

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	26/04/2019 10:14
Date Of Accident	22/04/2019 22:05
Exact Location Of Accident	MANDAI ROAD / MANDAI LAKE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3482T
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	6860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96330228
Alternative Phone No	OFFICE-96330228

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	999994609/100861075-00011
Cover Note Number	

Driver

Name of Driver	SIM THIAM CHYE
NRIC No	S6811968E
Date Of Birth	17/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96330228
Fax Number	
Contact Number	OTHERS-96330228
Email Address	NOEMAIL

Address	BLK 654 SENJA ROAD #15-252
Postcode	670654
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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/20190425/2091

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	SHB9947D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SIM THIAM CHYE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GW3482T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

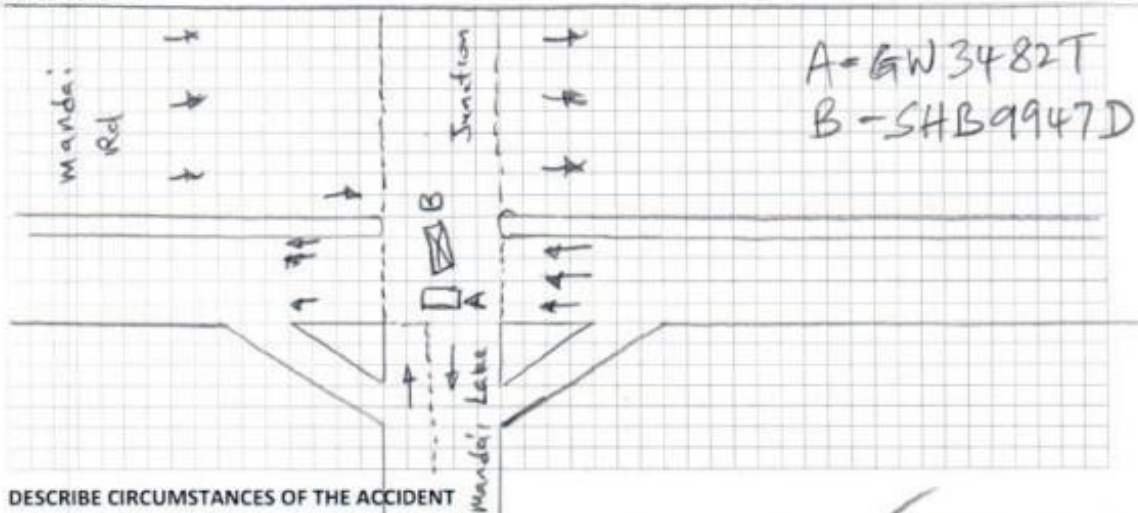

Policyholder's Signature
Date & Time: 24


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190425/2091

DECLARATION

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

Policyholder's Signature
Date & Time:

GD00NAC Insurance Policy Form 3/3

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

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

26/4/2019

Sketch Plan #3



SINGAPORE
POLICE FORCE



T/20190425/2091

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

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Report No. T/20190425/2091

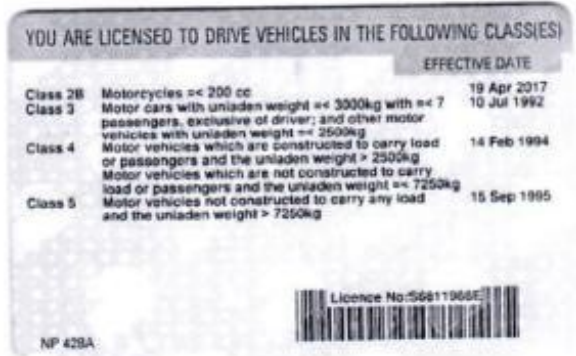
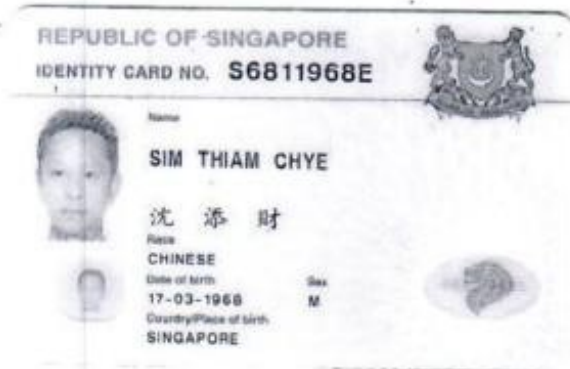
CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG MANDAI ROAD DIRECTION TOWARDS BKE, ON THE LEFT OF 3 LANE ROAD. TRAFFIC LIGHT IN MY FAVOUR AS I APPROACHED THE T-JUNCTION WITH MANDAI LAKE ROAD. BEFORE CROSSING THE JUNCTION, I NOTICED A BUS NAVIGATING THE BEND FROM MANDAI LAKE ROAD ONTO MY LANE SO I SLOWED DOWN AS I CROSSED THE JUNCTION. WHILE MY VEHICLE WAS IN THE CENTER OF THE JUNCTION, I SAW A BRIGHT LIGHT FROM MY RIGHT AND THE NEXT MOMENT, I FELT AN IMPACT ON MY RIGHT. I IMMEDIATELY BRAKED FROM THE SHOCK AND HAD CROSSED THE JUNCTION. I WAS STILL IN SHOCK FROM THE ACCIDENT SO I DID NOT GET OFF MY VEHICLE. THE AMBULANCE CAME AFTERWARDS AND UPON GETTING OFF MY VEHICLE, I SAW THAT THE CAR THAT COLLIDED ONTO MINE WAS A RED TAXI. THE TAXI FINISHED CROSSING THE JUNCTION AND STOPPED BEFORE THE BUS STOP AT MANDAI LAKE ROAD. I WAS CONVEYED TO KHOO TECK PUAT HOSPITAL AFTERWARDS.

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190425/2091

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

SHB 9947D
Transcribed

1 of 3

Report No. T/20190425/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2019 14:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SIM THIAM CHYE	Address: APT BLK 654 SENJA ROAD #15-252 SINGAPORE 670654		
ID Type / ID No.: NRIC NO / S6811968E	Contact No.: Home/Office: Mobile: 96330228		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 51	Date of Birth: 17/03/1968	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Street Lighting	Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/04/2019 22:05	Type of Location: T-Junction
Location: MANDAI ROAD MANDAI LAKE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW3482T	Van					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190425/2091

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

2 of 3

Report No. T/20190425/2091

CONTINUATION OF REPORT

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



T/20190425/2091

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

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Report No. T/20190425/2091

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: TP / ZENG ZI CONG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 25/04/2019 14:26
Classification Of Case:
 SINGAPORE POLICE FORCE
Signature: