

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 ability.
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	26/07/2018 17:27
Date Of Accident	26/07/2018 08:00
Exact Location Of Accident	TPE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1364C
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Insured/Policyholder

Name Of Registered Owner	CHEONG KING YEE
NRIC No	S7886605E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86804940
Alternative Phone No	Office-86804940

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	1800039444
Cover Note Number	

Driver

Name of Driver	CHEONG KING YEE
NRIC No	S7886605E
Date Of Birth	10/08/1978
Occupation	INDOOR
Date Of Driving Pass	29/10/2009
Driving Experience	8 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86804940
Fax Number	
Contact Number	OFFICE-86804940
EMail Address	NOEMAIL
Address	32 JLN RU, TAN KEBUN TEH , JOHOR BAHRU
Postcode	80250
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 involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20180726/2096.

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	FBB9564X
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	MOTORCYCLE
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	RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBB9564X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

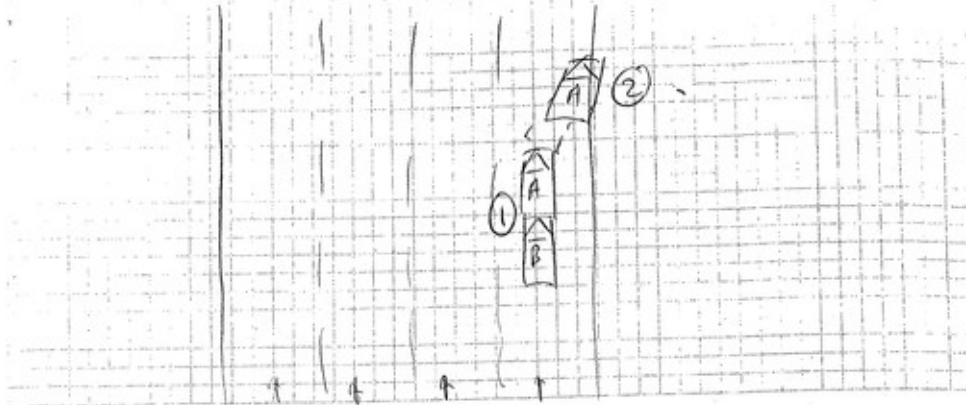
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:



**SINGAPORE
POLICE FORCE**



T/20180726/2096

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20180726/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 14:59	Vide Report No.: F/20180726/0081	Station Diary No.: 79
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Informant's Particulars

Name of Informant: CHEONG KING YEE			Address: 32 JLN RU, TMN KEBUN TEH 80250 JOHOR BAHRU, JOHOR M'SIA	
ID Type / ID No.: NRIC NO / S7886605E			Contact No.: Home/Office: Mobile: 86804940	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 39	Date of Birth: 10/08/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/07/2018 08:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
PIE 10.1km				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB9564X	Motorcycle					0
SKU1364C	Car	NISSAN	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180726/2096

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20180726/2096

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU1364C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800039444	16/04/2018	15/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEONG KING YEE		ID No. S7886605E
Related Vehicle	SKU1364C (Car)		Contact No. 86804940
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 26/7/2018 at about 0800hrs, I was driving my car bearing vehicle no.SKU1364C along TPE (PIE) along lane two. I had filtered from lane two to lane one. A few seconds later, all of a sudden, I felt a collision from my car's rear. As a result of the collision, I ended up swerving to the right and colliding into the road divider. I then went out and made a check and realised that a motorcycle bearing vehicle no. FBB9564X had collided into my car's rear portion, causing a dent on the rear portion of my car. The front right portion of my car was heavily scratched and part of it has popped out as well. The rider was on the road and was semi-conscious but is unable to stand. Ambulance then came and conveyed him to the nearest hospital. Traffic police came and informed me to lodge a traffic accident report vide F/20180726/0081 with IO in charge, Adelina, Tel: 65476066.

I wish to state that I was unable to exchange particulars with the rider as he was conveyed to the hospital due to his injuries. I was also driving at the speed of 70km/h at that point of time. Also, when I was filtering from lane two to lane one, I did notice the motorcycle but he was still far away, about 4 cars away.

As such, I am lodging a traffic accident report to assist in the investigation.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180726/2096

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3


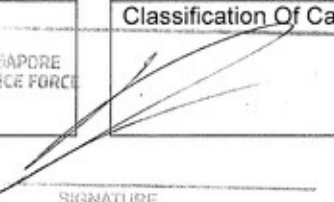
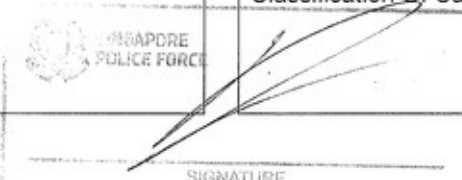
Report No. T/20180726/2096

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 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2018 14:59
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case: 
Authentication Stamp NP168	

Accident Sketch Plan

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Cheong King Yee
VEHICLE NUMBER : SKU13642
DATE/TIME OF ACCIDENT : 26/07/12 @ 0800
PLACE OF ACCIDENT : TPE.
THIRD PARTY VEHICLE (IF ANY) : FBB9564X

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From Woodlands towards Tampines (office).

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Head to rear, (Serious damages).

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

~~Yes~~ No.


Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

Identification Card



CERTIFICATE OF INSURANCE

TO VALUE PRIVATE VEHICLE

Name of Policyholder : CHONG KING YEE
 Period of Insurance : 16 Apr 2018 to 15 Apr 2019
 Engine No. : 0026450135A
 Chassis No. : JNYE0013223002225

Vehicle No. : S0013645
 Policy No. : 100023434
 Endorsement No. :
 Renewal Date : 16 Apr 2018

ABOUT THE COVER

Make/Model : NISSAN TERRA 2.5
 Engine Capacity/Tonnage : 2.500 CC
 Driver's Licence : N/A
 Sum Insured : Market Value
 Off Peak Cost : No
 First Year of Registration : 2008
 Insured with : COLHARF Yes

Conditions or Classes of Persons Entitled to Cover:

1. The Policyholder.
 2. Any person who is licensed to drive the vehicle and is named in the policy.
 3. Any person who is licensed to drive the vehicle and is named in the policy and is a member of the household of the policyholder.
 4. Any person who is licensed to drive the vehicle and is named in the policy and is a member of the household of the policyholder and is a member of the household of the policyholder.

Age Condition : Full Age Condition

Limitations to Cover:

1. The cover is subject to the terms and conditions of the policy and the conditions of the policy.
 2. The cover is subject to the terms and conditions of the policy and the conditions of the policy.

EXCESS

Section 1:
 Excess for Loss/Damage : 200.00 (Two Hundred and 00/100)

Section 2:
 Excess for Damage : 00

Section 3:
 Excess for Damage : 00

Name of Driver and Excess to be applied:

CHONG KING YEE

APPROVED REPORTING CENTRE/AUTHORISED REPAIRERS FOR CLAIMS RELATED REPAIRS

1. The cover is subject to the terms and conditions of the policy and the conditions of the policy.
 2. The cover is subject to the terms and conditions of the policy and the conditions of the policy.

IMPORTANT NOTES

Hereby Authorise Company/Company's Agent, TOKYO CENTURY TRADING (SINGAPORE) PTE. LTD.

1. The cover is subject to the terms and conditions of the policy and the conditions of the policy.
 2. The cover is subject to the terms and conditions of the policy and the conditions of the policy.

Signature:

Signature of Policyholder:

Signature of Insured Person:

Signature of Driver:

Underwritten by AGA Risk Underwriting Pte. Ltd.

AGI Asia Pacific Insurance Pte. Ltd.

AGI Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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