

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	09/03/2019 13:10
Date Of Accident	09/03/2019 10:50
Exact Location Of Accident	SERANGOON AVE 2 LEFT TURN TO UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC405S
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Insured/Policyholder

Name Of Registered Owner	KOH KIM HUAT
NRIC No	S7046882D
Email Address	KHKOH888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96903630
Alternative Phone No	Others-96903630

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 SX (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING,FETCHING KID
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100421280-03
Cover Note Number	

Driver

Name of Driver	KOH KIM HUAT
NRIC No	S7046882D
Date Of Birth	27/12/1970
Occupation	INDOOR
Date Of Driving Pass	09/12/1994
Driving Experience	24 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96903630
Fax Number	
Contact Number	OTHERS-96903630
E-Mail Address	KHKOH888@GMAIL.COM
Address	133 SERANGOON AVENUE 3 #04-14 SINGAPORE
Postcode	556113
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?	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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	FBF7755D
Vehicle Make/Model/Colour	GREY

Details Of Properties

Vehicle CategoryMOTORCYCLE

Name of DriverYEE KENG CO

NRIC/Passport NumberS1792780I

Contact Number97369385

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NameYEE KENG CO & WIFE

Approximate Age

Injuries SustainLEG

Injured person in which vehicle?FBF7755D

Were seat belts worn?NO

Was this injured conveyed to hospital by ambulance?YES

Address

Postcode

Sketch Plan


SKETCH PLAN

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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:

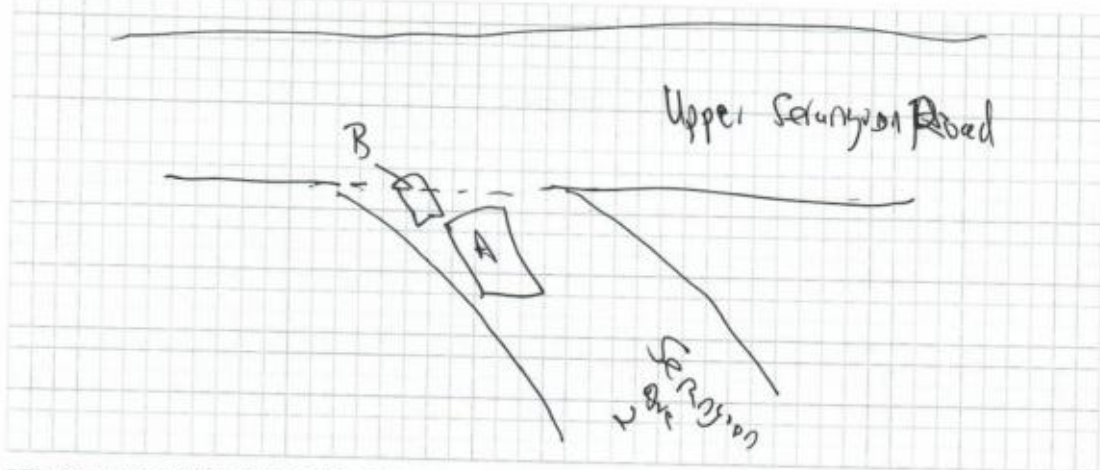
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police rep. A no. T/20190309/wsp4

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.:

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**



T201803092044

1 of 3

Report No. T201803092044

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2019 11:50		Vide Report No.:	Station Diary No.: 17
Informant's Particulars			
Name of Informant: KOH KIM HUAT		Address: 133 SERANGOON AVENUE 3 #04-14 SINGAPORE 556113	
ID Type / ID No.: NRIC NO / S7046862D		Contact No.:	Mobile: 96903830
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 27/12/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 09/03/2019 10:50	Type of Location:
Location: SERANGOON AVENUE 2				
SERANGOON AVENUE 2 left turn to Upper Serangoon Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBF7755D	Motorcycle					0
SGC405S	Car	KIA	FORTE K3 1.6A SX SIR HID	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGC405S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100421280-03	16/07/2018	15/07/2019

Police Report



SINGAPORE
POLICE FORCE



T/20190309/2044

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3
Report No. T/20190309/2044

CONTINUATION OF REPORT

Brief Details.

On the 09/03/2019 at about 1050hrs, I was driving SGC405S along Serangoon Ave 2 and was turning left into Upper Serangoon Road towards kovan. At that point at the Zebra crossing, there was a motorcycle that was in front of me and both was moving into Upper Serangoon road and while I was checking my blind spot, the motorcycle suddenly stopped and the front of my vehicle hit onto the rear of the said motorcycle. I came down to assist him and there some superficial injuries on the rider and the leg of the passenger of the motorcycle was swollen. The rider then called for ambulance. Shortly the police and ambulance came and both the rider and the passenger were conveyed to Tan Tock Seng Hospital. The rider is Yee Kang Co HP: 97369385 and was riding FBF7755D. I was given a case card by the police vide: A/20190309/0072 and was advised to lodge a police report about the said accident.

Police Report



SINGAPORE
POLICE FORCE



T/20190308/2044

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880989

3 of 3
Report No. T/20190308/2044

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:
F /
Sgt 2 LIM HAO JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/03/2019 11:50

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP188

Identification Card

