

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 18:58
Date Of Accident	18/01/2019 06:55
Exact Location Of Accident	TPE TOWARDS CHANGI NEAR LORONG HALUS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7192Z
Insured/Policyholder	
Name Of Registered Owner	HO LIK KOON, EDWIN (HE LIQUN, EDWIN)
NRIC No	S7440060D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96936039
Alternative Phone No	OTHERS-96936039

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 TL (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	210091314-02
Cover Note Number	

Driver

Name of Driver	HO LIK KOON, EDWIN (HE LIQUN, EDWIN)
NRIC No	S7440060D
Date Of Birth	13/12/1974
Occupation	INDOOR
Date Of Driving Pass	01/10/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96936039
Fax Number	
Contact Number	OTHERS-96936039
Email Address	NOEMAIL

Address	BLK 325B SENGKANG EASTWAY #12-651
Postcode	542325
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : HO HENG LENG, CHERYL GENDER: : FEMALE

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

PLEASE REFER TO 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	SJM1016L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON LENG
NRIC/Passport Number	
Contact Number	93260726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGJ6762J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS ELLEEN AW
NRIC/Passport Number	
Contact Number	88121812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HO LIK KOON, EDWIN (HE LIQUN, EDWIN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLH7192Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HO HENG LENG, CHERYL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLH7192Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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

THE
Toward
Change
Near her
Habit
Flower

$$\begin{array}{|c|} \hline \Delta \\ \hline \cdot \\ \hline \epsilon \\ \hline \Delta \\ \hline A \\ \hline \Delta \\ \hline B \\ \hline \end{array}$$

(A) SL4 71928
(B) STM 1016L
(C) S6J 6762J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18-01-2019 at about 06:55hrs, I was travelling along
the Towards Charing Near Lorne Halls. The traffic was on slow moved.
Ahead of me, there's a vehicle slow down & stop. I follow suit. While waiting
all of a sudden, I felt an hard impact from the rear. Then I realised
a vehicle SJM 1016L had collided onto my rear. Due to the hard impact
my vehicle had moved forward and collided onto SJ6762J. Total
3 vehicles involved in the accident. That's all.

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.:

ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7440060D**

HO LIK KOON, EDWIN
(HE LIQUN, EDWIN)

Birth Date: 13 Dec 1974
Issue Date: 02 Oct 2003

000854358F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7440060D**



HO LIK KOON, EDWIN
(HE LIQUN, EDWIN)

何立群

Place
CHINESE

Date of Birth
13-12-1974

Country of Birth
SINGAPORE

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
01 Oct 1995

NP 428A

Licence No: S7440060D

2741227

S7440060D

APR 2004

APT BLK 325B SENGKANG EAST WAY #12-651
SINGAPORE 542325

APRIC No: S7440060D Date: 19-10-2004 No: 5091319

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

