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

aforesaid.	son to the distinying of this report at the serials and to sopies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/06/2019 11:59
Date Of Accident	31/05/2019 17:00
Exact Location Of Accident	TANJONG KATONG RD NEAR BOSCOMBE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK8068B
Insured/Policyholder	
Name Of Registered Owner	SIA CHIAO-MIN MITCHELL
NRIC No	S7304292E
Email Address	MITCHELL_SIA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97437508
Alternative Phone No	OFFICE-97437508
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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	2100094687-10
Cover Note Number	-
Driver	
Name of Driver	SIA CHIAO-MIN MITCHELL
NRIC No	S7304292E
D-4- Of Distle	40/04/4070

NRIC No S7304292E

Date Of Birth 18/01/1973

Occupation INDOOR

Date Of Driving Pass 15/12/1995

Driving Experience 23 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97437508

Fax Number

Contact Number OFFICE-97437508

EMail Address MITCHELL SIA@HOTMAIL.COM

Address 86 ELIAS RD #04-21

Postcode 519948

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 UNKNOWN (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

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.

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 BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)
 - 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:
 - 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: Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

om be		A = 57K 8 = 69 B B = Uniterior at Chialogologia at
DESCRIBE CIRCUMSTANCES O	Tanjang Katang	g Rol
Pleuse	Reder +.	Police Report
DECLARATION I/We declare the foregoing particu	lars are true in every respect.	And I





1 of 2

POLICE REPORT (NP299)

Subjects Involved

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20190601/7004

Date/Time Report Made	Vide Re	port No.		Station Diary No.
01/06/2019 11:12				1000
Name Of Informant	Address			
MITCHELL SIA CHIAO-MIN	86 ELIAS ROAD #04-21 SINGAPORE 519948			
ID Type / ID No. NRIC NO / S7304292E	Contact No. Home/Office: Mobile: 97437508			
Nationality SINGAPORE CITIZEN	Email Address mitchell_sia@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Researcher	Male	46	18/01/1973	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
31/05/2019 17:00 - 31/05/2019 17:05	300 TANJONG KATONG ROAD Chelsea Lodge			
Brief details.				

I was driving along TG Katong road and slowed down at the junction where a truck was turning when a Malaysian motorcycle hit the rear right of my car.

Subjects involve	u			
Suspect				
Person Name	Unknown			
ID Type	OTHERS / Unknown ID No UNKNOWN		UNKNOWN	
Gender	Male	Age		20-25
				10
Signature Of Off Not applicable	icer Recording The Report:		The identi report has	Of Informant: ty of the person making this been authenticated by No signature is required.
Signature Of Interpreter: Not applicable			Date/Time: 01/06/2019 11:12	
Officer In-Charge Of Case:			Classification Of Case:	
Authentication S	tamp			

Page 6 of 20





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190601/7004

Language	English	Occupation	Unknown
Address	Unknown Unknown #01-01 Unknown SINGAPORE 123455	Home/Office No	12345678
Mobile No	12345678	Complexion	Dark
Build	Small	Height About	165cm
Attire Last Worn	White T-shirt and blue pants	Hair Colour	Black
Hair Style	Short-Straight	Relation To Informant	Stranger
Habits & Oddities	None		
Victim			
Person Name	MITCHELL SIA CHIAO-MIN		
ID Type	NRIC NO	ID No	S7304292E
	NRIC NO Male	ID No Age	S7304292E 46
ID Type		ACTIVITY OF THE PERSON NAMED IN COLUMN 1	- Projectivitation and a second
ID Type Gender	Male	Age	46
ID Type Gender Race	Male Chinese	Age Language	46

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2019 11:12		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp

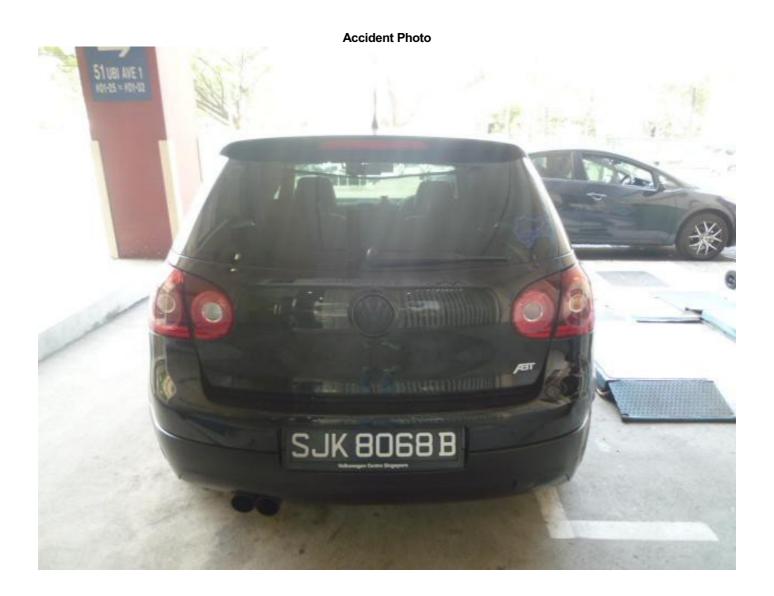
DRIVING DOC





















Accident Photo Accident Photo

