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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	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
Co	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SGP5311C
	Insured/Policyholder	
	Name Of Registered Owner	CHRIS ANTHONY LAWRENCE
	NRIC No	\$75386411
	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?	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	2100489101-02
	Cover Note Number	-
	Driver	
	Name of Driver	CHRIS ANTHONY LAWRENCE

 NRIC No
 \$7538641I

 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

BLK 688B CHOA CHU KANG #19-324 Address

Postcode

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** DRY Road Surface

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE**

NO

YES

NO

NO

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-8929999 - FAX NO: 67673650 Police Station Contact

Was notice of intended Prosecution given?

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** JQT4237

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE ONG CHONG HUAT Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 26

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

TOW KIM HIN 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 CHRIS ANTHONY LAWRENCE

Approximate Age

Injuries Sustain NECK, KNEE, SHOULDER, RIGHT WRIST

SGP5311C Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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
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- 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.
- 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
- 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)
 - 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:

26/2

- 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

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				A F	39 P 5311 C
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C					
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A.		KJE			
В					
SCRIBE CIRCUMSTANCE	S OF THE ACCIDEN	т			
01	4 .	1	0.11	n	L
Please	Refer	+0	Police	R	1361
			1		
			/		
			/		
ECLARATION					
ECLARATION We declare the foregoing Da	₽₹iculars are true in ex	very respect.			
We declare the foregoing of	\supset	very respect.			H.
We declare the foregoing of	Driver's Sign				Factorial Signature





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.:	
Informa	nt's Partic	ulars			
	Informant: 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: Age: Date of Birth: Male 43 12/11/1975			Type of Informant: Driver		
Race: Ceylonese Occupation: MANAGER			Language:	Institution / School Name:	
			Driving Licence Informa Class:	ation: Date of Expiry:	

General Infor	mation of the Accident	March 197		CONTRACTOR OF THE PARTY OF THE	
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 EXP CHOA CHU I Along KJE to Weather: Clear	RESSWAY	Vay, Filter lane Road Surface: Dry	R	toad Speed Limit:	
Traffic Flow: One Way	-	Traffic Control: Not Controlled	198	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head To F	Rear	a	nyone conveyed by mbulance: 'es	

Details of Vehicle Involved						
Vehicle No.	Туре	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





2 of 4

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Details of Vehicle Insurance

Date Treatment NIL

No. of Days granted Medical Leave

CONTINUATION OF REPORT

Report No. T/20190226/2003

Vehicle No.	Insu	urance Company		Insurance	e No		ffective	Expiry Date
SGP5311C	AIG	ASIA PACIFIC INSI	JRANCE PTE.	2100489	101-02	2	26/11/2018	25/11/2019
Details of P	ersor	n Involved				U.E.		PORT AND
Any Pedestr	ian In	volved: No						
No. of Pedes	strian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA	
PICK UP TR	RUCK							
Name		ONG CHONG HUA	Т		ID No.	3	NIL	
Related Vehicle		JQT4237 (PICK UP	TRUCK)		Conta	ct No.	98515857	
Hospital/Clinic		NIL			-	ng Date of Expiry: NI		piry: NIL
Date Treatm	nent	NIL	-	Date Disch		NIL		
		ted Medical Leave	NIL	Degree of	Injury	Serio	us	
Driver		THE PARTY OF THE P				41-64		
Name		CHRIS ANTHONY	LAWRENCE		ID No		S7538641	I.
Related Vehicle Hospital/Clinic		SGP5311C (Car)			Conta	ct No.	96946527	
		NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Ex	
Date Treatr	ment	NIL		Date Disc	harge	NIL		
No. of Days	gran	ted Medical Leave	NIL	Degree of	Injury	Sligh	it	
TAXI			A SHOULD BE			Water Line		HEATTER HARVE
Name		TOW KIM HIN			ID No		S2627182	G
Related Ve	hicle	SHD9440M (TAXI)			Conta	ct No.	94264460	
Hospital/Clinic		NIL			Class Drivin Licen	g	Class: NIL Date of Ex	

NIL

Expiry Date

Date Discharge NIL

Degree of Injury NIL





3 of 4

Report No. T/20190226/2003

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

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 Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 4 of 4 Report No. T/20190226/2003

CONTINUATION OF REPORT

S	ke	to	h	P	a	n
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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	

DRIVING DOC







































