

## 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	27/04/2019 11:54
Date Of Accident	26/04/2019 10:30
Exact Location Of Accident	CTE TOWARDS AMK AVE 1 AFTER BRADDEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1808B
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### Insured/Policyholder

Name Of Registered Owner	KAM MING LI
NRIC No	S7615593C
Email Address	MINDY_KAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96915543
Alternative Phone No	Office-96915543

### Vehicle Particulars

Manufacturer	MINI
Model	ONE-1.2 5 DOOR (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

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

### Driver

Name of Driver	KAM MING LI
NRIC No	S7615593C
Date Of Birth	28/05/1976
Occupation	INDOOR
Date Of Driving Pass	08/09/2003
Driving Experience	15 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96915543
Fax Number	
Contact Number	OFFICE-96915543
EMail Address	MINDY_KAM@YAHOO.COM
Address	18A CANBERRA DRIVE #06-42
Postcode	768099
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	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	4
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.	YES
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO THE ATTACHED POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD IS WITH POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9315Y
Vehicle Make/Model/Colour	

Details Of Properties  
Vehicle Category

PRIVATE CAR

Name of Driver

BENJAMIN GOH JIA YUNG

NRIC/Passport Number

Contact Number

97522003

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

FBH2965L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

ABDUL RAZAK BIN HAMRAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SDD880P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM YEOW CHOON

NRIC/Passport Number

Contact Number

96611918

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

ABDUL RAZAK BIN HAMRAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

## 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**.
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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. 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:

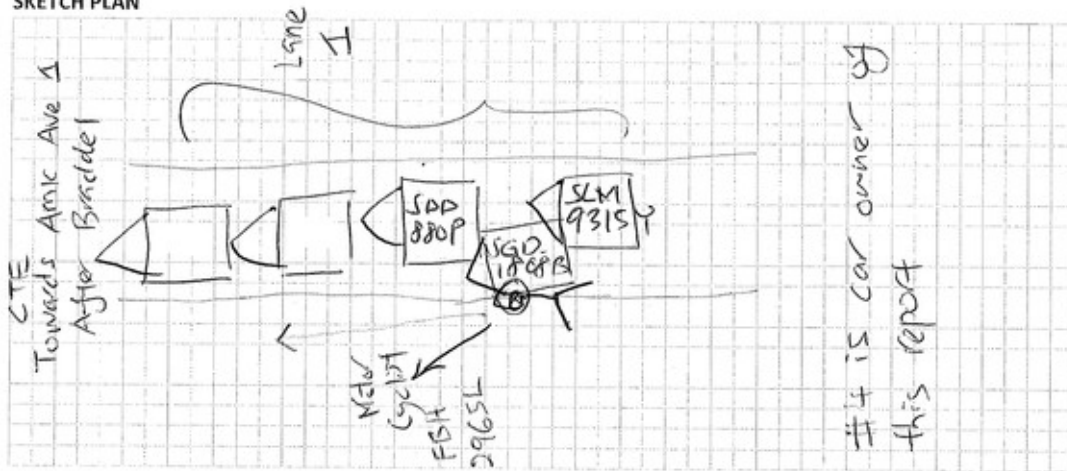
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 27 Apr 2017  
9am

\_\_\_\_\_  
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

LICENSE PLATE NO:

ACCIDENT DATE: 26 Apr 2019 CONTACT NUMBER: 9691543  
 ACCIDENT TIME: 10.30pm EMAIL: mindy.kam76@gmail.com  
 LOCATION: CTE towards AMK Ave 1, after Braddel.

"Please refer to police report"

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

## DECLARATION

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

*Mindy Kam*

Policyholder's Signature

Date & Time: 27 Apr 2019

GRASPED SIGNATURE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190427/2101

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190427/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2019 14:46	Vide Report No.: F/20190426/0156	Station Diary No.: 144
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**Informant's Particulars**

Name of Informant: KAM MING LI			Address: 18A CANBERRA DRIVE #06-42 EIGHT COURTYARDS SINGAPORE 768099	
ID Type / ID No.: NRIC NO / S7615593C			Contact No.: Home/Office: Mobile: 96915543	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 42	Date of Birth: 28/05/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BUSINESS DEVELOPER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/04/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY ANG MO KIO AVENUE 1 AFTER BRADDELL ROAD EXIT				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
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
FBH2965L	Motorcycle	YAMAHA	FZ 16	Red		0
SDQ880P	Car	AUDI	Q3 1.4 TFSI S TRONIC	Blue		0
SGD1808B	Car	MINI	ONE 5DR HB 1.2 A/T D/AB ABS DSC	White		0
SLM9315Y	Car	TOYOTA	WISH 1.8XE A	Blue		0





**SINGAPORE  
POLICE FORCE**



T/20190427/2101

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190427/2101

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD1808B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100510624-01	20/06/2018	19/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAZAK BIN HAMRAN	ID No.	S9519496F
Related Vehicle	FBH2965L (Motorcycle)	Contact No.	-
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	LIM YEOW CHOON	ID No.	S6945709F
Related Vehicle	SDQ880P (Car)	Contact No.	96611918
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	KAM MING LI	ID No.	S7615593C
Related Vehicle	SGD1808B (Car)	Contact No.	96915543
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20190427/2101

Police Station Of Origin:  
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Report No. T/20190427/2101

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH JIA YUNG, BENJAMIN	ID No.	S9010029G
Related Vehicle	SLM9315Y (Car)	Contact No.	97522003
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/04/2019 at about 2230hrs, I was driving my car bearing registration plate no. SGD1808B along Central Expressway (CTE) towards Ang Mo Kio Avenue 1 after Braddell Road Exit on Lane 1. During which, due to the traffic congestion, the traffic was slow whereby I had noticed that the car ahead of me bearing registration plate no. SDQ880P had applied its brakes. As I do not have time to react by applying my brakes, I had then steered slightly to my left to avoid collision whereby another motorcycle bearing registration plate no. FBH2965L had side swiped onto the left portion of my car. Concurrently, I had collided into the car ahead of me, as well as, another car bearing registration plate no. SLM9315Y behind me had collided into the rear portion of my car.

I wish to state that due to the collision, my car front bumper resulted in a serious dent and scratches causing the front right to dislodge from its position, paintwork stain on my left wheel arch, left fender and dent on the rear right bumper. Ambulance and Traffic Police was called to scene whereby the said motorcyclist was conveyed by Ambulance. I further state that I have an in-car camera installed in my car and Traffic Police have taken over my Micro SD card. I am lodging this report for insurance claim. That is all.





**SINGAPORE  
POLICE FORCE**



T/20190427/2101

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190427/2101

**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:

L /

Sgt 1 RICKSON ONG KIAN MENG

Signature Of Informant:

Date/Time:

27/04/2019 14:46

Signature Of Interpreter:

Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

SN 085



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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