

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	16/09/2019 09:28
Date Of Accident	15/09/2019 22:00
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3836B
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Insured/Policyholder

Name Of Registered Owner	LO CHERN KIT, JEREMY
NRIC No	S9145131Z
Email Address	JEREMYLO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-98892394
Alternative Phone No	OFFICE-98892394

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 L (A)

Exact Purpose for which vehicle was being used at time of accident

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	
Cover Note Number	

Driver

Name of Driver	LO CHERN KIT, JEREMY
NRIC No	S9145131Z
Date Of Birth	21/11/1991
Occupation	INDOOR
Date Of Driving Pass	19/01/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98892394
Fax Number	
Contact Number	OFFICE-98892394
Email Address	JEREMYLO@OUTLOOK.COM

Address	19 POH HUAT DRIVE
Postcode	546809
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	CHAIN COLLISION
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	4
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO THE ATTACHED POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2038T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGB5888D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHB2991X

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

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGB5888D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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:


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


 Reporting Centre Person's Signature
 Name:
 NRIC/FIN No.:

car 1 : SHB2991X
car 2 : SGB5888
car 3 : SHC2038T
car 4 : SMA3836B

1 → * 2 → * 3 → * 4 →
|
Mazda

car 4 : SMA3836B

Mendon

LICENSE PLATE NO. 5MA3836B

ACCIDENT DATE:	CONTACT NUMBER:
ACCIDENT TIME:	EMAIL:
LOCATION:	
Please refer to police report	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
PLEASE STATE:	<input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THRD PARTY <input type="checkbox"/> REPORTING ONLY

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

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



**SINGAPORE
POLICE FORCE**



T/20190916/7000

1 of 4

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

Report No. T/20190916/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2019 00:41		Vide Report No.: P/20190915/0076		Station Diary No.:	
Informant's Particulars					
Name of Informant: LO CHERN KIT, JEREMY			Address: 19 POH HUAT DRIVE SINGAPORE 546809		
ID Type / ID No.: NRIC NO / S9145131Z			Contact No.: Home/Office: Mobile: 98892394		
Nationality: SINGAPORE CITIZEN			Email: jeremylo@outlook.com		
Sex: Male	Age: 27	Date of Birth: 21/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Creative director (advertising)			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/09/2019 22:00	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGB5888D	Car			Black	Seriously Damaged	2
SHB2991X	Car	HYUNDAI		Yellow	Slightly Damaged	1
SHC2038T	Car	HYUNDAI		Blue	Seriously Damaged	2
SMA3836B	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6	Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190916/7000

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

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Report No. T/20190916/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMA3836B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800088229	05/06/2018	04/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	QISTINA ANGEL BINTE JAMIL		ID No.	S9407221B
Related Vehicle	SGB5888D (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	
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SGB5888D (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	Slight	
Driver				
Name	NEVILLE JOHN		ID No.	S1633745E
Related Vehicle	SHB2991X (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	



**SINGAPORE
POLICE FORCE**



T20190916/7000

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

Report No. T20190916/7000

CONTINUATION OF REPORT

Driver:			
Name	TAN PENG HUAT	ID No.	S1369829E
Related Vehicle	SHC2038T (Car)	Contact No.	90054645
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	LO CHERN KIT, JEREMY	ID No.	S9145131Z
Related Vehicle	SMA3836B (Car)	Contact No.	98892394
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was driving towards Changi Airport along Airport Boulevard on the second to leftmost lane. I saw up ahead that the leftmost lane had been closed off by traffic cones, and that the traffic in front of me was slowing down, so I started braking. However I realized that the cars in front of me had stopped completely, so I braked harder and was able to stop in time without hitting the car in front of me. The blue taxi behind me (SHC2038T) was unable to brake in time and collided with the rear of my car. Shortly after, the black car (SGB5888D) collided into the rear of the blue taxi, and the yellow taxi (SHB2991X) collided with the rear of the black car.

There was one passenger in the blue taxi (SHC2038T) other than the driver, a middle aged Indian male, but he left the scene shortly after the accident as he had to go to the airport. One passenger in the black car (SGB5888D) was slightly injured and was conveyed by ambulance.



**SINGAPORE
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T/20190916/7000

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Report No. T/20190916/7000

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:
16/09/2019 00:41

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168