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 <u>truthful and accurate</u> 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 aforesaid

	aloresalu.	
		ACCIDENT STATEMENT
	Date Of Report	13/05/2019 16:24
	Date Of Accident	15/04/2019 16:45
	Exact Location Of Accident	ALONG PIE CLOSE TO KEMBANGAN
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SMH9470X
	Insured/Policyholder	
	Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
	Co Reg No	200710651D
	Email Address	SHERIDAN.S.THOMAS@AIRBUS.COM
	Mobile Phone No	(LOCAL) +65-98630312
	Alternative Phone No	OFFICE-98630312
	Vehicle Particulars	
	Manufacturer	TOYOTA
	Model	PRIUS
	Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	999994188/100871305
	Cover Note Number	
	Driver	
	Name of Driver	THOMAS SHERIDAN PHILLIP

Passport No/FIN G6008788T

Date Of Birth 03/08/1972

Occupation INDOOR

Date Of Driving Pass 02/08/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98630312

Fax Number

Contact Number OTHERS-98630312

EMail Address SHERIDAN.S.THOMAS@AIRBUS.COM

Address 45 TOH TUCK ROAD

#02-18

Postcode 596720

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 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

Was any body injured in the Accident? NO

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 AIRPORT POLICE DIVISION

Police Station Address ROAD: 35 AIRPORT BOULEVARD, POSTCODE: 819645, COUNTRY:

SINGAPORE

NO

2

NO

NO

1

Police Station Contact TEL NO: 65460000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190416/2121

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN3779U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withhelding of material facts may allow insurance companies to repudiate policy liability.
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- 7. By the lodgement of this report to line 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 called, 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 law yem/law firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the soliloment of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out another 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 envisiopes/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 Igformation for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurans and/or SIA to their third party service providers or agents (including their lawyers/law firms), which may be sited nutside of Singapore, for one or more of the above Purposes

Sketch Plan # Kun Boulson COTO T BI FBN 3119 U

Accident Sketch Plan

	estance of the Accide					
	At approximately b	middle lane and the t	5:00pm I was proceeding reffic was moving at ac	proximately 60kmh, 1 v	to Kembangan on my way home was driving in a safe and orderly man	
	the forme meanments	on as outlined I have	a to indicate to move or	ver after checking my I	marrars into the overtaking wine on	
the brow	of the hill to make th	on unbloke in function of on	te. I did so by diving ad	equate time for any ve	thickes approaching in the overtaking	
the same district	Terror and an alternative states	and there were adapted	ate anace in the outside	isine to do so, as I be	gan to move i became aware or a	
	The evaluation of the	OF STATE STATE OF TOTAL PARTY.	to the overtaking lane .	and kept moving to lim	in the middle lane and overlaking lan- ut the Impact, but due to the very high and edding for approximately 30m.	
and proc	seeded to impact the	Motorcyclat he was ur back of my vehicle, a	nable to stop despite si s white Toyota Prius re	gistration SMH 9470X	and sliding for approximately 30m, causing minimal damage as per the	
picture b	Upon the impact t	bannots been beginned	my vehicle, placed the	Hazard lights on for 64	proximately 20m as it was not tasten afety, got out and rushed to see	
If the Mo	executive was by a	everal witnesses atem	storned to aid and both	an Ambulance and the	he Traffic Police were called:	
The contract of	I charked on the !	Motorcyclist and confir	med his injuries were r	of serious which I was	s amazed at due to the riigh speed	
of the im	pact, I spoke to him	and he immediately a	applogised and took ow	mership of his mistake	to which my reply was, 'don't worry.	
	ne you are night					
remistrat	As I was talking to ion SLE 6388Z and	he confirmed it was or	ompletely the Motorcyc	lists fault, passed me	silver coloured Honda SUV his memory card out of his Camera.	
for proof	along with his cont	act details on a busine	ess card, I thanked him	and rie left.	clears they cordonal off the area as	
took my	details along with n	ny Drivers License and	d EP Card, they did the	same with the Motorc	y team, they cordoned off the area an syclist and took a statement off us bot	
he confi	med to both omcer	a that he was at reun o	and apologised once ag	a cassed him the Mer	mory Card and Business Card details	
	expaned the ev	on I was then instruct	ed to wait for the Traffi	c Police to arrive		
took mu	The Ambulance a	mived approximately to not and I advised him a	15 minutes later along v also I had a Camera in	with the Traffic Police, stalled in my vehicle, h	the Traffic Police Officer once again ne requested my SD Card and I	
comolie	took my details and statement and I advised him also I had a Camera installed in my vehicle, he requested my SD Card and I sampled happily, he issued me with a holding sheet outlining he had possession of the SD Card to which I signed.					
	The Metherselist was now altended by the paramedics and taken off but his injuries were minor, prior to this he spoke to					
me and	applicated again a	nd told me that this wo	as not the first time this	had happened. I replie	ed that he must take his time in future	
and ples	ase he careful as he	was young and still h	ad a learner sign on hi	s vehicle.		
	I was then instruc	ted by the Traffic Poli	ce that I was ok to leav	e, I thanked him and I	ne replied that I needed to make a	
Police P	teport, I intend to w	thin the 24 hour windo	OW.			
*	I then left the sce					
	The whole event	lasted from 4:45pm ur	ntii 7:05pm.			
	Police	Judola	7/2018	6416/212	1	
				-		
eclaration					7	
	s foregoing particulars	are true in every respec	et			
					/ 1	
	\$ 500 m	X 2T	2 .	(W	13/05/2017	
	(CO)	# ST	2	Or Or	13/05/2017	

POLICE REPORT





1 of 3

Report No. T/20190416/2121

Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: G/20190415/0132 16/04/2019 15:55 Informant's Particulars Address: Name of Informant: APT BLK 45 TOH TUCK ROAD #02-18 BEVERLY, THE THOMAS SHERIDAN PHILLIP SINGAPORE 596720 Contact No.: ID Type / ID No .: Mobile: 98630312 Home/Office: FIN NO / G6008788T Email: Nationality: BRITISH Date of Birth: Type of Informant: Sex: Age: 03/08/1972 Driver 46 Male Institution / School Name: Language: Race: English Caucasian Driving Licence Information: Occupation: Date of Expiry: Class: 3 HEAD OF OPERATIONS FOR AIRBUS SERVICE

Type of Accident: Accident: Accident: Accident: Accident:		Drink Drive: No	Date/Time of Accident: 15/04/2019 16:45	Type of Location Straight Road	
	EXPRESSWAY see to Kembangan				
Weather: Clear Traffic Flow: One Way		Road Surface: Dry		Road Speed Limit: Traffic Volume: Moderate	
		Traffic Control: Not Controlled			
Type of Collis	sion: ving Vehicles - Head To F	Rear		Anyone conveyed by ambulance: Yes	

	ehicle Involve		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	00101		^
FBN3779U	Motorcycle				Slightly Damaged	U
SMH9470X	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	The second secon
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20190416/2121

2 af 3

Report No. T/20190416/2121

Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645

Tel No: 1800-5460000

CONTINUATION OF REPORT

Driver			- Branch Color	T IPS NIG		G6008788T	
Name	THOMAS SHERIDAN PHILLIP			ID No.		000007001	
Related Vehicle SMH9470X (Car)				Contact No.		98630312	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date I		Date Disc	scharge NIL			
	ted Medical Leave	NIL	Degree o	Degree of Injury N		VIL	

Brief Details.

On 15/04/2019 at about 1640hrs, I was travelling to along PIE from Changi Airport to Toh Tuck Road. At 1645hrs, I was travelling on the middle lane of PIE and I wanted to overtake a car in front of me. I checked my blind spots and looked at my mirrors to ensure it was safe to change to the first lane. After checking my blind spots and mirrors, I signaled to the right before I filtered right. As I was filtering into lane 1, I suddenly spotted a motorcyclist travelling at high speed nearing me and I instinctively pulled back into the middle lane. However, due to the high speed of the motorcycle, he eventually crash into the rear of my vehicle and that made him flew forward. After the motorcycle crashed into me, I immediately stopped my vehicle and went down to check on him. After awhile, the police and ambulance came.

I wish to state that I was travelling at about 60km/h during the incident.

POLICE REPORT





Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000

3 of 3 Report No. T/20190416/2121

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report APD / Sgt 2 WONG TECK SHUEN	Sp L			
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2019 15:55			
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:			
Authentication Stamp NP168 SINGAPORE POLICE FORCE SIGNATURE				





















Identification Card





Driving License



