

## 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	22/10/2019 14:19
Date Of Accident	22/10/2019 08:15
Exact Location Of Accident	ALONG HAVELOCK ROAD AT TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7021G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTOCARE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96826300

### Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV 1.5 DCI AT EU6
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994322
Cover Note Number	

### Driver

Name of Driver	CHIAM CHOON AIK GERALD
NRIC No	S1288547D
Date Of Birth	19/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84482257
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	23 JALAN WAJEK
Postcode	588476
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	DRIZZLING
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)	2
Passenger 1	NAME: : GOJEK-PASSENGER
	GENDER: : FEMALE

#### 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 SKETCH PLAN AND POLICE REPORT: T/20191022/2081.

#### 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	SJU8146G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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	CHIAM CHOON AIK GERALD
Approximate Age	61
Injuries Sustain	
Injured person in which vehicle?	SMK7021G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	23 JALAN WAJEK
Postcode	588476



SKETCH PLAN

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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:

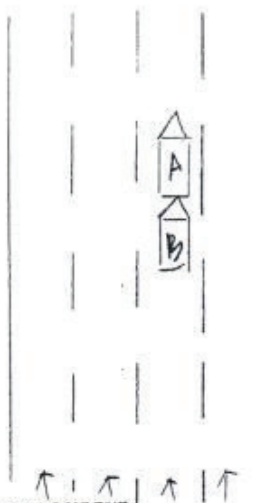
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22 OCT 2019

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

SKETCH PLAN



A: SMK 7021G  
B: SJU 8146G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Havelock Road

I was stationary at a traffic junction along Havelock Rd and suddenly a car came from behind and knock me on the rear. Driver of other car said he didnt know why his brakes are not working.

Vehicle NO: SMK 7021G

Place of Accident: Havelock Road

Time: 0820 Accident Date: 22.10.2019

3rd Party: SJU 8146G (Ng Jiew Hong S7512712Z)

DECLARATION

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

*[Signature]* HP: 84482257

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2 OCT 2019

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



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191022/2081

1 of 3

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

Report No. T/20191022/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2019 14:01	Vide Report No.:	Station Diary No.: 23
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## Informant's Particulars

Name of Informant: CHIAM CHOON AIK GERALD		Address: 23 JALAN WAJEK SINGAPORE 588476	
ID Type / ID No.: NRIC NO / S1288547D		Contact No.: Home/Office:	Mobile: 84482257
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 19/11/1957	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PDVL DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2019 08:15	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD				
Along Havelock Road at traffic junction		Road Surface: Wet	Road Speed Limit:	
Weather: Drizzling		Traffic Control: Not Controlled	Traffic Volume: Light	
Traffic Flow: One Way		Anyone conveyed by ambulance: No		
Type of Collision: Between Moving Vehicles - Head To Rear				

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU8146G	Car				Slightly Damaged	1
SMK7021G	Car				Slightly Damaged	1

## Details of Person Involved

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

## POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20191022/2081

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/20191022/2081

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG YEW HONG	ID No.	S7512712Z
Related Vehicle	SJU8146G (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
<b>Driver</b>			
Name	CHIAM CHOON AIK GERALD	ID No.	S1288547D
Related Vehicle	SMK7021G (Car)	Contact No.	84482257
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/10/2019	Date Discharge	22/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On the 22/10/2019 at about 0815hrs, I was driving my vehicle(SMK7021G) along Havelock Road, on lane 2 of 4 lanes. The road surface was slightly wet and a slight drizzle on the weather. Subsequently, I stopped my vehicle at the traffic junction when the light turned red. As I was waiting for the light to turn green, I suddenly felt an impact coming from the rear side of my vehicle. I then alighted from my vehicle and discovered that a vehicle(SJU8146G) had knocked onto my vehicle. The front left side of the vehicle had knocked onto the rear right side of my vehicle. There were damages to my vehicle as well. I spoke to the driver and he informed me that his brakes had failed causing the accident. I then exchanged particulars with the driver and left. Afterwards, I checked through my rear view camera and saw that the car had came in from the lane on my right and suddenly switched lanes causing it to knock onto my vehicle. Due to the accident, I felt pain on my back and neck. I then went to Mount Alvernia Hospital and was given 4 days of MC. I wish to state that I have the footage of the incident in my rear view camera.

Damages to my vehicle:

- 1) Dents on rear right side of vehicle
- 2) Scratches on rear right side of vehicle



**SINGAPORE  
POLICE FORCE**



T/20191022/2081

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570025  
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Report No. T/20191022/2081

## 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 2 QAMARUL FITRI BIN JEFFREY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/10/2019 14:01

Officer In Charge Of Case:

TP / AEIT L

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65476215

SN 070

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE