

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	16/02/2019 15:38
Date Of Accident	15/02/2019 14:25
Exact Location Of Accident	CTE TOWARDS ANG MO KIO BEFORE MOULMEIN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2245M
Insured/Policyholder	
Name Of Registered Owner	SOON LEE COFFEE TRADING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98469325
Alternative Phone No	OFFICE-98469325

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100189093-09
Cover Note Number	

Driver

Name of Driver	KAM BOON HIN
NRIC No	S1269232C
Date Of Birth	26/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469325
Fax Number	
Contact Number	OTHERS-98469325
EEmail Address	NOEMAIL

Address	BLK 740 BEDOK RESERVOIR ROAD #04-3177
Postcode	1647
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	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?	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: : WEE SEOW CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
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	GBB2538F
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA KAW LEONG
NRIC/Passport Number	S1135713Z
Contact Number	83113410

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name KAM BOON HIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GX2245M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WEE SEOW CHOO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GX2245M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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)**

(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.

Reporting Centre Personnel's Signature
Name: Rosa Lim
NRIC/FIN No.: 9203 1234 5678

Accident Sketch Plan

SKETCH PLAN CTE TOWARDS BUKIT MUKI BLK MOULMEAN ROAD.

A) GX2245M

B) GBB2538F



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/02/2019 AT ABOUT 14:25 HRS I WAS TRAVELLING
ALONG CTE TOWARDS BUKIT MUKI TRAFFIC WAS HEAVY.
SUDDENLY I FELT A BANG FROM MY REAR I CAME DOWN
& SAW A VAN GBB 2538F BANG INTO THE REAR OF MY
VAN GX2245M

DECLARATION

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

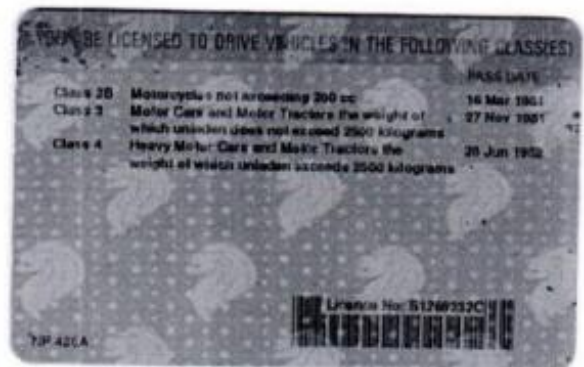
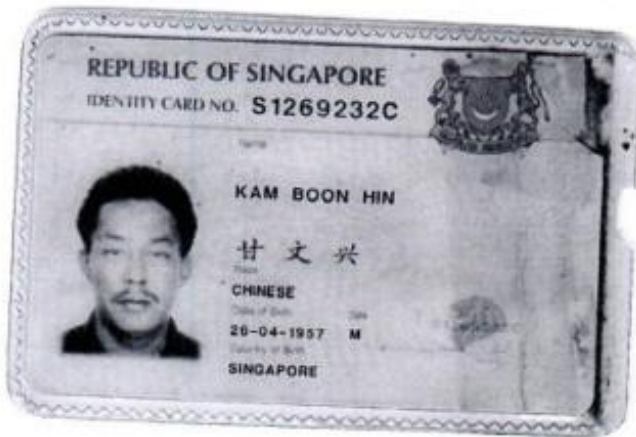
SOON LEE COFFEE TRADING

Policyholder's Signature
Date & Time:

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

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

ID



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190315/2133

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190315/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2019 17:06		Vide Report No.:		Station Diary No.: 38
Informant's Particulars				
Name of Informant: KAM BOON HIN		Address: APT BLK 740 BEDOK RESERVOIR ROAD #04-3177 SINGAPORE 470740		
ID Type / ID No.: NRIC NO / S1269232C		Contact No.: Home/Office: Mobile: 98469325		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 26/04/1957	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2019 14:45	Type of Location: EXPRESSWAY
Location: Along Road 1 CENTRAL EXPRESSWAY CENTRAL EXPRESSWAY NEAR MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2538T	Van	NISSAN		Silver	Seriously Damaged	0
GX2245M	Van	TOYOTA	HIACE	Silver	Seriously Damaged	1

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190315/2133

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20190315/2133

CONTINUATION OF REPORT

Driver			
Name	CHUA KAW LEONG		ID No. S1135713Z
Related Vehicle	GBB2538T (Van)		Contact No. 83113410
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
Driver			
Name	KAM BOON HIN		ID No. S1269232C
Related Vehicle	GX2245M (Van)		Contact No. 98469325
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	17/02/2019	Date Discharge	17/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 15th February 2019 at about 1445hrs, I was driving my van bearing registration plate number GX2245M along Central Expressway. At the front left passenger seat was my wife namely, Wee Seow Choo.

Subsequently, while near to Moulmein Road exit, I was driving on the second lane from the left. The traffic was heavy at that point of time as there was an accident ahead. Subsequently, while I was driving slowly, there was a collision from the rear of my van as another van behind me bearing registration plate number GBB2538T had knocked onto the rear portion of my vehicle.

As such, both of us alighted from the vehicle and exchanged our particulars. The rear portion of my van was badly damaged as the rear bumper was badly dented. The rear door of my vehicle also could not be opened after the accident.

No police or ambulance came to scene.

A few days after the accident, I felt pain and discomfort on my right shoulder while my wife felt pain on her left leg. As such, on 17th February 2019, I went to CGH A&E together with my wife to get ourselves checked. Both of us are discharged on the same day given 3 days MC each. I have no video footages of the accident. That's all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190315/2133

*Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190315/2133

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190315/2133

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Report No. T/20190315/2133

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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:

G /
Sgt 2 AHMAD BIN HASHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING
Contact No.: 90020518

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/03/2019 17:06

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S662500200 / GST Reg. No. M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : GA119072803 Vehicle Registration No: GX 2245M
Name (as shown in NRIC) : GX 2245 M NRIC/FIN/Passport No : S1768232C
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98469325
Email Address : _____
Date of Accident : 15/02/2019 Time of Accident : 14:25
Place of Accident : C74 TOWARDS RAFFLES MOKIO BEFORE MOUNTAIN EXIT
Insurance Company : MS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT 15/02/2019 ON SEARCH PAGE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Michelle Lim
NRIC/FIN No.:
Date: 21/02/2019

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119021803 - 01 Vehicle Registration No: GX 2245 M.
Name (as shown in NRIC) : Soon Lee Coffee Trading NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9846 9325.
Email Address : _____
Date of Accident : 15/12/19 Time of Accident : 14:25.
Place of Accident : CTE towards AMK B4 Moulmein Exit.
Insurance Company: AIG.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report. & Injury Detail.

Policyholder / Driver's Signature
Date: 15/12/19

SOON LEE COFFEE TRADING
017-900733-1

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____

Date: 15/12/19,