

## 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	01/07/2019 18:26
Date Of Accident	30/06/2019 17:20
Exact Location Of Accident	ALONG WEST COAST HIGHWAY TOWARDS KEPPEL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ422R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID JEREMIAH SEAH HOK HENG
NRIC No	S0198174I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96703434
Alternative Phone No	OTHERS-96703434

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI S TRONIC
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	1800120110
Cover Note Number	

### Driver

Name of Driver	DAVID JEREMIAH SEAH HOK HENG
NRIC No	S0198174I
Date Of Birth	04/01/1950
Occupation	INDOOR
Date Of Driving Pass	18/05/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96703434
Fax Number	
Contact Number	OTHERS-96703434
Email Address	NOEMAIL

Address	12 JALAN MARIAM
Postcode	509299
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?	YES
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR7930H
Vehicle Make/Model/Colour	AUDI/Q2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HOCK SOON
NRIC/Passport Number	S6972690I
Contact Number	97693007
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DAVID JEREMIAH SEAH HOK HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDJ4222R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	12 JALAN MARIAM
Postcode	509299

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: Helvin Khoo  
NRIC/FIN No.: 68768902

## Sketch Plan #2

### SKETCH PLAN

A - S05 422 R  
B - SLR 7930 H

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

### 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: Kelvin Khoo  
NRIC/FIN No.: G81689026

# POLICE REPORT

## SKETCH PLAN

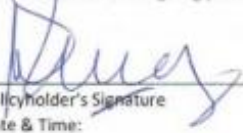
A - SDJ 422 R  
B - SLR 7930 H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

## 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: Kelvin Loh  
NRIC/FIN No.: G81689026



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190701/2128

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

1 of 4

Report No. T/20190701/2128

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2019 16:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: DAVID JEREMIAH SEAH HOK HENG			Address: 12 JALAN MARIAM CHANGI GROVE SINGAPORE 509299		
ID Type / ID No.: NRIC NO / S0198174I			Contact No.: Home/Office: Mobile: 96703434		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 04/01/1950	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/06/2019 17:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 WEST COAST HIGHWAY KEPPEL ROAD				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDJ422R	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Grey	Seriously Damaged	0
SLR7930H	Car				Seriously Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190701/2128

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

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Report No. T/20190701/2128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDJ422R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800120110	09/10/2018	08/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DAVID JEREMATH SEAH HOK HENG JEREMIAH <i>JS</i>	ID No.	S0198174I
Related Vehicle	SDJ422R (Car)	Contact No.	96703434
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
Other Person Involved			
Name	LIM HOCK SOON	ID No.	S6972690I
Related Vehicle	SLR7930H (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	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 THE ABOVE MENTIONED DATE AND TIME,

I ALREADY CAME TO A STOP AT THE TRAFFIC LIGHTS AND ANOTHER VEHICLE SUDDENLY CRASHED INTO THE BACK OF MY CAR. MY CAR WAS PUSHED FORWARD BY THE FORCE OF THE IMPACT. PASSERBYS CAME BY TO RENDER ASSISTANCE. I ALSO EXCHANGED PARTICULARS WITH THE OTHER DRIVER. THE OTHER DRIVER WAS CONVEYED TO A HOSPITAL. THE TRAFFIC POLICE ALSO TOOK MY SD CARD FROM MY IN-CAR CAMERA. THIS IS REGARDING REPORT NUMBER D/20190603/0097.

THAT IS ALL



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190701/2128

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

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Report No. T/20190701/2128

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:  
TP /  
LEE CHEN EN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/07/2019 16:17

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190701/2128

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

3 of 4

Report No. T/20190701/2128

CONTINUATION OF REPORT

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





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