

## 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	31/05/2019 15:29
Date Of Accident	29/05/2019 17:50
Exact Location Of Accident	SENOKO SOUTH ROAD SLIP RD TO WOODLANDS AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ8583L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOURMET CHEFS PTE LTD
Co Reg No	201531796N
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96257230
Alternative Phone No	OFFICE-96257230

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994514/100864043
Cover Note Number	

### Driver

Name of Driver	LOOK TAT HWA
NRIC No	S1568731B
Date Of Birth	13/11/1962
Occupation	INDOOR
Date Of Driving Pass	23/04/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96257230
Fax Number	
Contact Number	OTHERS-96257230
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 656B JURONG WEST STREET 61 #12-311
Postcode	642656
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190530/2124

#### 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	GBC4501E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AANIMUTHU PALANICHAMY
NRIC/Passport Number	G3157775L
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LOOK TAT HWA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GZ8583L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident 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:

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

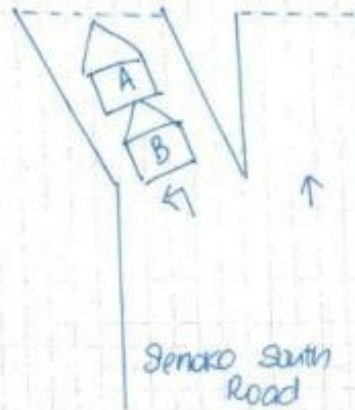
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Seroko South Rd  
(slip road to Woodlands Ave 8)

Vehicle A: GZ8583L  
Vehicle B: GBC4501E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date and time on Seroko South Road (slip road to Woodlands Ave 8).

I stopped to give way to incoming traffic. Suddenly, Vehicle B came from behind and hit onto me.

Police Report T/20190530/2124

## DECLARATION

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

Policyholder's  
Date & Time:



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

*[Signature]*

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

*[Signature]* 31/05/2019  
Rosa Horton



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190530/2124

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20190530/2124

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2019 18:22		Vide Report No.:		Station Diary No.: 87	
<b>Informant's Particulars</b>					
Name of Informant: LOOK TAT HWA			Address: APT BLK 656B JURONG WEST STREET 61 #12-311 SINGAPORE 642656		
ID Type / ID No.: NRIC NO / S1568731B			Contact No.: Home/Office: Mobile: 96257230		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 13/11/1962	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Manufacturing plant/production manager			Driving Licence information: Class: 2B,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2019 17:50	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SENOKO SOUTH ROAD WOODLANDS AVENUE 8 After Golden Bridge Foods Manufacturing Pte Ltd company				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBC4501E	Lorry	ISUZU		White	Slightly Damaged	0
GZ8583L	Van	MITSUBISHI	L300	Beige	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GZ8583L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999994514/100864 043	02/08/2018	01/08/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190530/2124

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

2 of 3

Report No. T/20190530/2124

## CONTINUATION OF REPORT

<b>Details of Person Involved:</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver:</b>			
Name	LOOK TAT HWA	ID No.	S1568731B
Related Vehicle	GZ8583L (Van)	Contact No.	96257230
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	30/05/2019	Date Discharge	30/05/2019
No. of Days granted Medical Leave	06	Degree of Injury	Serious

### Brief Details.

On the above mentioned date, time and place, I was driving my company van bearing the registration plate number of GZ8583L along Senoka South Rd. I was then driving at the slip road to merge into Woodlands Ave 8. Before driving to the main road, I slowed down my vehicle to make a check on the oncoming traffic. As there were still vehicles, I stopped my vehicle before the main road. Subsequently, there was another lorry bearing the registration plate number of GBC4501E which was behind my vehicle. The lorry then hit onto the rear of my vehicle.

Immediately, I stopped my the side and exchanged particulars with the lorry driver. The lorry driver is one namely, Aanimuthu Palanichamy, G3157775L. Since both of us had no visible injuries, we left the place. On the 29/05/2019 at about 2200hrs, I started to feel pain on my neck area thus, I went to Gleneagles Hospital and was given a MC of 6 days.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190530/2124

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20190530/2124

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:

D /

Staff Sgt GUHANESH S/O S JAYAKUMAR

Signature Of Informant:

Signature Of Interpreter:

Look Yi Jun /

S9500265Z

Date/Time:

30/05/2019 18:22

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



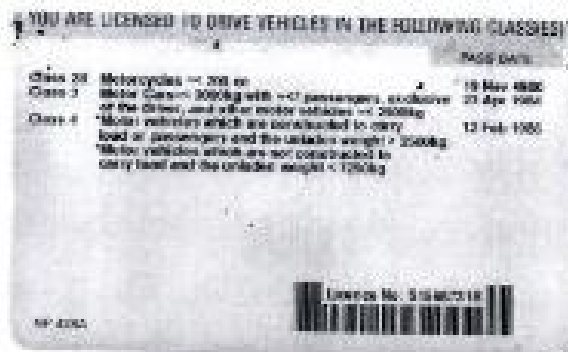
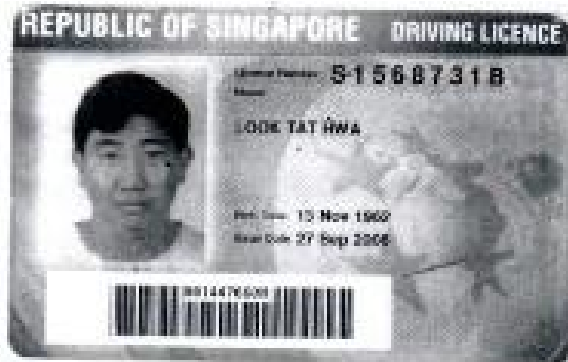
Accident Photo







# Identification Card



For LKK/NAC Use Only