

## 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	08/10/2019 17:29
Date Of Accident	07/10/2019 22:00
Exact Location Of Accident	ALONG KJE EXIT TO BRICKLAND ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2778U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046R
Email Address	SALES@N51.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	999994387
Cover Note Number	

### Driver

Name of Driver	CHUA HOK LAI RAYMOND(CAI FULAI RAYMOND)
NRIC No	S7425963D
Date Of Birth	26/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91680228
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 609A BEDOK RESERVOIR ROAD #07-1700 SINGAPORE
Postcode	471609
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

### 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	<b>ROAD:</b> 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA1861C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH JEK XIONG DESMOND

NRIC/Passport Number  
Contact Number 90038756  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHUA HOK LAI RAYMOND  
Approximate Age  
Injuries Sustain BACK & NECK  
Injured person in which vehicle? SLQ2778U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

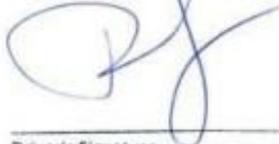
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

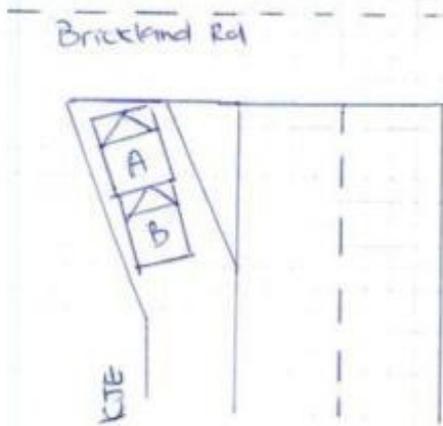
  
Policyholder Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



Vehicle A : SLQ 2778U  
Vehicle B : SLA 1861C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

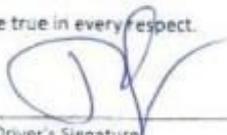
Refer to police report  
report NO: T/20191008/2099

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:  
NRIC/FIN No.:

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20191008/2099

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3  
Report No: T/20191008/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/10/2019 15:44	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: CHUA HOK LAI RAYMOND		Address: APT BLK 609A BEDOK RESERVOIR ROAD #07-1700 SINGAPORE 471609	
ID Type / ID No.: NRIC NO / S7425963D		Contact No.: Home/Office: Mobile: 91680228	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 26/07/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PHV driver		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: 07/10/2019 22:00	Type of Location: filter lane
Location: Along Road 1 KRANJI EXPRESSWAY  Brickland exit at the filter lane				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SLA1861C	Car	HONDA	JAZZ	Blue	Slightly Damaged	0
SLQ2778U	Car	TOYOTA	CAMRY	Grey	Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20191008/2099

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Report No. T/20191008/2099

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KOH JEK XIONG DESMOND		ID No. S8139100I
Related Vehicle	SLA1861C (Car)		Contact No. 90038756
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
<b>Driver</b>			
Name	CHUA HOK LAI RAYMOND		ID No. S7425963D
Related Vehicle	SLQ2778U (Car)		Contact No. 91680228
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC (BEDOK RESERVOIR)		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	08/10/2019	Date Discharge	08/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

On the 7/10/2019 at around 10pm, I was driving my car bearing registration number SLQ2778U Toyota Camry Grey in colour along Kranji Expressway. I exited at Brickland Road and kept left for the filter lane. At the junction I filter to the left and stopped to give way to the traffic of the main road. Out of sudden I felt an impact from the rear of my car. I came out and discovered a car bearing registration number SLA1861C Honda Jazz blue in colour had collided to the rear of my car. Both car sustained damages however there was no life threatening injury. I have two elderly passengers with me at that time. I exchanged details with the other driver and left to avoid further obstruction to the traffic. On the 8/10/2019 I went to Shenton Family Medical clinic as I was feeling some pain at my neck and back and I was given a 7 day of medical certificate.

Police Report



SINGAPORE  
POLICE FORCE



T/20191008/2099

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
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3 of 3

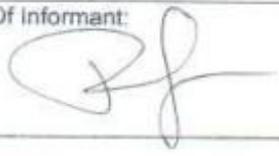
Report No. T/20191008/2099

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: G / Sr Staff Sgt ANWAR BIN ZAINAL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/10/2019 15:44
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**TOYOTA MOTOR CORPORATION JAPAN**  
MODEL DAA-AVV50-AEXNB-G  
ENGINE 2AR-FXE 2493 mL  
FRAME No. AVV50-1057738  
COLOR 1H1 TRIM FA20 PLANT A42 OPTION  
TRANS./AXLE P314 -01A 029

Accident Photo

