

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	18/04/2019 15:23
Date Of Accident	17/04/2019 15:05
Exact Location Of Accident	NICOLL HIGHWAY TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3673Z
Insured/Policyholder	
Name Of Registered Owner	LSH INDUSTRIAL SOLUTIONS PTE LTD
Co Reg No	200415827K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62625255

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900010454
Cover Note Number	

Driver

Name of Driver	CHEONG KONG CHEK
Passport No/FIN	F8185844Q
Date Of Birth	27/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98597648
Fax Number	
Contact Number	
EEmail Address	CHONG@LSH.SG

Address	1 PENJURU CLOSE
Postcode	608617
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	CHAIN COLLISION
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190418/7007

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	SKZ8164R
Vehicle Make/Model/Colour	HONDA VEZEL
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE2347T
Vehicle Make/Model/Colour	HONDA VEZEL
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	CHEONG KONG CHEK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC3673Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

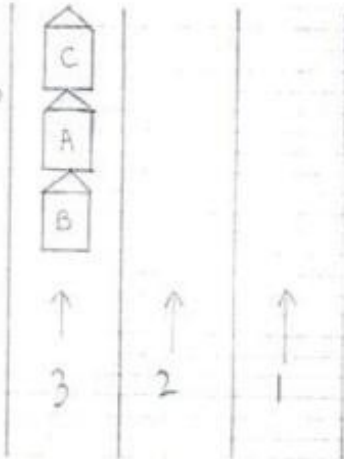
Cheng
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 18/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

NICOLE HIGHWAY
TOWARDS GUILLEMARD
ROAD



Vehicle A : GBC 36732
Vehicle B : SKZ 8164R
Vehicle C : SLE 2347T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
Report No : T/20190418/7007

DECLARATION

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



Policyholder's Signature
Date & Time:

Chaux
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 18/04/19
Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190418/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190418/7007

CONTINUATION OF REPORT

Driver			
Name	CHEONG KONG CHEK	ID No.	F8185844Q
Related Vehicle	GBC3673Z (Van)	Contact No.	98597648
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
Driver			
Name	CHEONG WAI MUN	ID No.	S0206612B
Related Vehicle	SKZ8164R (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 17.04.19 at about 15:05hours along Nicoll Highway towards Guillemard Road, I was travelling straight on the lane 3, when my front vehicle (C) bearing registration number SLE 2347T slowed down and stopped. I also managed to stop in time.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) bearing registration number GBC 3673Z to move forward to hit onto the rear portion of vehicle (C).

When I alighted, I realised it was vehicle (B) bearing registration number SKZ 8164R which hit onto my rear portion of my vehicle (A) causing damages to my front and rear portion of my vehicle (A).

It was a chain collision of total of 3 vehicles involved.

Vehicle (A): GBC 3673Z
Vehicle (B): SKZ 8164R
Vehicle (C): SLE 2347T

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T201904187007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 85470000

1 of 3

Report No. T201904187007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2019 12:48		Vide Report No: G/20190417/0139		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEONG KONG CHEK			Address: APT BLK 840 TAMPINES STREET 82 #10-103 SINGAPORE 520840		
ID Type / ID No.: FIN NO / F8195844G			Contact No.:		Mobile: 98597648
Nationality: MALAYSIAN			Email: Chong@LSH.sg		
Sex: Male	Age: 35	Date of Birth: 27/05/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Delivery man			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Abanded by Police	Drink Drive: No	Date/Time of Accident: 17/04/2019 15:05	Type of Location: Straight Road
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
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
GBC3673Z	Van	NISSAN	NV 200			3
SK28184R	Car	HONDA	VEZEL			2
SLE2347T	Car	HONDA	VEZEL			0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T20190418/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 95470000

2 of 3
Report No. T20190418/7007

CONTINUATION OF REPORT

Driver			
Name	CHEONG KING CHEK	ID No.	F9180844Q
Related Vehicle	GBC3673Z (Van)	Contact No.	98597648
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
Driver			
Name	CHEONG WAI MUN	ID No.	S0206612B
Related Vehicle	SKZ8164R (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
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Vehicle (B): SKZ 8164R
Vehicle (C): SLE 2347T

Police Report



SINGAPORE
POLICE FORCE



T/20190418/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

3 of 3

Report No. T/2019M18/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

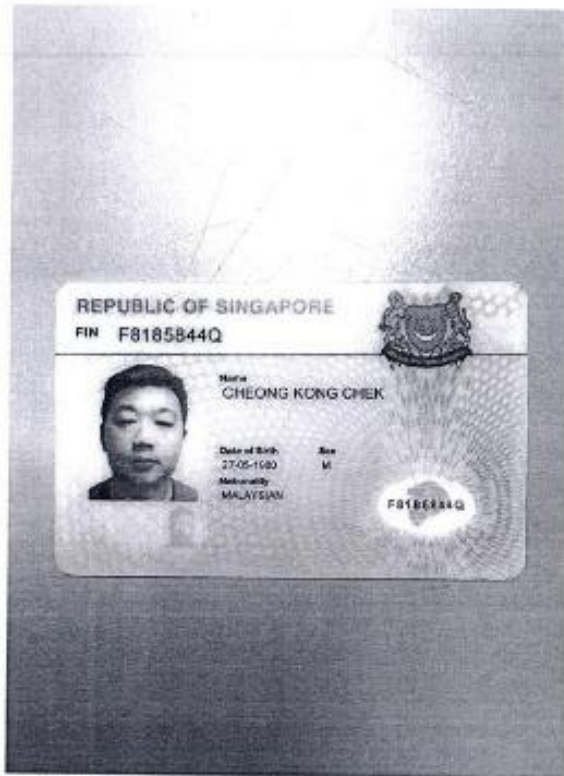
Date/Time:
18/04/2019 12:48

Officer In Charge Of Case:
TP / TP18 /
SUFYAN BIN KHAIRI
Contact No.: 65476380

Classification Of Case:

Authentication Stamp
MP/18

Identification Card



Driving License

