#### 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.   |   |
|--|---|
|  | ACCIDENT STATEMENT                              |
| Date Of Report   | 31/07/2019 10:37                                |
| Date Of Accident   | 30/07/2019 18:20                                |
| Exact Location Of Accident   | ALONG SENGKANG EAST AVE JUST BELOW TONGKANG LRT |
| Country/State of Loss  | SINGAPORE                                       |
|  | DETAILS OF OWN VEHICLE                          |
| Vehicle Registration Number  | SGT5107E  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | HO SIANG TENG                                   |
| NRIC No  | S1792588A                                       |
| Email Address  | PETER.HOST@GMAIL.COM                            |
| Mobile Phone No  | (LOCAL) +65-90903982                            |
| Alternative Phone No   | OTHERS-87428586                                 |
| Vehicle Particulars  |   |
| Manufacturer   | HONDA   |
| Model  | STREAM  |
| 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  | 2100325808-06                                   |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | TAN SU YIN SHARON(CHEN SUYIN SHARON)            |
| NRIC No  | S7434234E                                       |

NRIC No S7434234E

Date Of Birth 27/10/1974

Occupation INDOOR

Date Of Driving Pass 13/06/1993

Driving Experience 26 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-87428586

Fax Number

Contact Number

EMail Address TANSUYIN@GMAIL.COM

**BLK 25 ANCHORVALE CRESCENT** Address

#15-32

Postcode 544656

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**CHAIN COLLISION** Type Of Accident

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : HO SIANG TENG

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

**Details of Witness 1** 

Name **ROY SIM** Phone Number 93660065

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SLZ2218Y** Vehicle Make/Model/Colour HONDA CIVIC

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver **CHEW JUN HONG** 

NRIC/Passport Number S8712231Z

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJB1718C

Vehicle Make/Model/Colour HONDA VEZEL

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver YANG TZE CHIEH KELVIN

NRIC/Passport Number S8007241D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name TAN SU YIN SHARON(CHEN SUYIN SHARON)

Approximate Age

Injuries Sustain BACK, NECK AND RIGHT ARM AND LEG

Injured person in which vehicle? SGT5107E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Postcode

Address

NO

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 Signatu

Date & Time

r's Signature

(If driver is not the policyholder 07/2010

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

|   |                          | a a sant   | ani   |       |      |
|---|--------------------------|------------|-------|-------|------|
|   | SENGR                    | T BELOW TO | ONGE  | 9114  | LRT  |
| S975107E                                    | 30                       | KANKE      |       | 4-    |      |
| PRICESIS                                    |                          |            |       | 4-    |      |
| JB1718C                                     |                          |            |       |       |      |
|   |                          |            |       |       |      |
|   |                          |            |       |       |      |
| DESCRIBE CIRCUMSTANCE                       | S OF THE ACCIDENT        | r          |       |       |      |
| 011   | , ,                      | , ,,       | ,     |       |      |
| Pls repu                                    | to the                   | le attache | of st | aten  | ent  |
| TAGE I                                      |                          |            |       |       |      |
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|   |                          |            |       |       |      |
|   |                          |            |       |       |      |
| DECLARATION I/We declare the foregoing part | iculars are true in even | y respect. |       |       |      |
|   | iculars are true in even | y respect. |       | ly in | 31/0 |

# **Accident Sketch Plan** 6:56 .11 4G ■ < Back Grid Мар 0 All-in-1 Stationery & Office Supplies Sengkang East Ave Legal (i) Show Nearby Photos

#### Individual Statement

#### LKK Paya Ubi

From: Peter Ho <peter.host@gmail.com>
Sent: Wednesday, 31 July 2019 10:27 AM

To: LKK Paya Ubi

Subject: Fwd: On 30 July 2019 while travelling along Sengkang East Ave just below...

On 30 July 2019 while travelling along Sengkang East Ave just below the TongKang LRT junction at about 6.20pm we (Sharon Tan S7434234E SGT 5107E SILVER HONDA STREAM) came to a stop at the red light behind a White Honda Vezel SJB 1718C (driven by YANG TZE CHIEH KELVIN S8007241D)

Shortly after a White Honda Civic (SLZ 2218Y driven by CHEW JUN HONG S8712231Z) crashed into the back of our car and propelled our stationary car forward. My right foot was still on the brakes when the crash occurred. Our car was forcefully propelled forward and crashed into the Honda Vezel in front of us.

After we exchanged contact numbers, I felt pain on my back , neck and right arm and leg. I visited the doctor immediately [Island Family Clinic (Anchorvale) 338 Anchorvale Crescent #01-01 S 540338]. I was prescribed medication for my pain and given a 1 day MC [#7162].

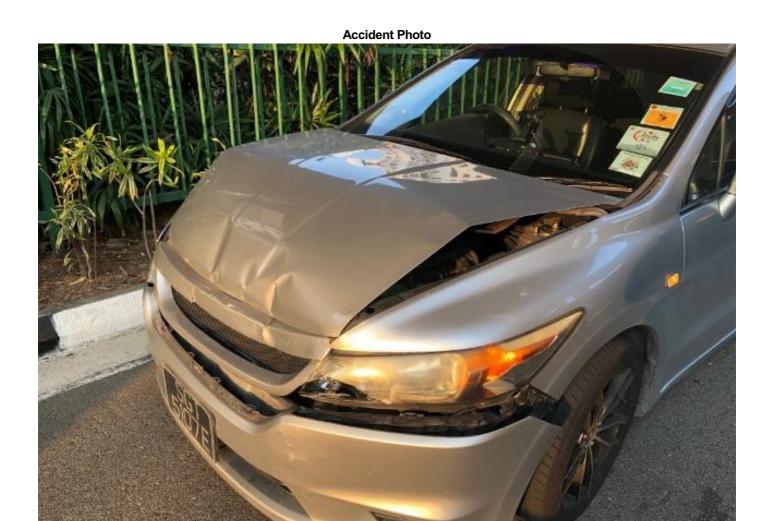
#### Peter

\_\_\_

At the end of life, we will not be judged by how many diplomas we've received, how much money we've made, how many great things we've done. We'll be judged by: I was hungry, and you gave me something to eat... (MOTHER TERESA)

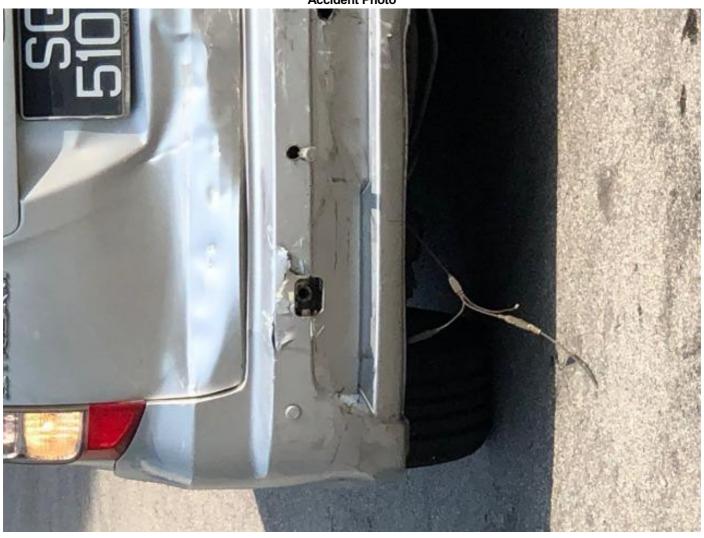
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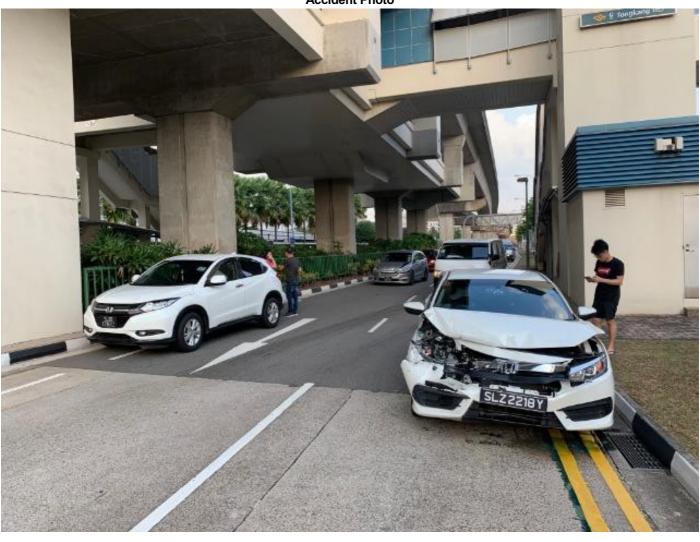






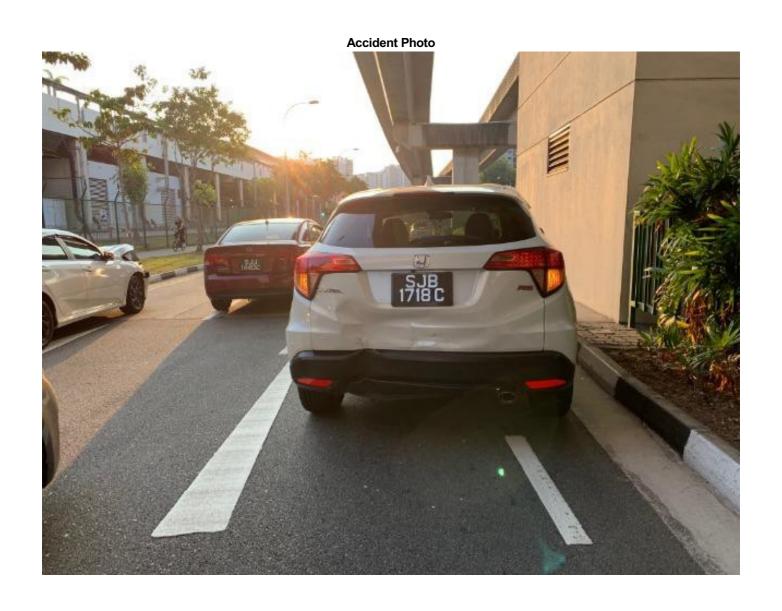






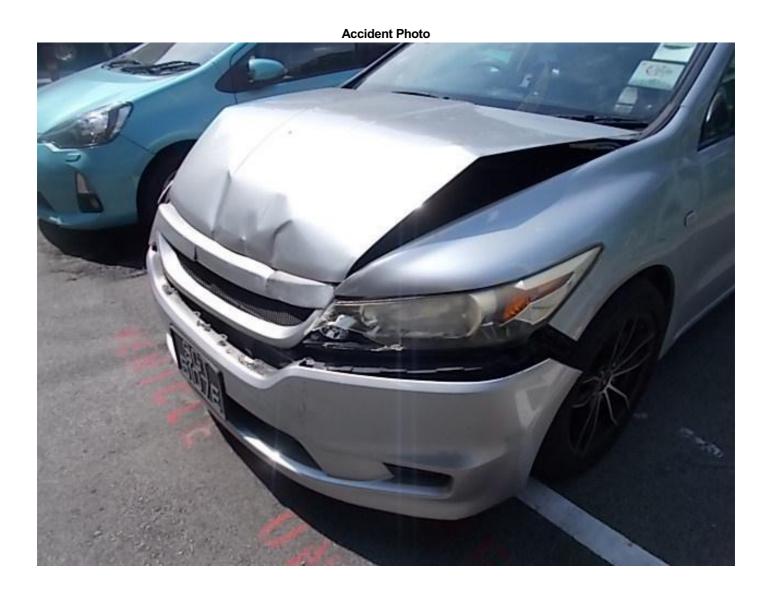


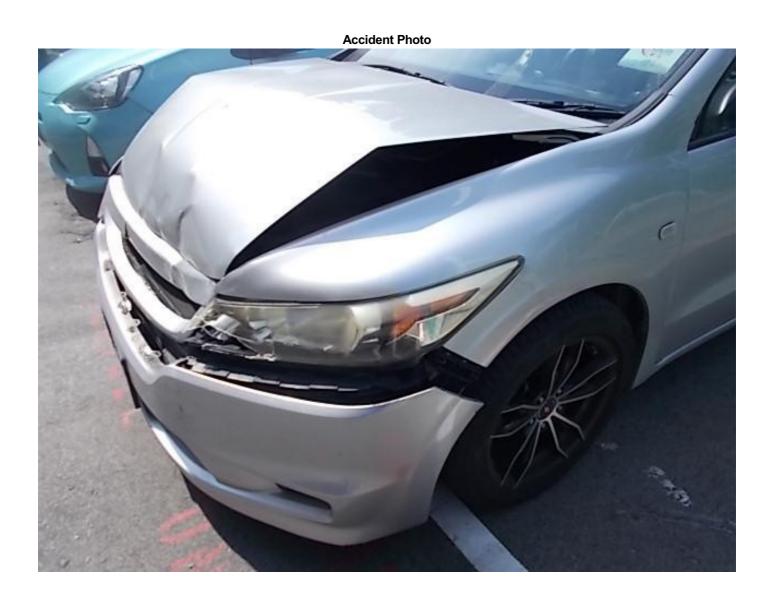






















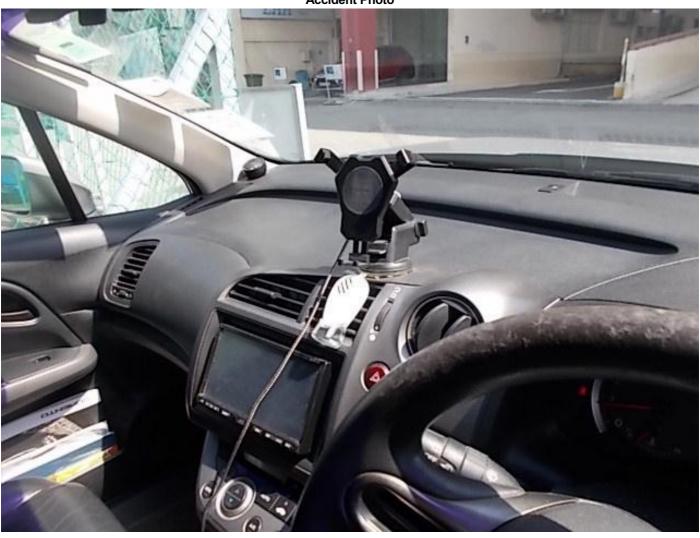






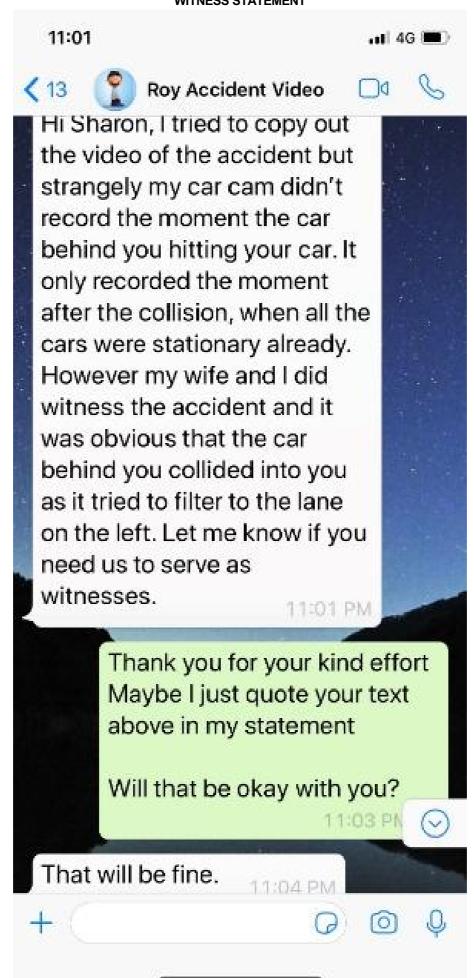








#### WITNESS STATEMENT



#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

|   |                                  |  | ADDEND  | NUM  |                 |           |      |  |  |
|---|----------------------------------|--|---|--|-----------------|-----------|------|--|--|
| - | PARTICULARS OF PER               | SON MAKING1  | THEAMENDMEN                                   | TS:  |                 |           |      |  |  |
| ( | Original Report No :             | mv9/19/  | mN9/19/00059 Vehicle Registration No: 5975/07 |  |                 |           |      |  |  |
| 1 | Name(as shownin NRIC):           | amelasshownin NRIC): TAN SU YIN SHARON (CHEN SUYIN SHARON) NRIC/FIN/Passport No: 5743 K2 |   |  |                 |           |      |  |  |
| ( |                                  | er / Vehicle Owner) (*) Please delete as appropriate                                     |   |  |                 |           |      |  |  |
| , | Address :                        | 134/6 2  | S ANCHOR                                      | VALE CRES  |                 |           | )    |  |  |
| ( | Contact (Tel)                    | Mobile No.: 87438586   |   |  |                 |           |      |  |  |
| 1 | Email Address :                  |  |   |  |                 |           | _    |  |  |
| - | Date of Accident :               |  |   | Time of Accident   |                 |           | -0.7 |  |  |
| - | Place of Accident :              | ALONG  | SENG KAI                                      | VG EAST A  | UE JUST         | BECOW     | 700  |  |  |
| 1 | Insurance Company:               | AIG  |   |  |                 |           |      |  |  |
|   | //00                             | , -  |   | VA. 10 C. W. |                 |           | _    |  |  |
|   | ADD IN                           | POLIC  | y Num   | BER  |                 |           | _    |  |  |
|   |                                  |  |   |  |                 |           | _    |  |  |
|   |                                  |  |   |  |                 |           |      |  |  |
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|   |                                  |  |   |  |                 |           |      |  |  |
|   |                                  |  |   | Lym  | , 31/07         | 119       |      |  |  |
|   | Policyholder / Driver's<br>Date: | Signature  |   | Reporting Cen  | tre Personnel's | Signature |      |  |  |