

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	31/12/2018 16:52
Date Of Accident	30/12/2018 19:20
Exact Location Of Accident	YISHUN RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ415E
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999995072
Cover Note Number	

Driver

Name of Driver	OH YONG XIANG, EDWIN
NRIC No	S8838496B
Date Of Birth	09/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2011
Driving Experience	7 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96773158
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1856K
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	TAXI
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	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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 willful 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. 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 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.
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.



Policyholder's Signature / Date & Time

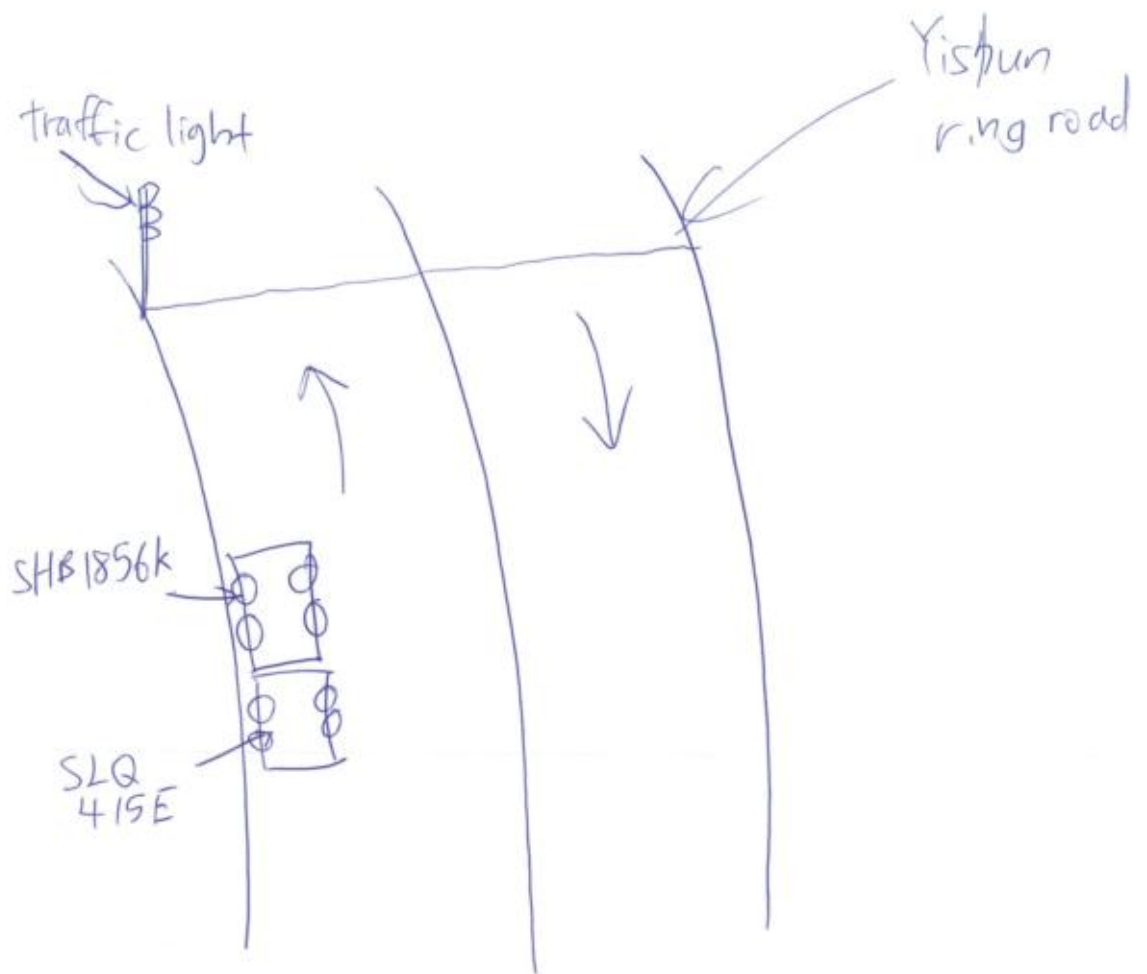


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Attached sketch.



Sketch Plan #3

Describe Circumstances of the Accident

Refers to police report

Declaration

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20181230/2089

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20181230/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2018 21:42	Vide Report No.:	Station Diary No.: 115
--	------------------	---------------------------

Informant's Particulars

Name of Informant: OH YONG XIANG, EDWIN			Address: APT BLK 289F BUKIT BATOK STREET 25 #09-126 SINGAPORE 655289		
ID Type / ID No.: NRIC NO / S8838496B			Contact No.: Home/Office: Mobile: 96773158		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 09/10/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANK OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/12/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 YISHUN RING ROAD ALONG YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHB1856K	Car				Slightly Damaged	0
SLQ415E	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20181230/2089

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20181230/2089

CONTINUATION OF REPORT

Driver			
Name	OH YONG XIANG, EDWIN		ID No. S8838496B
Related Vehicle	SLQ415E (Car)		Contact No. 96773158
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 30/12/2018 at about 1923hrs, I was working as a relief Grab driver with vehicle V1) SLQ415Q, driving along Yishun Ring Road at the extreme left lane. At the moment there was no passenger in my vehicle V1. There was a vehicle V2) SHB1856K, driving in front of my vehicle V1. As about to approach a traffic light junction, I failed to brake in time, as resulted my vehicle V1 front bumper collided into the rear bumper of V2. Both the driver of V2 and I alighted our vehicles to make a check. I discovered scratches on both V1's front bumper and V2's rear bumper. I told the driver of V2 whom he gave his name as Mr Choong, HP: 9111 4572, that we could settle the accident privately as I admitted that it was my mistake. However, the driver of V2 told me that he suffered some pain on his chest and he required ambulance assistance. I do not have any injury sustained from the accident. The ambulance and traffic police both came the scene. The driver of V2 was then conveyed to the hospital. The traffic police at scene seized my vehicle V1's in-car camera SD card and issued me an acknowledgement slip. I was told to lodge a traffic accident report vide L/20181230/0159, after leaving the scene.



**SINGAPORE
POLICE FORCE**



T/20181230/2089

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20181230/2089

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 TAN WEI KANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2018 21:42

Officer In Charge Of Case:

TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No: 65476138

SN 114

Classification Of Case:

Authentication Stamp
NP168

Signature :
Singapore Police Force

Individual Statement

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8838496B**

Name: **OH YONG XIANG, EDWIN**

Birth Date: **09 Oct 1988**

Issue Date: **05 Nov 2011**

002015482H




Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S8838496B**

Name: **OH YONG XIANG, EDWIN**

Card Issue Date: **23/02/2018**

Please visit www.lta.gov.sg to check the status of this vocational licence



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8838496B

Name: **OH YONG XIANG, EDWIN**

胡永祥

Race: **CHINESE**

Date of birth: **09-10-1988**

Country of birth: **SINGAPORE**

Sex: **M**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE 05 Nov 2011

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg


NP 428A

Licence No: S8838496B



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	23/02/2018



3415484

S8838496B

Date of issue: **18-10-2003**

Address: **APT BLK 289F BUKIT BATOK STREET 25
#09-126
SINGAPORE 655289**




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



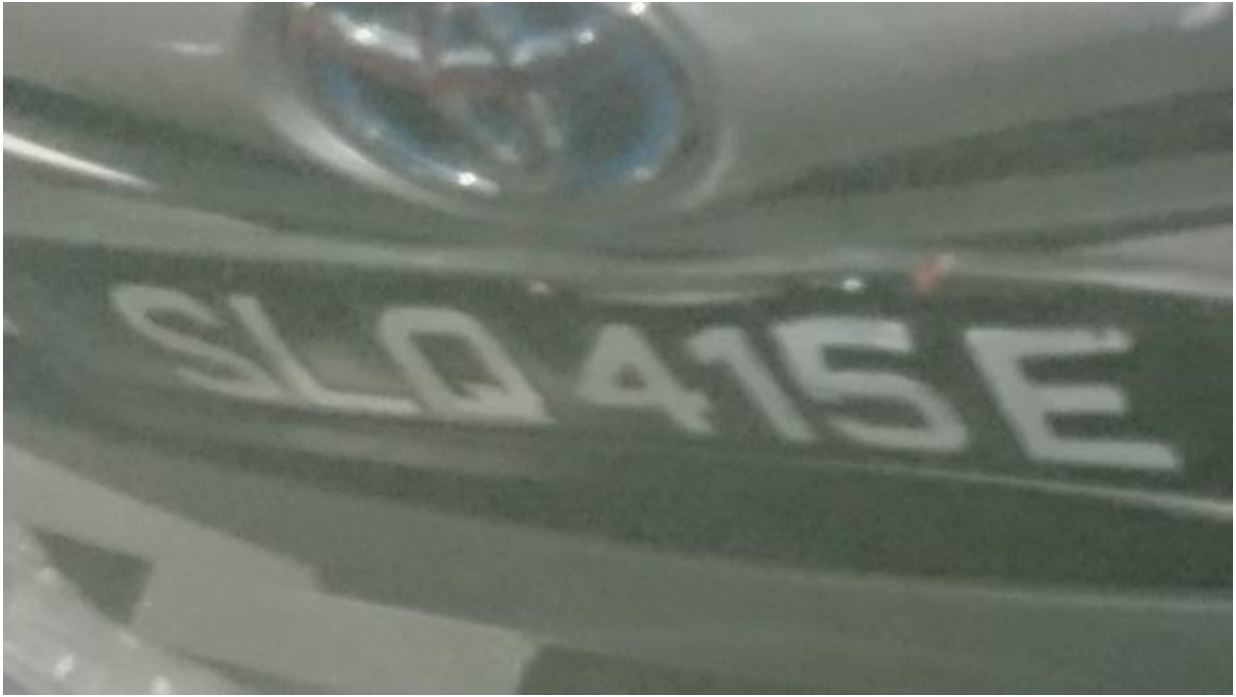
Accident Photo



Accident Photo



Accident Photo



Accident Photo

