

## 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	03/12/2018 14:21
Date Of Accident	30/11/2018 19:30
Exact Location Of Accident	ECP TOWARDS CHANGI (LAMPOST 181)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX439A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH SHEAU MING
NRIC No	S7139007A
Email Address	ERIC.SEAHSM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93877385
Alternative Phone No	Office-93877385

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	
Cover Note Number	

### Driver

Name of Driver	SEAH SHEAU MING
NRIC No	S7139007A
Date Of Birth	31/10/1971
Occupation	INDOOR
Date Of Driving Pass	15/05/1990
Driving Experience	28 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93877385
Fax Number	
Contact Number	OFFICE-93877385
E-Mail Address	ERIC.SEAHSM@GMAIL.COM
Address	BLK 72 GEYLANG BAHRU #07-3032 SINGAPORE
Postcode	330072
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ1970S
Vehicle Make/Model/Colour	HONDA/ CBR 1000RR

Details Of Properties	MOTORCYCLE
Vehicle Category	
Name of Driver	PRITPAL SINGH
NRIC/Passport Number	S8319529J
Contact Number	82056256
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS4070R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG MUN KHENG
NRIC/Passport Number	S1165483E
Contact Number	98193148
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PRITPAL SINGH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ1970S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

3/12/2018  
9.50am



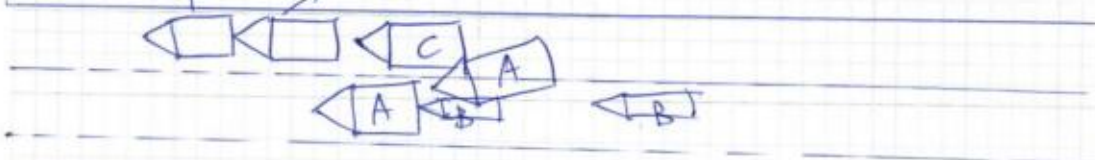
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

3/12/2018  
9.50am



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

SKETCH PLAN *SKR 576AH* *SDS 9968B*



A: SLX 439A

B: FBJ 1970S

C: SKS 4070R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*refer to 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.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





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Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T201812010115

Police Station Of Origin:  
Kalam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969959

1 of 4  
Report No. T201812010115

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 16:15	Vide Report No.: G/20181130/0155	Station Diary No.: 25
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### Informant's Particulars

Name of Informant: SEAH SHEAU MING		Address: APT BLK 72 GEYLANG BAHRU #07-3032 SINGAPORE 330072	
ID Type / ID No.: NRIC NO / S7139007A		Contact No.: Home/Office: Mobile: 93877385	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 31/10/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FINANCIAL MANAGER		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: 30/11/2018 19:30	Type of Location: Highway
Location: Along Road 1 EAST COAST PARKWAY  ECP towards Changi Airport Lamp Post Number: 181				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBU1970S	Motorcycle	HONDA	CBR1000RR	Orange	Slightly Damaged	1
SKS4070R	Car	PEUGEOT	308 5DR ALLURE PURETECH 1.2 A/T 2WD S/R	Black	Slightly Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181201/2115

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No. 1800-2969999

2 of 4  
Report No. T/20181201/2115

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX439A	Car	MITSUBISHI	OUTLANDE R 2.0 CVT SUNROOF	Silver	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SLX439A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800022862	14/03/2018	13/03/2020	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	PRITPAL SINGH			ID No.	S8319529J
Related Vehicle	FBJ1970S (Motorcycle)			Contact No.	82056256
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	Slight
Driver					
Name	NG MUN KHENG			ID No.	S1165483E
Related Vehicle	SKS4070R (Car)			Contact No.	98193418
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

## Police Report



SINGAPORE  
POLICE FORCE



T/20181201/2115

Police Station Of Origin:  
Kollam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20181201/2115

### CONTINUATION OF REPORT

Driver			
Name	SEAH SHEAU MING	ID No.	S7138007A
Related Vehicle	SLX439A (Car)	Contact No.	93877385
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 30/11/2018 at around 1930hrs, I was driving my vehicle bearing licence plate no. SLX439A along ECP on the 1st lane. As traffic was very heavy, I was travelling slowly. Suddenly, there was a 2 car collision in front of me. The car in front of me bearing licence plate no. SKS4070R suddenly braked. I tried to braked however I felt that my vehicle would still collide into the vehicle in front of me. As such, I swerved left to avoid the collision. As a result there was a motorcycle bearing licence plate no. FB11970S that collided into the rear of my vehicle. The motorcyclist and his pillion did not fall. The front right side of my vehicle collided on to the vehicle in front of me SKS4070R. The top right side of my vehicle was smashed, the bumper was broken. The front right tire was punctured. The rear of my vehicle sustained a huge dent due to the collision from the motorcycle. The front of the motorcycle's light was broken. Traffic Police and Ambulance was at scene. The rider was conveyed to the hospital for further checkup as he suffered pain in his body. His pillion did not suffer any injuries and accompanied him to the hospital. The rider was conveyed to Changi Hospital conscious. I would like to further state that I contacted the rider and he informed that he has no fractures but has soreness across his body.

As such, I am lodging this report as instructed by the TP IO. That is all.



# Police Report



SINGAPORE  
POLICE FORCE



T/20181201/2115

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969993

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Report No: T/20181201/2115

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:  
A /  
Sgt 2 GLENN CHEAH YONG QUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / G/T /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Signature Of Informant:

Date/Time:  
01/12/2018 16:15

Classification Of Case:

Authentication Stamp  
NP188



Singapore Police Force