

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 ability.
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 | 21/06/2018 12:19 |
| Date Of Accident | 20/06/2018 19:20 |
| Exact Location Of Accident | PIE(CHANGI) BEFORE EXIT 26B |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKR6292J |
| Insured/Policyholder | |
| Name Of Registered Owner | AARON LEE XUAN ANG |
| NRIC No | S8938712D |
| Email Address | AARONLXA@LIVE.COM |
| Mobile Phone No | (LOCAL) +65-88770007 |
| Alternative Phone No | OTHERS-88770007 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | VOLVO |
| Model | S80-1.6 D 2 (A) |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI18V07075/VPE |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | AARON LEE XUAN ANG |
| NRIC No | S8938712D |
| Date Of Birth | 25/10/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/06/2009 |
| Driving Experience | 8 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88770007 |
| Fax Number | |
| Contact Number | OTHERS-88770007 |
| EMail Address | AARONLXA@LIVE.COM |

Address BLK 16A SIMEI LANE #07-12
 Postcode 520116
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions AFTER RAIN
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN

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 SLK1788D
 Vehicle Make/Model/Colour BMW
 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 SKE4047H
 Vehicle Make/Model/Colour CHEVROLET

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

AARON LEE XUAN ANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKR6292J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

167A SIMEI LANE #07-12

Postcode

52116

SKETCH PLAN

IMPORTANT NOTICE

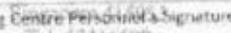
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

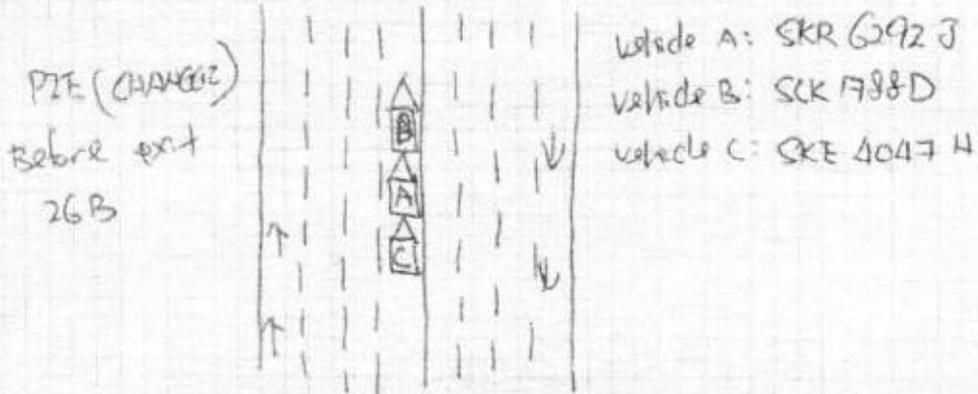

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KARI BUKIT (VAC)
23 KARI BUKIT AVE 4
Reporting Centre
Name: 
Tel: 67416697
Fax: 67492305
NRIC/FIN No.
Email: vac@idac.com.sg

21 JUN 2018

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 Jun 2018 around 7:20pm, I was travelling along PIE toward Changi before exit 26B. Car B slowed down and stop and I followed to stop behind car B. Suddenly, car C hit my the rear portion of my vehicle. Car C forced me to hit car B.

DECLARATION

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

x *Hoo*
 Policyholder's Signature
 Date & Time:

x *Hoo*
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21 JUN 2018

IDAC KAKI BUKIT (PAC)
 23 KAKI BUKIT AVE 4
 Singapore 415933
 Tel: 67416697
 Fax: 67492308

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

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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 | 21/06/2018 12:52 |
| Date Of Accident | 20/06/2018 18:40 |
| Exact Location Of Accident | PIE TWD CHANGI BEFORE UPPER BUKIT TIMAH RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKE4047H |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEW MAY LEE |
| NRIC No | S1760538J |
| Email Address | DIANA.CHEWML@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96314408 |
| Alternative Phone No | OFFICE-92952845 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | CHEVROLET |
| Model | CRUZE-1.6 (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 | LONPAC INSURANCE BHD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z18VP05017461 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SEAN KOH YONG CAI |
| NRIC No | S9014743I |
| Date Of Birth | 02/05/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/02/2013 |
| Driving Experience | 5 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92952845 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

Address BLK 651B JURONG WEST ST 61 #12-354 (642651)
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

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 SKR6292J
 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 SLK1788D
 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)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
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 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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- (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.
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 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



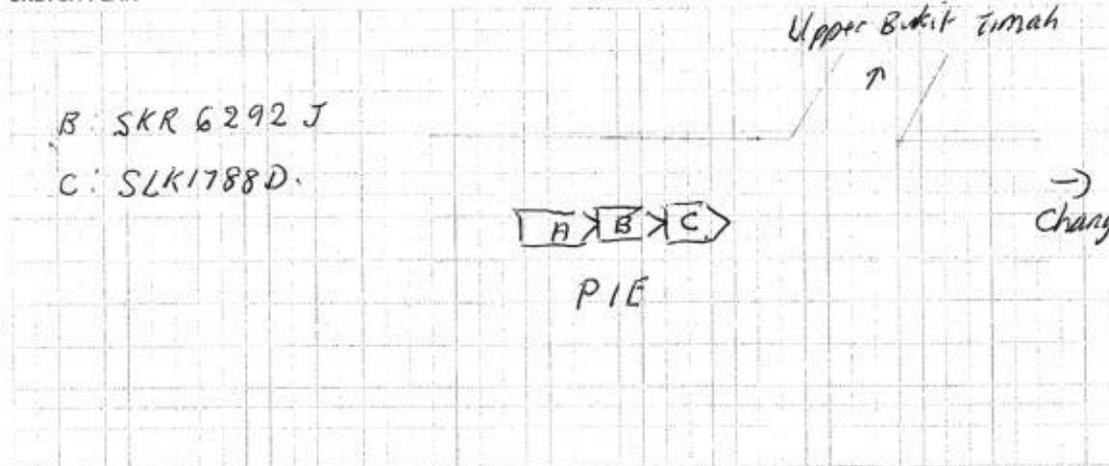
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: *B. K. Ng*
NRIC/FIN No.:

Accident Sketch Plan Pg. 2

SKETCH PLAN

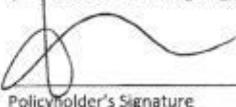


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along PIE toward Changi just before Upper Bukit Timah exit. I was travelling on the 1st lane. The vehicles in front stopped suddenly. I could not brake on time and collided onto the rear of SKR 6292 J. After alighting from my vehicle I discovered that SKR 6292 J had collided onto the rear of vehicle No SLK 1788 D.

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.:

Reported by: [Name]

REPUBLIC OF SINGAPORE DRIVING LICENCE

S90147431

SEAN KOH YONG CAI

DOB: 02 May 1990
Exp. Date: 18 Feb 2013

002152462J




SINGAPORE ARMED FORCES IDENTITY CARD

Name
SEAN KOH YONG CAI

NRIC No
S90147431



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

| Class | Description | Effective Date |
|----------|---|----------------|
| Class 3A | Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg | 18 Feb 2013 |

NP 426A

Licence No: S90147431



0EMALY0SGPW100071000910 0000000120093

NRIC No / Colour
S90147431 / PINK

Race
CHINESE

Date Of Birth
02/05/1990

Blood Group
A (+)

Country Of Birth
SINGAPORE

Sex
M

REGULAR

Address
Blk 651B JURONG WEST STREET 61
#12-354 SINGAPORE 642851



Accident Photo



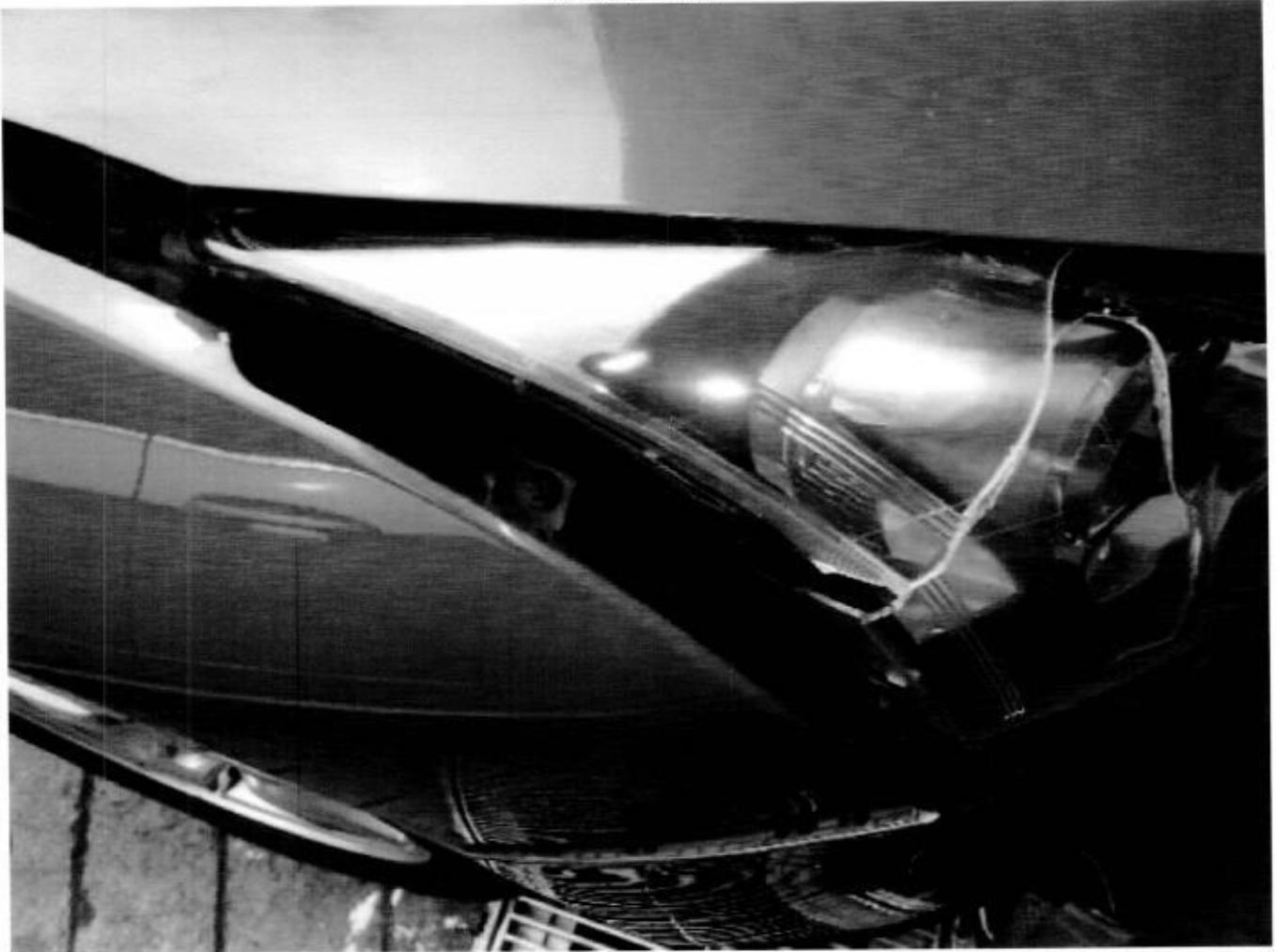
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

