

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	12/12/2018 09:31
Date Of Accident	11/12/2018 16:30
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6900U
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64515752

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE AUTO
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	999994505
Cover Note Number	

Driver

Name of Driver	FOK KAR LAM
NRIC No	S7870958H
Date Of Birth	02/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81200362
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 116B JALAN TENTERAM
Postcode	322116
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : UNKNOWN (PASSENGER)
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ROCHER N.P.C 11 KAMPONG KAPOR ROAD SINGAPORE 208678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN & 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	SHC3708L
Vehicle Make/Model/Colour	COMFORT BLUE TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	EE HOE KEE
NRIC/Passport Number	S1327285I
Contact Number	
Address	BLK 602 CHOA CHU KANG ST 62 #08-29
Postcode	680602
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB8958D
Vehicle Make/Model/Colour	PREMIER SILVER CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HUNG KAI
NRIC/Passport Number	S1411168I
Contact Number	
Address	BLK 233 SIMEI ST 4 #07-170
Postcode	520233
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FOK KAR LAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLX6900U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 116B JALAN TENTERAM
Postcode	322116

SKETCH PLAN

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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:

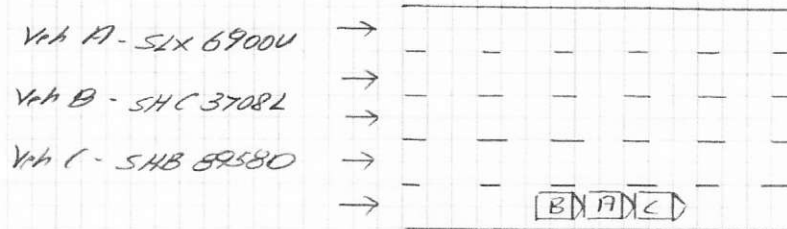
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Along PIE towards Changi Airport near Papi Jaber Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police report.

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.:



**SINGAPORE
POLICE FORCE**



T/20181212/2003

1 of 4

Police Station Of Origin
Rochor N.P.C.
11 Kampong Kapur Road SINGAPORE
208678
Tel No. 1800-2949999

Report No. T/20181212/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
12/12/2018 00:32

Video Report No.

Station Diary No.
5

Informant's Particulars

Name of Informant FOK KAR LAM			Address APT BLK 116B JALAN TENTERAM #11-551 SINGAPORE 322116		
ID Type / ID No NRIC NO / S7870958H			Contact No. Home/Office Mobile 87423935		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 40	Date of Birth 02/06/1978	Type of Informant Driver		
Race Chinese			Language		Institution / School Name
Occupation DRIVER			Driving Licence Information Class 2B 2A 3		Date of Expiry

General Information of the Accident

Type of Accident Non-Injury	Drink Drive No	Date/Time of Accident 11/12/2018 16:30	Type of Location Straight Road
Location Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS AIRPORT TRAVELLING ON LANE 1			
Weather Raining	Road Surface Wet	Road Speed Limit	
Traffic Flow One Way	Traffic Control Not Controlled	Traffic Volume Moderate	
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 Passengers
SHB8958D	Car			Silver	Slightly Damaged	1
SHC3708L	Car			Blue	Slightly Damaged	0
SLX6900U	Car	MERCEDES BENZ		Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Rochor N.P.C.
11 Kampong Kapur Road SINGAPORE
208678
Tel No. 1800 2949999



1720181212/2003

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Report No. 1720181212/2003

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved No

No. of Pedestrians Injured NIL

Use of Pedestrian Crossing NA

Driver			
Name	TAN HUNG KAI		ID No S1411681
Related Vehicle	SHB8958D (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
Driver			
Name	EE HOE KEE		ID No S13272851
Related Vehicle	SHC3708L (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
Driver			
Name	FOK KAR LAM		ID No S7870958H
Related Vehicle	SLX6900U (Car)		Contact No 87423935
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	11/12/2018		Date Discharge 11/12/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

On the 11/12/2018 at about 1620hrs I picked up a passenger from Pipit road and headed to Changi Airport, while travelling alone PIE towards Airport on the 1st Lane the taxi in front SHB8958D of me applied its brake and braked his vehicle, I followed suite and braked my vehicle, however the vehicle behind SHC 3708L me did not stop in time and knocked into my vehicle causing my car to jerk forward resulting in my car hitting the front car.

I alighted from my vehicle to inspect the damage and discovered that the back of my car was damaged so much that my car boot unable to close and the left side of the bumper is left hanging almost touching the



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Rochor N.P.C.
11 Kumpang Kapor Road SINGAPORE
208078
Tel No: 1800 2949999



T/20181212/2563

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Report No: T/20181212/2563

CONTINUATION OF REPORT

ground, the damage to the front of my vehicle head light is broken and the front bumper is completely dislodged and the Mercedes logo is cracked

No ambulance came, I exchanged particulars with the other drivers and my passenger got another taxi to send him off. I drove my vehicle to the work shop and went to seek treatment at TTSH and was given 3 days of Medical leave and would have to go back for review

That's all

 POLICE FORCE			
Police Station Of Origin Anchor N.P.C. 11 Kampong Kapur Road SINGAPORE 208678 Tel No: 1800-2949999		7/2018-12/2018 R 27 A Report No. 7/20181212/0000	
CONTINUATION OF REPORT			
Sketch Plan Informant is not able to provide sketch plan			
(Empty space for 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 <u>report number</u> as reference			
Signature Of Officer Recording The Report A/ Sgt 2 ANAND KUMAR S/O SASITARAN		Signature Of Informant 	
Signature Of Interpreter Not applicable		Date/Time 12/12/2018 00:32	
Officer In Charge Of Case TP / GIA / Staff Sgt WONG SIEU LUI Contact No- 66476151		Classification Of Case	
Authentication Stamp 