

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	28/09/2019 11:08
Date Of Accident	28/09/2019 08:50
Exact Location Of Accident	SLIP ROAD OF CAVENAGH ROAD INTO BUYONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB2524J
Insured/Policyholder	
Name Of Registered Owner	MR KHAW E SIANG
NRIC No	S2623728I
Email Address	TONYKHAW@ME.COM
Mobile Phone No	(LOCAL) +65-96953499
Alternative Phone No	Office-96953499

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
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?	YES
If No, Please state action to be taken	
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	MR KHAW E SIANG
NRIC No	S2623728I
Date Of Birth	21/12/1966
Occupation	INDOOR
Date Of Driving Pass	08/04/1992
Driving Experience	27 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96953499
Fax Number	
Contact Number	OFFICE-96953499
EMail Address	TONYKHAW@ME.COM
Address	NO. 22 WORKING ROAD #03-06
Postcode	138700
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?	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)	2
Passenger 1	Name: : TAN SIEW POH Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT

Attachment(s)

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

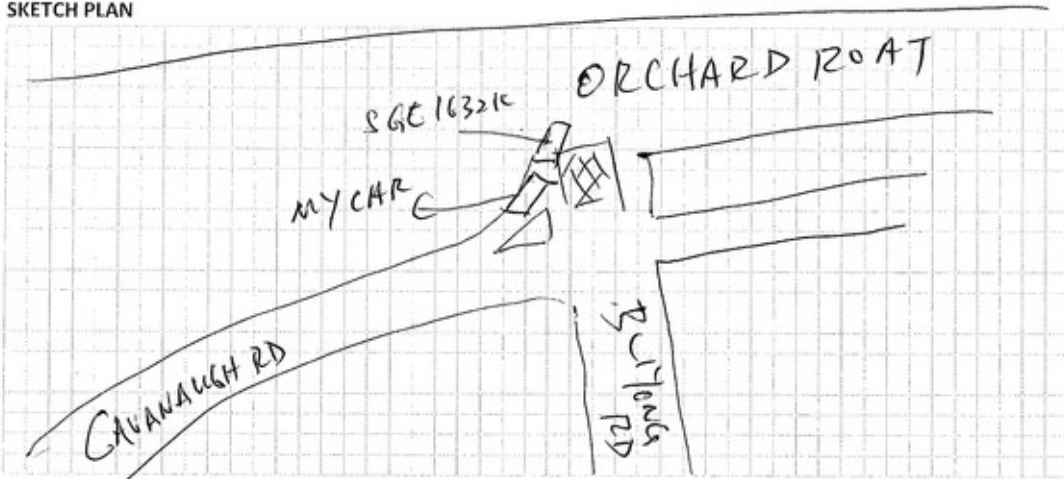
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE1632K
Vehicle Make/Model/Colour	MITSUBISHI LANCER

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS ANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: QDB 25-24 J

ACCIDENT DATE: 2/9/2019

CONTACT NUMBER:

ACCIDENT TIME: 8:49 AM

EMAIL: Tonykhan@me.com

LOCATION: Slip Road of CAVANAUGH RD into BAYONG RD

See attached 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: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ REPORTING ONLY

DECLARATION

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

Policyholder's Signature
Date & Time

28/7/2019

Driver's Signature _____
(If driver is not the policyholder)

Date & Time: 28/5/2018

Reporting Officer/Personnel's Signature

Name: _____

NRIC/EIN No.:

SKETCH PLAN

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

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

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



**SINGAPORE
POLICE FORCE**



T/20190928/2028

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4
Report No. T/20190928/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2019 09:35		Vide Report No.:		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: KHAW E SIANG			Address: 15 TOH TUCK ROAD #02-24 SINGAPORE 596198		
ID Type / ID No.: NRIC NO / S2623728I			Contact No.: Home/Office: Mobile: 96953499		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 21/12/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Compliant Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2019 08:45	Type of Location: Filter Lane
Location: Along Road 1 Traveling Toward Road 2 CAVENAGH ROAD BUYONG ROAD Along Cavenagh Road, towards Buyong Road, at the filter lane				
Weather: Cloudy		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
SDB2524J	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT	Red	Slightly Damaged	1
SGE1632K	Car	MITSUBISHI			Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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Report No. T/20190928/2028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDB2524J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100435277-03	26/10/2018	25/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHAW E SIANG	ID No.	S2623728I
Related Vehicle	NIL	Contact No.	96953499
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	ANG	ID No.	NIL
Related Vehicle	NIL	Contact No.	93211511
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

Brief Details.

On the 28/09/2019, I was travelling along Cavenagh road together with my wife in my vehicle (Reg: SDB2524J). As I approaching to the filter lane towards Buyong Road, there was another vehicle (Reg: SGE1632K) in front of me also in the filter lane. Subsequently I came out from the filter lane and tried to enter the Buyong Road. However my front side of my vehicle hit onto the rear left side of the vehicle in front of me. I wish to inform that during the collision, I was looking out for oncoming traffic and I did not realize the position of the vehicle in front of me.

After the collision, we both stopped our cars at the side and exchange details. I wish to inform that no government property was damaged and no one was injured from the collision.
I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190928/2028

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190928/2028

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190928/2028

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51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190928/2028

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 AZRULIZWAN BIN ABDUL RAZAK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65470151

SN 172

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
28/09/2019 09:35

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

