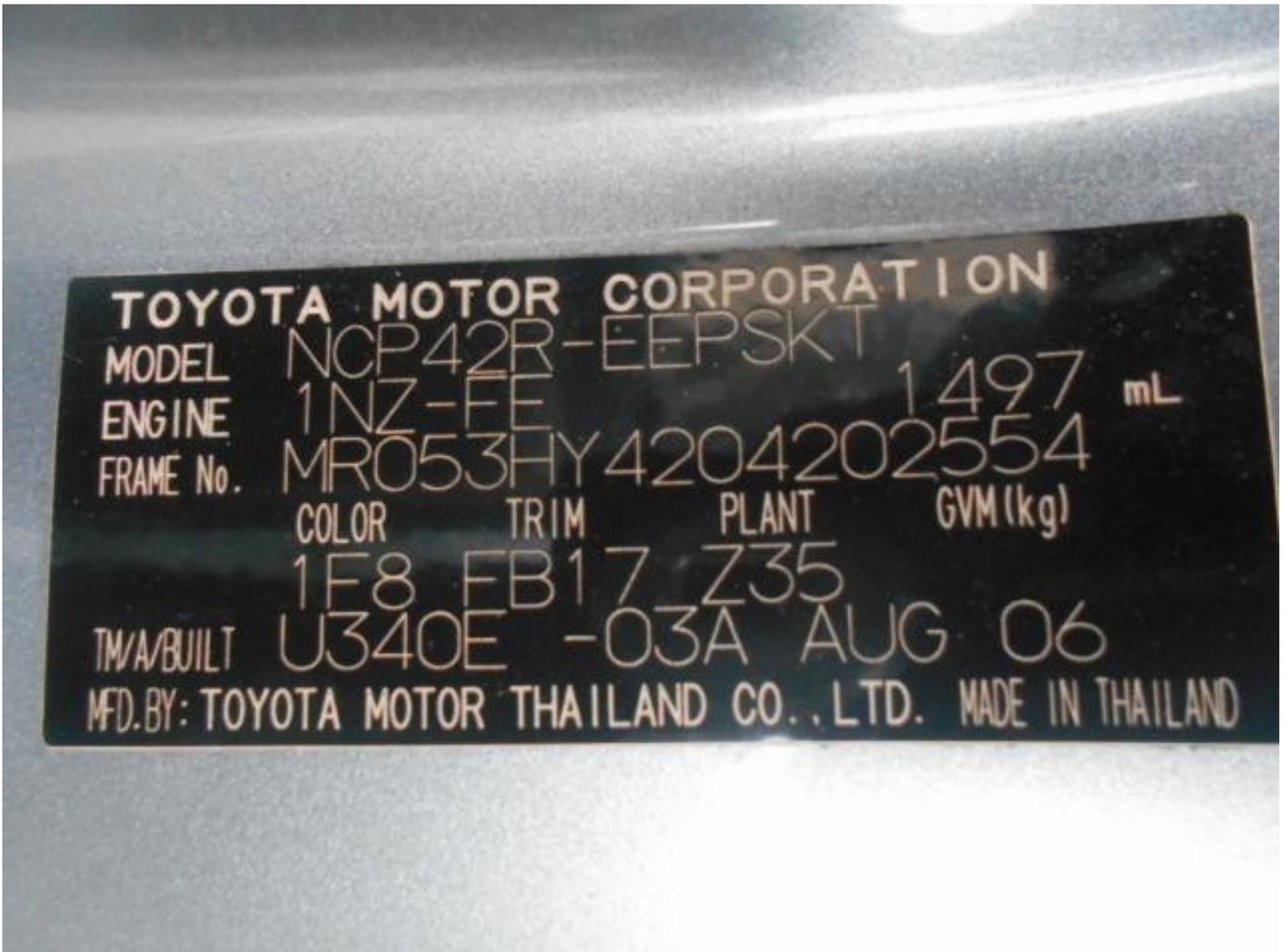
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