

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	14/02/2019 10:38
Date Of Accident	04/02/2019 13:00
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 9 DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9330M
Insured/Policyholder	
Name Of Registered Owner	KEOK SU SENG (GUO SHUSHENG)
NRIC No	S7314139G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94524686
Alternative Phone No	OTHERS-94524686

Vehicle Particulars

Manufacturer	AUDI
Model	Q2 1.4 TFSI COD S TRONIC
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	1800111161
Cover Note Number	

Driver

Name of Driver	KOH SIAU FONG (XU XIAOFENG)
NRIC No	S7331648J
Date Of Birth	05/09/1973
Occupation	INDOOR
Date Of Driving Pass	20/02/1992
Driving Experience	26 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98593292
Fax Number	
Contact Number	OTHERS-98593292
Email Address	NOEMAIL

Address	BLK 893A WOODLANDS DRIVE 50 #10-123
Postcode	730893
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190204/2140

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	FBK9911E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

91878769

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

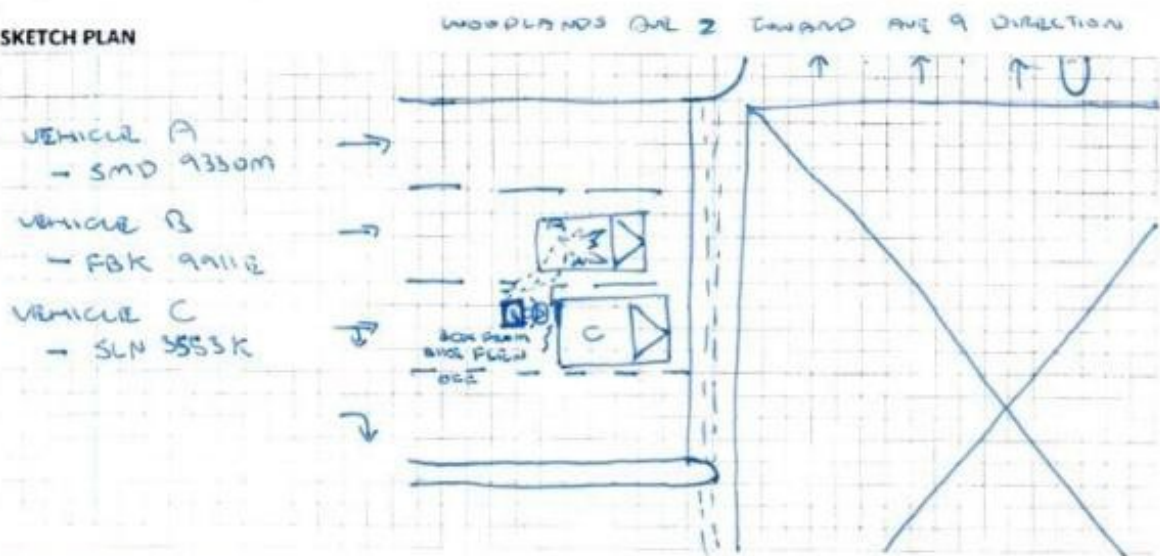

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


AS PER POLICE REPORT

REPORT NUMBER
T/20190204/2140

VEHICLE A - SMD 9330 M

VEHICLE B - FBK 9911 E

VEHICLE C - SLN 3553 K



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.:

14/2/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190204/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4
Report No. T/20190204/2140

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DRIVER OF SLN3553K	ID No.	NIL
Related Vehicle	SLN3553K (Car)	Contact No.	91878769
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
Driver			
Name	KOH SIAU FONG	ID No.	S7331648J
Related Vehicle	SMD9330M (Car)	Contact No.	98593292
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 THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG WOODLANDS AVENUE 2, IN MY VEHICLE SMD9330M, ON THE 2ND LANE FROM THE LEFT OF 4 LANE ROAD. I WAS DRIVING PRETTY SLOWLY AND SAW THAT SLN3553K WAS ON MY RIGHT. A LITTLE WHILE LATER, I HEARD A LOUD THUD FROM MY RIGHT SO I LOOKED TO THE DIRECTION OF THE THUD AND WITNESSED A COLLISION BETWEEN FBK9911E AND SLN3553K. DURING THE ACCIDENT, I HEARD A LOUD BANG FROM MY CAR ROOF AND FOUND OUT LATER THAT THE STORAGE BOX FROM THE FBK9911E WAS DISLODGED AND WAS FLUNG ONTO MY ROOF FROM THE COLLISION.

AS I WAS IN THE MIDDLE OF THE CROSS JUNCTION WHEN THE STORAGE BOX WAS FLUNG ONTO MY VEHICLE, I DROVE ACROSS THE JUNCTION BEFORE I STOPPED MY VEHICLE AND WALKED BACK TO THE SCENE TO RENDER ASSISTANCE.

I EXCHANGE PARTICULARS WITH THE DRIVER OF SLN3553K AND LEFT THE SCENE BEFORE THE POLICE CAME. AFTERWARDS, I RECEIVED A MESSAGE FROM THE DRIVER OF SLN3553K THAT THE INVESTIGATION OFFICER ASSIGNED TO THE CASE IS IO SHAHRIL.

Sketch Plan #4

08/02/2019

Driver

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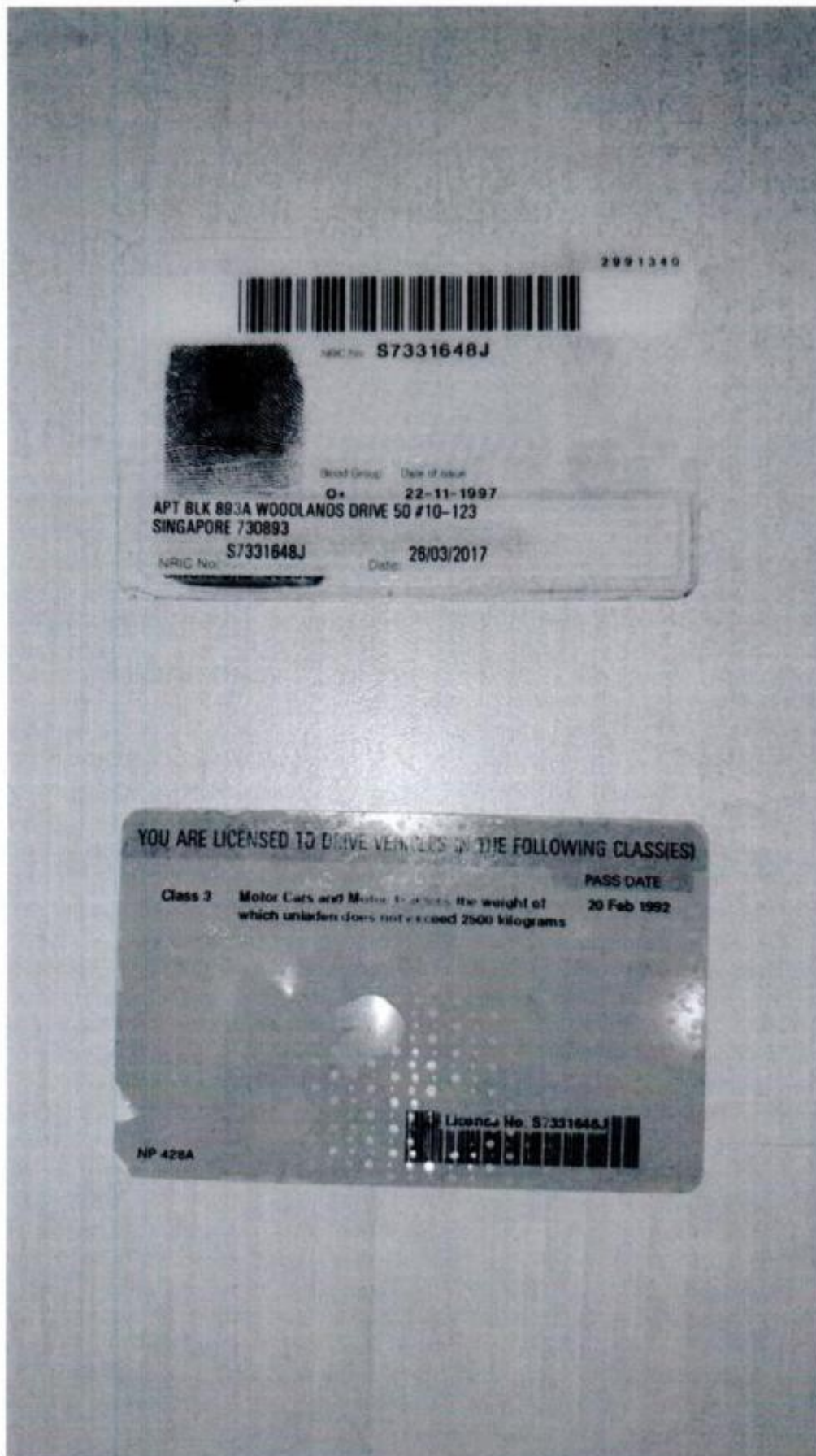


Sketch Plan #5

08/02/2019

Driver

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190204/2140

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190204/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 18:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH SIAU FONG			Address: APT BLK 893A WOODLANDS DRIVE 50 #10-123 SINGAPORE 730893	
ID Type / ID No.: NRIC NO / S7331648J			Contact No.:	Mobile: 98593292
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 45	Date of Birth: 05/09/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2				
Weather: Sunny	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9911E	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black		0
SLN3553K	Car	MERCEDES BENZ	A200 FL AMG LINE (R18 HLG)	Black		1
SMD9330M	Car	AUDI	Q2 1.4 TFSI COD S TRONIC	Grey		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190204/2140

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190204/2140

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DRIVER OF SLN3553K	ID No.	NIL
Related Vehicle	SLN3553K (Car)	Contact No.	91878769
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
Driver			
Name	KOH SIAU FONG	ID No.	S7331648J
Related Vehicle	SMD9330M (Car)	Contact No.	98593292
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.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190204/2140

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3 of 4

Report No. T/20190204/2140

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190204/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4
Report No. T/20190204/2140

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:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/02/2019 18:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: