

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	21/06/2019 14:47
Date Of Accident	01/06/2019 18:30
Exact Location Of Accident	SLIP RD FROM SEMBAWANG AVENUE INTO GAMBAS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8990P
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91837130
Alternative Phone No	OFFICE-91837130

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	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	999994148
Cover Note Number	

Driver

Name of Driver	YEO CHENG HAI
NRIC No	S6813425J
Date Of Birth	14/04/1968
Occupation	INDOOR
Date Of Driving Pass	05/06/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91837130
Fax Number	
Contact Number	OTHERS-91837130
Email Address	NOEMAIL

Address	BLK 316 SEMBAWANG VISTA #14-189
Postcode	750316
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	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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	GW6350X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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.



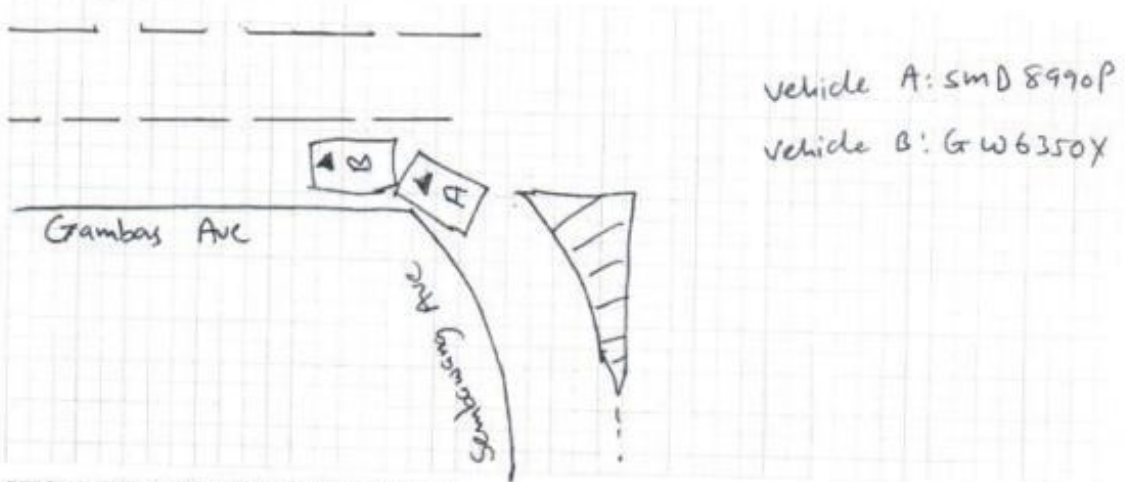
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report : T/20190603/2050

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190603/2050

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No: T/20190603/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 11:58	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: YEO CHENG HAI	Address: APT BLK 316 SEMBAWANG VISTA #14-189 SINGAPORE 750316
ID Type / ID No.: NRIC NO / S6813425J	Contact No.: Home/Office: Mobile: 91837130
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 51 Date of Birth: 14/04/1968	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2019 18:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SEMBAWANG AVENUE GAMBAS AVENUE Towards Yishun				
Weather:	Road Surface:	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW6350X	Lorry				Slightly Damaged	2
SMD8990P	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190603/2050

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20190603/2050

CONTINUATION OF REPORT

Driver			
Name	WANG YUNHONG		ID No. S2725935I
Related Vehicle	GW6350X (Lorry)		Contact No. 91056205
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
Driver			
Name	YEO CHENG HAI		ID No. S6813425J
Related Vehicle	SMD8990P (Car)		Contact No. 91837130
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 01/06/2019 at about 1830hrs, I was driving my vehicle bearing the registration no. SMD8990P along Sembawang Ave towards Yishun. There is a lorry in front of my vehicle bearing the registration number GW6350X. Both of us were going to make a left turn to Gambas Ave. However, the said lorry wanted to straight drive to the third lane however he made a sudden break as there was another vehicle driving straight. As a result, I was not able to stop on time and had slightly hit the rear of the said lorry.

Both of us went down from our vehicle to make a check. No one were injured during the accident.

The damage of my vehicle was a crack at the front car plate. The damage of the said lorry was the bumper was slightly lowered.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190603/2050

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20190603/2050

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:

L /
Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/06/2019 11:58

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Identification Card

