

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	10/04/2019 13:50
Date Of Accident	09/04/2019 10:30
Exact Location Of Accident	STANLEY STREET (TWDS BOON TAT STREET)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7264P
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-96826300
Alternative Phone No	Office-96826300

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL
Exact Purpose for which vehicle was being used at time of accident	FOR PRIVATE HIRE
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	SEE PENG HAI
NRIC No	S1631626A
Date Of Birth	06/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1984
Driving Experience	35 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96999890
Fax Number	
Contact Number	
E-Mail Address	SEE9890@GMAIL.COM
Address	BLK 402 PANDAN GARDENS #07-14
Postcode	600402
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	3
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report No. T/20190410/2089.

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	GW3468K
Vehicle Make/Model/Colour	LORRY
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
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	SJJ8900D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	UNKNOWN FEMALE PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ8900D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SEE PENG HAI
Approximate Age	
Injuries Sustain	ABRASIONS RIGHT LEG
Injured person in which vehicle?	SMC7264P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: Deborah Lai
NRIC/FIN No.: S7332811Z

[illegible]

VEHICLE NO: SMC 726AP
PLACE OF ACCIDENT: STANLEY STREET
DATE OF ACCIDENT: 09.04.19 TIME: 1020 HRS

PLEASE REFER TO POLICE REPORT ATTACHED.

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

foregoing particulars

Ltd * Morning
Pte. Building

Signature

Driver's Signature

Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S73328117

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SINGAPORE POLICE FORCE



T/20190410/2089

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190410/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 12:51		Vide Report No.: A/20190409/0043		Station Diary No.: 107	
Informant's Particulars					
Name of Informant: SEE PENG HAI			Address: APT BLK 402 PANDAN GARDENS #07-14 SINGAPORE 600402		
ID Type / ID.No.: NRIC NO / S1631626A			Contact No.: Home/Office: Mobile: 96999890		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 06/08/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 09/04/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 STANLEY STREET Towards Boon Tat Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GW3468K	Lorry				Slightly Damaged	0
SJJ8900D	Car				No Damage	0
SMC7264P	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190410/2089

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190410/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEE PENG HAI	ID No.	S1631626A
Related Vehicle	SMC7264P (Car)	Contact No.	96999890
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/04/2019	Date Discharge	09/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 09/04/2019 at 12.30pm, I was driving my vehicle SMC7264P along Stanley Street. I saw a parking lot number 7 as such I wanted to park in it. However there was another vehicle SJJ8900D parked along double yellow lines adjacent to the parking lot. As such I was unable to park in the lot. I then saw that there was a female passenger seated at the front. I sounded my horn to get the driver's attention but to no avail. As such I decided to move on the space in between was very narrow as such I was moving in slow speed. After I had past SJJ8900D, I looked at the right rear mirror and saw the female passenger fell down in-front of the vehicle. I then quickly got out from my vehicle with the intention of assisting her. However, I believed that I had forgotten put on the handbrake and the vehicle continued to move forward. I realized that I had forgotten to pull the handbrake I ran back to my vehicle and opened the driver's door and wanted to step on the brakes but I was too late and my vehicle hit onto a lorry GW3468K which was further up. I then fell down and injured my right leg. Traffic Police then came and attended to us.



**SINGAPORE
POLICE FORCE**



T/20190410/2089

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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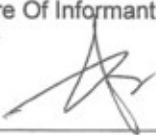
Report No. T/20190410/2089

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: A / Sgt 3 TOW HUANMIN, WILSON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2019 12:51
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168 Singapore Police	

Driver NRIC and Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1631626A

Name: SEE PENG HAI

Birth Date: 06 Aug 1964

Issue Date: 01 Nov 2016

0026247290

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1631626A

Name: SEE PENG HAI

施平海

Race: CHINESE

Date of birth: 06-08-1964

Country/Place of birth: SINGAPORE

Sex: M

5587568

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: 16 Feb 1984

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

Licence No: S1631626A

NP 428A

5587568

NRIC No. S1631626A

Date of issue: 14-04-2016

Address: APT BLK 402 PANDAN GARDENS #07-14 SINGAPORE 600402

Accident Photo



Accident Photo



Accident Photo



Accident Photo

