

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	14/05/2019 14:57
Date Of Accident	14/05/2019 08:50
Exact Location Of Accident	ALONG BKE TWDS WOODLANDS CROSSING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM8886T
Insured/Policyholder	
Name Of Registered Owner	KUA KOK HING
NRIC No	S0028977I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88180737
Alternative Phone No	OTHERS-88180737

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100472971-01
Cover Note Number	

Driver

Name of Driver	KUA KOK HING
NRIC No	S0028977I
Date Of Birth	03/04/1951
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1971
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88180737
Fax Number	
Contact Number	OTHERS-88180737
EEmail Address	NOEMAIL

Address	BLK 305A PUNGGOL ROAD #05-705
Postcode	821305
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VBD1849 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : TEO HWEE KHENG YOLANDA GENDER: : FEMALE

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/20190514/7009

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	VBD1849
Vehicle Make/Model/Colour	
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)

Accident Sketch Plan

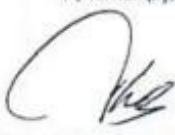
SKETCH PLAN

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7. By the lodging 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 (a) 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:

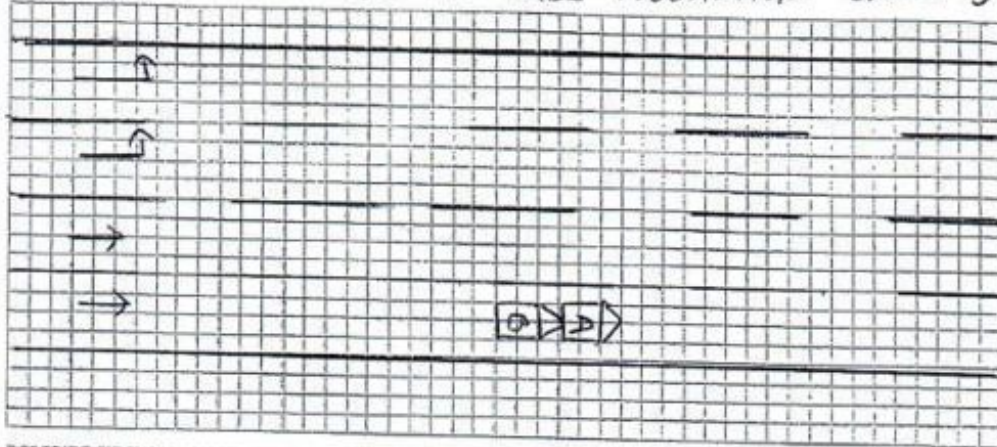
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 14/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

BKE TOWARDS WOODLANDS CROSSING



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/05/2019 at about 0850hrs at along BKE towards Woodlands Crossing. I was travelling on the extreme right lane and traffic was heavy. My front vehicle slow down and stop, hence I follow suit.

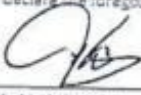
Suddenly, I heard a loud bang from behind and when I alight, I realised it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger inside my vehicle.

(A) SFM8886T
(B) VBP1849

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

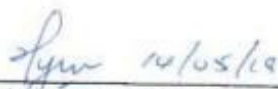
DECLARATION

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


Policyholder's Signature
Date & Time:

CH2000 01/05/2019 10

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


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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190514/7009

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

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Report No. T/20190514/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	KUA KOK HING	ID No.	S0028977I
Related Vehicle	SFM8886T (Car)	Contact No.	88180737
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

Brief Details.

On 14/05/2019 at about 0850hrs at along BKE towards Woodlands Crossing. I was travelling on the extreme right lane and traffic was heavy. My front vehicle slow down and stop, hence I follow suit. suddenly, I heard a loud bang from behind and when I alighted, I realised it was vehicle (B) who hit onto my rear portion of my vehicle causing damages to my vehicle. I have 1 passenger inside my vehicle.

- (A) SFM8886T
- (B) VBD1849

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20190514/7009

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

1 of 3

Report No. T20190514/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2019 12:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KUA KOK HING			Address: APT BLK 305A PUNGGOL ROAD #05-705 SINGAPORE 621305		
ID Type / ID No.: NRIC NO / S00289771			Contact No.: Home/Office: Mobile: 88180737		
Nationality: SINGAPORE CITIZEN			Email: kuakokhing51@gmail.com		
Sex: Male	Age: 68	Date of Birth: 03/04/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive:	No	Date/Time of Accident:	14/05/2019 08:50	Type of Location:	Straight Road
Location: BUKIT TIMAH EXPRESSWAY							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy			
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SFM8886T	Car	TOYOTA	WISH 1.8 CVT	Silver		0
V3D1649	Car					0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SFM8886T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100472971-01	01/07/2019	30/08/2019

Police Report



**SINGAPORE
POLICE FORCE**



T20180514/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

2 of 3
Report No: T20180514/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KUA KOK HING	ID No	S00299771
Related Vehicle	SFM8886T (Car)	Contact No.	88180737
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

Brief Details

On 14/05/2019 at about 0850hrs at along BKE towards Woodlands Crossing, I was travelling on the extreme right lane and traffic was heavy. My front vehicle slow down and stop, hence I follow suit. suddenly, I heard a loud bang from behind and when I alighted, I realised it was vehicle (B) who hit onto my rear portion of my vehicle causing damages to my vehicle. I have 1 passenger inside my vehicle.

(A) SFM8886T
(B) VBD1849

Police Report



**SINGAPORE
POLICE FORCE**



T/20190514/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

3 of 3

Report No. T/20190514/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
14/05

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

Date/Time:
14/05/2019 12:40

Classification Of Case:

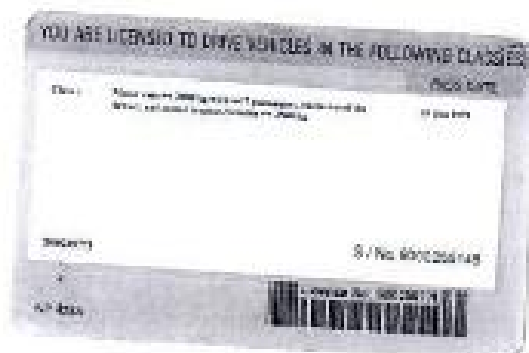
Identification Card



Driving License

OWNER & DRIVER

SFIN 88267



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #08-00 Singapore 048563
 Tel: (65) 6724 0020 Fax: (65) 6724 0020
 Opening Hours: Monday to Friday, 9H00 - 17H00
 With SP02590206 / 007 Reg. No. 8802013726

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorized Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119062643 Vehicle Registration No: SFM8886T
 Name (as on NRIC): KUA KOK HING NRIC/FIN/Passport No: S6028933J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 305A PINGHUI ROAD #05-705 Singapore (821305)
 Contact (Tel): 8818 0732 Mobile No.: _____
 Email Address: _____
 Date of Accident: 14/05/2019 Time of Accident: 0830 am
 Place of Accident: BKE Towards Woodlands crossing
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION/AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend "third party" to "repairing only".

that's all

Policyholder / Driver's Signature
 Date:

15/05/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: