

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 | 13/12/2018 10:41 |
| Date Of Accident | 11/12/2018 17:10 |
| Exact Location Of Accident | KILLINEY RD TWDS EBER RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH1816R |
| Insured/Policyholder | |
| Name Of Registered Owner | PETER WILLIAM SMYTH |
| NRIC No | S2719759J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98478000 |
| Alternative Phone No | OFFICE-98478000 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|-------------|
| Manufacturer | KAWASAKI |
| Model | ZX1400F |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1800033179 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | SMYTH PETER WILLIAM |
| NRIC No | S2719759J |
| Date Of Birth | 07/03/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/01/2001 |
| Driving Experience | 17 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98478000 |
| Fax Number | |
| Contact Number | OFFICE-98478000 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|------------------------------------|
| Address | BLK 408 SIN MING AVENUE #12-205 |
| Postcode | 570408 |
| 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 - CHANGE/CROSS LANE |
| 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) | 1 |

Details of Police Action

| | |
|-------------------------------------------|----------------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181212/2062.

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 | SJE505R |
| 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 | UNKNOWN |
| 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 | SMYTH PETER WILLIAM |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBH1816R |
| Were seat belts worn? | |
| 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.

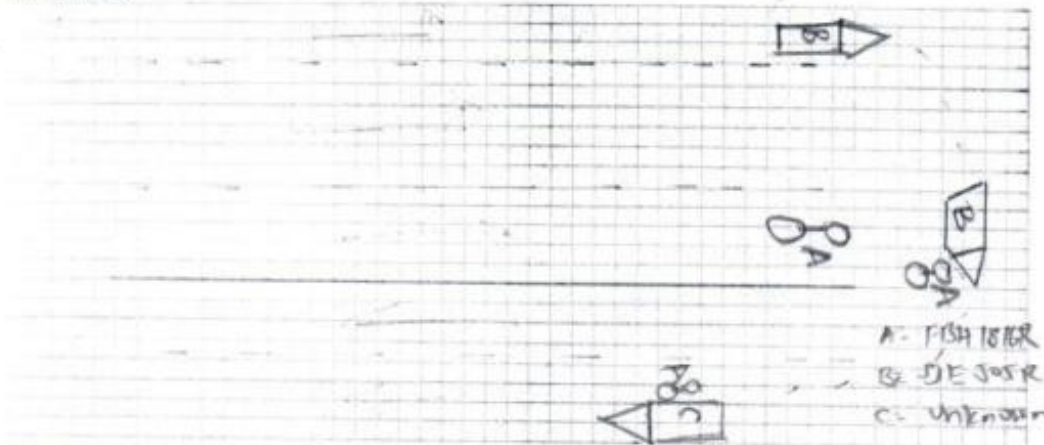

Policyholder's Signature
Date & Time:

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 Police Report No. 7/20181212/2062

DECLARATION

We declare the foregoing particulars are true in every respect.

Peter Sayth

Policyholder's Signature
Date & Time:

Peter Sayth

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

[Signature]

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181212/2062

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20181212/2062

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made: 12/12/2018 13:46 | Vide Report No.: | Station Diary No.: 69 |
|--------------------------------------------|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|-------------------------------------------|------------|------------------------------|---------------------------------------------------------------------|--|----------------------------|
| Name of Informant: SMYTH PETER WILLIAM | | | Address: APT BLK 408 SIN MING AVENUE #12-205 SINGAPORE 570408 | | |
| ID Type / ID No.: NRIC NO / S2719759J | | | Contact No.: Home/Office: Mobile: 98478000 | | |
| Nationality: CANADIAN | | | Email: | | |
| Sex: Male | Age: 54 | Date of Birth: 07/03/1964 | Type of Informant: Rider | | |
| Race: Caucasian | | | Language: English | | Institution / School Name: |
| Occupation: IT CONSULTANT | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|-----------------------------------------------|----------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 11/12/2018 17:10 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 KILLINEY ROAD EBER ROAD Killeny Road cross junction | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | 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 |
|-------------|------------|----------|---------|-------|----------------------|-----------------|
| FBH1816R | Motorcycle | KAWASAKI | ZX1400F | Blue | Seriously Damaged | 0 |
| SJE505R | Car | | | | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-----------------------------------------|--------------|------------|-------------|
| FBH1816R | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1800033179 | 29/03/2018 | 28/03/2019 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20181212/2062

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20181212/2062

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|----------------------------------------|-----------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SMYTH PETER WILLIAM | ID No. | S2719759J |
| Related Vehicle | FBH1816R (Motorcycle) | Contact No. | 98478000 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 11/12/2018 | Date Discharge | 11/12/2018 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | William Chan | ID No. | NIL |
| Related Vehicle | SJE505R (Car) | Contact No. | 91088038 |
| 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 11/12/2018 at about 5:10pm, I was travelling along Killiney Road on my motorcycle bearing registration number, FBH1816R. When I was approaching the junction of Killiney Road and Eber Road, a white vehicle bearing registration plate, SJE505R, suddenly tried to make a U-turn from the most left lane. I did not manage to stop in time as he turned directly in front of me and I collided into his driver side door. My motorcycle then skidded across the road and collided into a parked lorry along the road that belongs to a tire repair shop. A few police were nearby and they attended to us. An ambulance was called to check on my injury and Traffic police arrived at our scene. I exchanged particulars with the driver and the owner of the lorry, hp:96912588 Lester Tan. I was informed to lodge a traffic report at any police station. I then went to Intemedical 24 hr Clinic but was referred to Mount Alvernia Hospital as I felt pain on my back and right leg. I also suffered cuts on my left hand and was given 4 days MC.

I wish to state that the owner of the lorry saw what happened and I do not have any camera at the point of time.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181212/2062

Police Station Of Origin:
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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20181212/2062

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 /

Sgt 3 MASHIDAYAT BIN MASZENI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Authentication Stamp

NP163

Signature Of Informant:

Peter Singh

Date/Time:

12/12/2018 13:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

