

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	26/02/2019 13:54
Date Of Accident	25/02/2019 21:30
Exact Location Of Accident	ALONG KJE TWDS CHOA CHU KANG WAY FILTER LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP5311C
Insured/Policyholder	
Name Of Registered Owner	CHRIS ANTHONY LAWRENCE
NRIC No	S7538641I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96946527
Alternative Phone No	OFFICE-96946527

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS 1.6
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?	YES
If No, Please state action to be taken	
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	2100489101-02
Cover Note Number	-

Driver

Name of Driver	CHRIS ANTHONY LAWRENCE
NRIC No	S7538641I
Date Of Birth	12/11/1975
Occupation	INDOOR
Date Of Driving Pass	07/11/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96946527
Fax Number	
Contact Number	OFFICE-96946527
Email Address	NOEMAIL

Address	BLK 688B CHOA CHU KANG #19-324
Postcode	682688
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQT4237 (COMMERCIAL VEHICLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	JQT4237
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG CHONG HUAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD9440M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOW KIM HIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHRIS ANTHONY LAWRENCE
Approximate Age	
Injuries Sustain	NECK, KNEE, SHOULDER, RIGHT WRIST
Injured person in which vehicle?	SGP5311C
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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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 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

Choa Chu Kang Way

A = SGP 5311C
B = JAT 4237
C = SHD 9440M

KTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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


26/2

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2003

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20190226/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 00:46	Vide Report No.: J/20190225/0154	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CHRIS ANTHONY LAWRENCE			Address: APT BLK 688B CHOA CHU KANG DRIVE #19-324 SINGAPORE 682688		
ID Type / ID No.: NRIC NO / S75386411			Contact No.: Home/Office: Mobile: 96946527		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 12/11/1975	Type of Informant: Driver		
Race: Ceylonese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2019 21:30	Type of Location: Bend
Location: Along Road 1 KRANJI EXPRESSWAY CHOA CHU KANG WAY Along KJE towards Choa Chu Kang Way, Filter lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
JQT4237	PICK UP TRUCK				Seriously Damaged	1
SGP5311C	Car	FORD	FOCUS HB TITANIUM 1.6 TI-VCT A/T 5DR	Blue	Seriously Damaged	0
SHD9440M	TAXI				Seriously Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2003

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190226/2003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP5311C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100489101-02	26/11/2018	25/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
PICK UP TRUCK				
Name	ONG CHONG HUAT		ID No.	NIL
Related Vehicle	JQT4237 (PICK UP TRUCK)		Contact No.	98515857
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	Serious
Driver				
Name	CHRIS ANTHONY LAWRENCE		ID No.	S7538641I
Related Vehicle	SGP5311C (Car)		Contact No.	96946527
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
TAXI				
Name	TOW KIM HIN		ID No.	S2627182G
Related Vehicle	SHD9440M (TAXI)		Contact No.	94264460
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2003

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190226/2003

CONTINUATION OF REPORT

Brief Details.

On 25th Feb 2019 at about 2130, I was driving my vehicle (SGP5311C) along lane 5 of KJE towards Choa Chu Kang Way while entering the filter lane. All of a sudden, a Malaysian Pick up Truck (JQT4237) collided against the rear of my vehicle. I tried to step on my brake however, the impact was to great that it had force my vehicle to collide with another Taxi (SHD9440M) which was in front of me. All of us then get down of our vehicle and exchange particulars. The driver and passenger of the Malaysian Pick up truck was injured and conveyed to NTFGH. I am injured on my neck, knee and shoulder, right wrist and had seek treatment at neighborhood clinics however they informed that I will need to proceed to A&E instead for check up. Police and ambulance attended to my scene. There is no CCTV in my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190226/2003

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190226/2003

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 AUSTIN TAN RI QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/02/2019 00:46

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S75386411**

Name
CHRIS ANTHONY LAWRENCE

Birth Date **12 Nov 1975**
Issue Date **07 Nov 2006**



 0014571208

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S75386411**



Name
CHRIS ANTHONY LAWRENCE

Race
CEYLONESE

Date of Birth **12-11-1975** Sex **M**

Country of Birth
SINGAPORE



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

CLASS DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver, and other motor vehicles $\leq 2500\text{kg}$ **07 Nov 2006**



 Licence No: S75386411

NP 420A

AB052174



NRIC No: **S75386411** **5720**



Birth Date **16-08-2001**

APT BLK 688B CHOA CHU KANG DRIVE #19-324
SINGAPORE 682688

NRIC No: **S75386411** Date: **05/11/2009** No: **6365030**

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



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: S665500200 / 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 119026616. Vehicle Registration No: SGPS311C
Name (as shown in NRIC) : CHUA ANTHONY LAWRENCE NRIC/FIN/Passport No : S75786412
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 680B, CHOA CHU KANG DRIVE, 19-324 Singapore (802 680)
Contact (Tel) : 91710665 Mobile No. : 96946527
Email Address : chris.lawrence12@hotmail.com
Date of Accident : 25/2/19. Time of Accident : 21:30.
Place of Accident : Along KJE turns Choa Chu Kang Way filter lane.
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 Revert from TP to own damage claims.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Date: 4/3/19.