SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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

	ACCIDENT STATEMENT
Date Of Report	24/04/2019 14:20
Date Of Accident	23/04/2019 18:50
Exact Location Of Accident	ALONG SLE(BKE)BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLW2308L
Insured/Policyholder	3LW2300L
•	FO WHAT CHIEN CTANLEY
Name Of Registered Owner NRIC No	EO KHAI CHIEN STANLEY S7534266G
Email Address	SGSTANLEYEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96909083
Alternative Phone No	Others-96909083
Vehicle Particulars	OHIE18-30303063
Venicie Particulars Vanufacturer	MITCURICUI
	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at ime of accident	TRAVEL HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800011308
Cover Note Number	
Driver	
Name of Driver	EO KHAI CHIEN STANLEY
NRIC No	S7534266G
Date Of Birth	23/11/1975

INDOOR

05/01/1995

24 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96909083

Fax Number

Contact Number OTHERS-96909083

EMail Address SGSTANLEYEO@GMAIL.COM

Address BLK 336 SEMBAWANG CRESCENT #11-192

Postcode 750336 Was driver an employee of the Insured's Company NO **OWNER**

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

YES

NO

YES

1

NO

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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)

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

TEL NO: 65470000 - FAX NO: **Police Station Contact**

Was notice of intended Prosecution given?

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? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS9893L

Vehicle Make/Model/Colour MAZDA 3/SILVER

Details Of Properties CAR BUMPER & BOOTH DENTED

PRIVATE CAR Vehicle Category

Name of Driver **BRUNO DUNSTAN MATHEWS MIRANDA**

NRIC/Passport Number S9237098D 94595619 **Contact Number**

Address Postcode

Insurance Company Name NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BRUNO DUNSTAN MATHEWS MIRANDA

Approximate Age

Injuries Sustain Injured person in which vehicle? SJS9893L Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode **NECK PAIN**

NO

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 interested parties.
- 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:
 - 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:

1300

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCI	1 PLAN					
	SLE			Ħ		
	→					
	<i>→</i>					
ш	_>			A:	SLW 2301	91
	+		 -	B:		
	→ <u></u> [A DB				
DESCR	IRE CIRCUMSTANCES OF THE ACCIDENT					

Cloh+	hand lone) A Muzda 3 (STS9893L) Ciltored into M	y lane
and	3 Apr 2019 at 1850 hrs. I was traveling on SLE on lane 1 hand lane). A Muzda 3 (SJS 9893L) filtered into morake suddenly. I applied brakes but could not stop in collided into the SJS 9893L.	time
ana	collided into the SJ89893L.	

DECLARATION

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

Policyholder's Signature
Date & Time:
24/4/19 1300H.

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

Name:

NRIC/FIN No.:









































24/04/2019





Police Report





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

1 of 3 Report No. Ti20190424/7011

REPORT OF A TRAFFIC ACCIDENT

Dats/Time Report Made: 24/04/2019 13:50		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		
Name of Informant. EO KHAI CHIEN STANLEY		Address: APT BLK 336 SEMBAWANG CRESCENT #11-192 SINGAPORE 750336		
ID Type NRIC N	/ ID No.: D / S75342	66G	Contact No.: Home/Office:	Mobile: 96909083
Nationality: SINGAPORE CITIZEN		Email: sgstanleyeo@gmail.com		
Sex: Age: Date of Birth: Male 43 23/11/1975		Type of Informant: Driver		
Race: Chinese		Language: Institution / School English		
Occupation: Aeronautical engineer		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2019 18:50	Type of Location Straight Road
SELETAR EX	(PRESSWAY			
Weather:				Road Spood Limit
		Road Surface: Wet		Road Speed Limit: 90 Km/h
Weather: Cloudy Traffic Flow: Two Way				

Details of V	enicle invo	ived		-		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS9B93L	Car	MAZDA	3	Silver	Slightly Damaged	0
SLW2308L	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Silver		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLW2308L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800011308	02/02/2018	01/02/2020	

Police Report





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

Report No. T/20190424/7011

CONTINUATION OF REPORT

Details of Perso Any Pedestrian In					
No. of Pedestrian	71 31 12 42 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1	Live of De	dantrias	Cener	rine: MA
Driver	io II gurou. IVIL	Use of Pedestrian Crossing: NA			
Name	BRUNO DUNSTAN MATHEWS	MIRANDA	ID No	- 100	S9237098D
Related Vehicle	SJS9893L (Car)		Contact No.		94595619
Hospital/Clinic	NIL		Class Drivin Licens Expiry	0 & ec	Class: 3 Date of Expiry: NIL
Date Treatment	23/04/2019	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave 03	Degree or	finjury	Slight	
Driver			100000	1000	
Name	EO KHAI CHIEN STANLEY		ID No		\$7534266G
Related Vehicle	SLW2308L (Car)		Conta	ot No.	96909083
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	f Injury	NIL	

Brief Details.

I was driving my car SLW2308L along SLE on the right most lane (lane 1). The other car SJS9893L changed from lane 2 into my lane in front of my car and the car suddenly brake, I couldn't brake my car in time and collided into the rear of SJS9893L. The driver of the car (SS237098D, MR BRUNO DUNSTAN MATHEWS MIRANDA) complained that he experienced slight neck pain but was good enough to drive to the shoulder to resolve the matter. We agreed to file report to insurance companies and proceeded to drive to our respective destination in our own cars.

I have video recording of the accident.

Police Report





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

Report No. Tr20190424/7011

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Informant. The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 24/04/2019 13:50
Classification Of Case:

Identification Card





Driving License







