

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	01/11/2019 16:16
Date Of Accident	31/10/2019 20:00
Exact Location Of Accident	BKE (SLE) BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9758A
Insured/Policyholder	
Name Of Registered Owner	CHUA LEE KIANG MRS CHAN LEE KIANG
NRIC No	S1229626F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96421560
Alternative Phone No	OFFICE-96421560

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.5F 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?	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	2100357007-05
Cover Note Number	

Driver

Name of Driver	CHAN YI SHUN, VICTOR
NRIC No	S8728114J
Date Of Birth	12/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96421560
Fax Number	
Contact Number	OFFICE-96421560
EEmail Address	NOEMAIL

Address	BLK 317 JURONG EAST STREET 31 #11-32
Postcode	600317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	3
Passenger 1	NAME: : SHERRY LYNNE LIM BALOYO GENDER: : FEMALE
Passenger 2	NAME: : DE GUZMAN, JEFFREY SEBASTIAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191031/2172.

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	SCE8362R
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 INJURED PERSON 1

Name CHAN YI SHUN, VICTOR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJR9758A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SHERRY LYNNE LIM BALOYO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJR9758A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name DE GUZMAN, JEFFREY SEBASTIAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJR9758A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

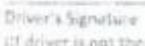
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Consent under the Personal Data Protection Act (PDPA)

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:

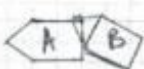

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN:

BKE Towards SLE before Mandan Road Exit



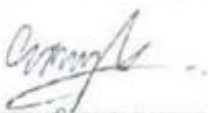
A = SJR7758A
B = SCE8362R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.

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**



1/20191031/2172

Police Station Of Origin
Jurong East N.P.C.
62 Boon Lay Way SINGAPORE 608962
Tel No: 1800-3999999

1 of 2
Report No: T20191031/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 31/10/2019 23:15	Video Report No.	Station Diary No. 131
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Informant's Particulars

Name of Informant CHAN YI SHUN VICTOR			Address APT BLK 317 JURONG EAST STREET 31 #11-32 SINGAPORE 600317	
ID Type / ID No NRIC NO / S9728114J			Contact No Home/Office	Mobile: 96421560
Nationality SINGAPORE CITIZEN			Email	
Sex Male	Age 32	Date of Birth 12/09/1987	Type of Informant Driver	
Race Chinese		Language English	Institution / School Name:	
Occupation PROPERTY AGENT		Driving Licence Information: Class: 3		Date of Expiry:

General information of the Accident

Type of Accident	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident 31/10/2019 20:00	Type of Location Straight Road
Location Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY SELETAR EXPRESSWAY BKE towards SLE				
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
SCE8362R	Car	HONDA	CIVIC CRX M	White	Slightly Damaged	0
SJR9758A	Car	TOYOTA	PREMIO 1.5FA	Silver	Slightly Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191031/2172

Police Station Of Origin
Jurong East N.P.C.
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999399

2 of 3

Report No. T/20191031/2172

CONTINUATION OF REPORT

Name	GUAN JENG KANG MATTHEW		ID No	S97117961
Related Vehicle	SCE8362R (Car)		Contact No	91279951
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	CHAN YI SHUN, VICTOR		ID No	S8728114J
Related Vehicle	SJR9758A (Car)		Contact No	98421560
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	02	Degree of Injury	NIL	

Brief Details.

On 31/10/2019 at about 2000hrs along BKE towards SLE, I was driving my vehicle bearing registration number V1)SJR9758A(TOYOTA PREMIO 1.5F A Silver) at the most left lane exiting the highway towards Mandai Road. As I was approaching the exit, I slow down my vehicle as there was vehicle in front of me.

Few second later, I felt an impact from my rear. I came down from my vehicle and realize that the vehicle behind me bearing registration number V2)SCE8362R(HONDA CIVIC CRX M White) had collided onto my vehicle. As a result of the collision, my vehicle right rear bumper was dented and the other party front left headlights was shattered. No one was injured. At that point of time, I had 2 passenger inside my car.

I then exchanged particulars with the driver of V2 and drove off from the scene as the driver of V2 agreed to stay at scene for the traffic police to arrive whereby, I decided to drive my 2 passengers to KK hospital to have a check as one of them is pregnant. I then seek medical treatment at Unihealth 24-hr Clinic at Toa Payoh central branch. I was given 2 days of MC.

Traffic Police ID: Feroz HP: 97351043 contacted me to inform me that he will be investigating on the accident and require me to lodge a police report.

I wish to state that my vehicle does not have in Car camera installed.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Jurong East N.P.C.
82 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20191031/2172

3 of 3

Report No. T/20191031/2172

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:

D /

Sgt 1 TOH YU LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/10/2019 23:15

Officer In Charge Of Case

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case

Authentication Stamp

NP165

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

