

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	17/08/2019 15:39
Date Of Accident	17/08/2019 14:15
Exact Location Of Accident	PIE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3597G
Insured/Policyholder	
Name Of Registered Owner	SHAUN PHUA CHEE KIANG (SHAUN PAN ZHIQIANG)
NRIC No	S7917833J
Email Address	SHAUNPHUA29@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96733851
Alternative Phone No	OTHERS-96733851

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	1800024165
Cover Note Number	

Driver

Name of Driver	SHAUN PHUA CHEE KIANG (SHAUN PAN ZHIQIANG)
NRIC No	S7917833J
Date Of Birth	21/06/1979
Occupation	INDOOR
Date Of Driving Pass	20/01/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96733851
Fax Number	
Contact Number	OTHERS-96733851
Email Address	SHAUNPHUA29@GMAIL.COM

Address 453 SIN MING AVENUE
#05-561 SINGAPORE

Postcode 570453

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) 2

Passenger 1
NAME: : ALVIN CHONG
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NPP 25 SIN MING ROAD

Police Station Address ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3278K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHAUN PHUA CHEE KIANG
Approximate Age	40
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SLX3597G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 453 SIN MING AVENUE #05-561
Postcode	570453

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:

19 AUG 2019


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

19 AUG 2019


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 56840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report: T/20190817/2110.

DECLARATION

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

Policyholder's Signature

Date & Time: 19/08/19, 10am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 19 AUG 2019

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190817/2110

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190817/2110

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made: 17/08/2019 17:54	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: SHAUN PHUA CHEE KIANG			Address: APT BLK 453 SIN MING AVENUE #05-561 SINGAPORE 570453	
ID Type / ID No.: NRIC NO / S7917833J			Contact No.: Home/Office: Mobile: 96733851	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 21/06/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ARCHITECT			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 14:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Ang Mo Kio				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHC3278K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SLX3597G	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190817/2110

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20190817/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX3597G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800024165	26/03/2018	25/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMED IDRIS BIN ABDUL WAHAB		ID No.	S1770451F
Related Vehicle	SHC3278K (Car)		Contact No.	NIL
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	SHAUN PHUA CHEE KIANG		ID No.	S7917833J
Related Vehicle	SLX3597G (Car)		Contact No.	96733851
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	17/08/2019		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 17 Aug 2019 at 2.15pm, I was driving my car (SLX3597G) on the second lane from the right, along PIE towards Ang Mo Kio. I have a passenger on the front passenger seat.

The traffic was moving at a slow speed. Suddenly, I felt an impact from the rear. A comfortdelgro taxi (SHC3278K) had collided into my car. The collision caused my car to sustain dents on the rear and side bumper.

At that point of time, there was no injury on anyone. I managed to exchange particulars with the taxi driver.

At about 3pm, I felt pain on my neck and back. I went to seek medical attention at Mount Alvernia Hospital and was given 5 days medical leave.

I have an in-car camera installed in my car. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20190817/2110

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190817/2110

CONTINUATION OF REPORT

POLICE REPORT Pg. 4



SINGAPORE
POLICE FORCE



T/20190817/2110

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190817/2110

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	
E /	
Sgt 3 NUR MARISSA SYAQILA BINTE SAMSAIDI	
	SN 070
Signature Of Interpreter:	
Not applicable	
SIGNATURE	
Officer In Charge Of Case:	
TP / AEIT /	
SI ANG YI TING, STEPHANIE	
Contact No.: 65476414	

Signature Of Informant:
Date/Time:
17/08/2019 17:54
Classification Of Case:

Authentication Stamp
NP168