

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	18/01/2019 17:31
Date Of Accident	17/01/2019 21:00
Exact Location Of Accident	PIE TWDS AIRPORT EXIT 15
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7933L
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	KIA
Model	CAREN
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	999994322
Cover Note Number	

Driver

Name of Driver	SEE TOH FOON SENG
NRIC No	S6902907H
Date Of Birth	10/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1990
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83287661
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 708 WOODLANDS DRIVE 70 #09-25
Postcode	730708
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190118/2094

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH7251E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	ANDIQ RAYYAN AIZAT BIN AZMI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBH7251E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

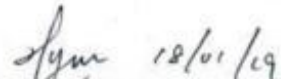
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



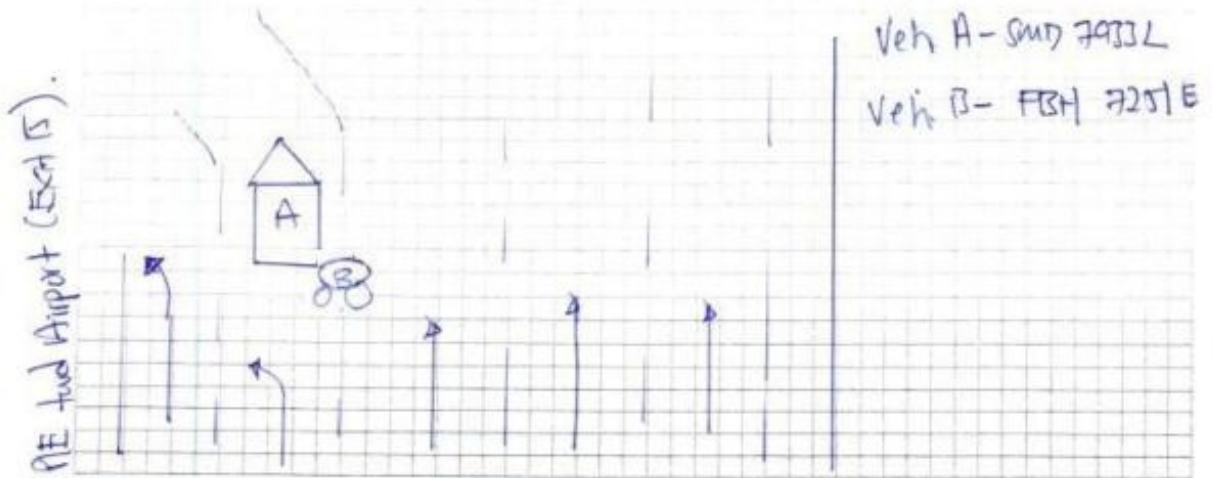
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the started - date and time, I veh. A was travelling along PIE toward Airport, As I was about to exit at PIE exit 15 toward upper Serangoon Road, the traffic was slow, the front vehicle slowed down, I followed suit. Suddenly veh B hit onto my car back right rear. I got off the car and realised veh B which was a motorcycle skidded while trying to stop. As the pillion of the motorcycle was injured, I called traffic police and ambulance which arrived minutes later.

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.:

SHINE Singapore, Ltd

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190118/2094

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20190118/2094

CONTINUATION OF REPORT

Rider			
Name	ANDIQ RAYYAN AIZAT BIN AZMI		ID No. S9019618I
Related Vehicle	FBH7251E (Motorcycle)		Contact No. 87180560
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	SEE TOH FOON SENG		ID No. S6902907H
Related Vehicle	SMD7933L (Car)		Contact No. 83287661
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 the 17/01/2018 at about 2100hrs, I was travelling along PIE heading towards Changi Airport near the Toa Payoh Exit 15. I was on lane 4 and the traffic was slow moving when suddenly the car in front of me had slowed down to a stop in which I had also then slowed down. Suddenly a bike from behind had collided into my right rear in which I had then got out to make a check on the rider and his pillion in which they informed that the pillion was injured and I had called for Traffic Police and ambulance. Traffic police arrived and informed us to shift to the side of the road shoulder to prevent jamming of the road and ambulance had later conveyed the pillion to the hospital. I do have in-car camera but it is only facing the front. I was advised to lodge a traffic accident report by the Traffic Police after they had informed us that we could leave.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



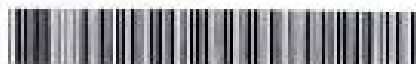
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190118/2094

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20190118/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2019 13:40		Vide Report No.: E/20190117/0187		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: SEE TOH FOON SENG			Address: APT BLK 708 WOODLANDS DRIVE 70 #09-25 SINGAPORE 730708		
ID Type / ID No.: NRIC NO / S6902907H			Contact No.: Home/Office: 83287661 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 10/01/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2019 21:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Near Toa Payoh Exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two 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
FBH7251E	Motorcycle					1
SMD7933L	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



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POLICE FORCE**



T/20190118/2094

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27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No: T/20190118/2094

CONTINUATION OF REPORT

Rider			
Name	ANDIQ RAYYAN AIZAT BIN AZMI		ID No. S9019615I
Related Vehicle	FBH7251E (Motorcycle)		Contact No. 87180580
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	SEE TOH FOON SENG		ID No. S8902907H
Related Vehicle	SMD7933L (Car)		Contact No. 83287661
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

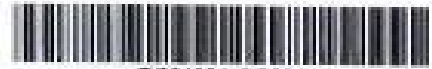
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Police Report



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Tel No: 1800-3689999

3 of 3

Report No. T/20190118/2094

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:

L /

Sgt 2 CHOONG JIA LE, DION

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2019 13:40

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SHAFUL NEEZAM BIN ABDUL
SAMAD

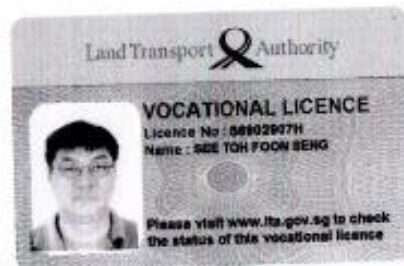
Contact No: 65476180

Authentication Stamp

NP168

Classification Of Case:

Identification Card



Driving License

