

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	22/05/2019 11:33
Date Of Accident	21/05/2019 14:30
Exact Location Of Accident	UPPER PAYA LEBAR ROAD TOWARDS BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML821E
Insured/Policyholder	
Name Of Registered Owner	HO WHYE HENG
NRIC No	S0106862H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84230808
Alternative Phone No	OTHERS-84230808

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900093138
Cover Note Number	

Driver

Name of Driver	HO WHYE HENG
NRIC No	S0106862H
Date Of Birth	20/10/1953
Occupation	INDOOR
Date Of Driving Pass	13/01/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84230808
Fax Number	
Contact Number	OTHERS-84230808
Email Address	NOEMAIL

Address	BLK 530 JURONG WEST STREET 52 #09-391
Postcode	640530
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?	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)	2
Passenger 1	NAME: : KOH IAN EN GENDER: : MALE

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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20190521/7024

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	FBK865P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	VICTOR WEE
NRIC/Passport Number	
Contact Number	82006339

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HO WHYE HENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SML821E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

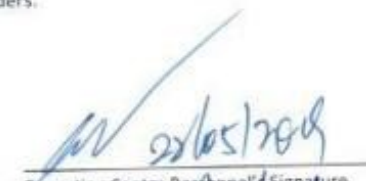

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:


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


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

Accident Sketch Plan

SKETCH PLAN

ALONG UPPER POYA LINGAR ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/20190521/7024

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

GURDAR SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190521/7024

1 of 4

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

Report No. T/20190521/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 16:08		Vide Report No.: E/20190521/0097		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO WHYE HENG			Address: APT BLK 530 JURONG WEST STREET 52 #09-391 SINGAPORE 640530		
ID Type / ID No.: NRIC NO / S0106862H			Contact No.: Home/Office: Mobile: 84230808		
Nationality: SINGAPORE CITIZEN			Email: hoheng94@gmail.com		
Sex: Male	Age: 65	Date of Birth: 20/10/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2019 14:30	Type of Location: Straight Road
Location: UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK865P	Motorcycle			Black	Seriously Damaged	0
SML821E	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML821E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900093138	06/05/2019	05/05/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190521/7024

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

Report No. T/20190521/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VICTOR WEE	ID No.	NIL
Related Vehicle	FBK865P (Motorcycle)	Contact No.	82006339
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	Serious
Driver			
Name	HO WHYE HENG	ID No.	S0106862H
Related Vehicle	SML821E (Car)	Contact No.	84230808
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	Slight
Passenger			
Name	KOH IAN EN	ID No.	NIL
Related Vehicle	SML821E (Car)	Contact No.	90695541
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.

I WAS TRAVELLING ALONG UPPER PAYA LEBAR ROAD ON LANE 1 OF 4 LANES. WEATHER WAS CLEAR, TRAFFIC WAS MODERATE. A LORRY IN FRONT OF ME WAS TRAVELLING AT LOW SPEED IN ORDER TO WATER THE PLANT BESIDE LANE ONE. NOTICING THAT I ALSO SLOWED DOWN MY VEHICLE. OUT OF A SUDDEN, I FELT AN GREAT IMPACT FROM THE REAR. I ALIGHTED AND REALISED THAT THE MOTORBIKE BEARING THE NUMBER PLATE FBK865P COULD NOT SLOW DOWN IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE. I HAVE A GOJEK PASSENGER IN MY VEHICLE AT THE POINT OF ACCIDENT. THE RIDER OF THE MOTORBIKE WAS INJURED AND CONVEYED TO THE HOSPITAL AFTER THE ACCIDENT. THE IMPACT FROM THE ACCIDENT HAS CAUSED ME TO HAVE PAIN ON MY NECK AND BACK.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20190521/7024

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Report No. T/20190521/7024

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190521/7024

4 of 4

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

Report No. T/20190521/7024

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 / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

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

Date/Time:
21/05/2019 16:08

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo






Identification Card



Driving License

Land Transport Authority





VOCATIONAL LIC

Licence No : 80106982H


Name : HO WHYE HENG

Issue Date : 8/9/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI -VL	13/10/1987



Driving License

