

## 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	04/11/2019 15:08
Date Of Accident	03/11/2019 09:50
Exact Location Of Accident	STEVEN ROAD JUNCTION OF ANDERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1817Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG LEASING PTE LTD
Co Reg No	201840603E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96779813

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994242
Cover Note Number	

### Driver

Name of Driver	PATRICK PAK YEW HUN
NRIC No	S2590096J
Date Of Birth	28/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1989
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96779813
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 44 CHAI CHEE STREET #11-102
Postcode	461044
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	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?	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)	2
Passenger 1	NAME: : GRAB 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 [OTHER]	CHAI CHEE NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20191103/2043

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH HC AUTO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK1294E
Vehicle Make/Model/Colour	APRILIA ISTX 150
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	EZRA JESUDASON GIDEON
NRIC/Passport Number	S9315906C
Contact Number	94195202
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

EZRA JESUDASON GIDEON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBK1294E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**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:

- 4 NOV 2019

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

4 NOV 2019 9:50 AM

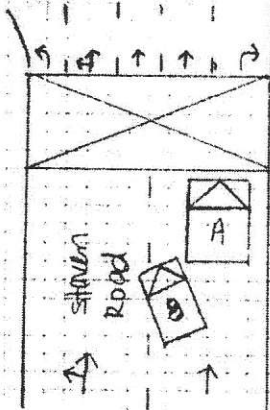
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Jenny Lim

- 4 NOV 2019

# Sketch Plan Pg. 2

## SKETCH PLAN



A: SMJ 18174

B: FRK D94E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report attached no T/20191103/2013.

## DECLARATION

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

Policyholder's Signature

Date & Time:

4 NOV 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time

4 NOV 2019 8:18 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No

Jenny Lim



**SINGAPORE  
POLICE FORCE**



T/20191103/2043

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

1 of 3

Report No. T/20191103/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/11/2019 12:33		Vide Report No.:		Station Diary No.: 9	
<b>Informant Particulars</b>					
Name of Informant: PATRICK PAK YEW HUN			Address: APT BLK 44 CHAI CHEE STREET #11-102 SINGAPORE 461044		
ID Type / ID No.: NRIC NO / S2590096J			Contact No.: Home/Office: Mobile: 96779813		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 28/08/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Private Driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2019 09:50	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD  Along Stevens Road junction of Anderson Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

FBK1294E	Motorcycle				Slightly Damaged	0
SMJ1817Y	Car				Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20191103/2043

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

2 of 3  
Report No. T/20191103/2043

## CONTINUATION OF REPORT

Name	Ezra Jesudason Gideon	ID No.	S9315906C
Related Vehicle	FBK1294E (Motorcycle)	Contact No.	94895202
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
Name	PATRICK PAK YEW HUN	ID No.	S2590096J
Related Vehicle	SMJ1817Y (Car)	Contact No.	96779813
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	NIL	Degree of Injury	NIL

**Brief Details.**

On the 03/11/2019 at about 0950hrs, I was travelling along Stevens Road towards Orchard Road on the first lane which I reach the junction of Stevens Road and Anderson Road using my vehicle SMJ1817Y. There was a traffic light at the junction at it was red at that time, thus I stop my vehicle outside the yellow box of the junction and wait for the traffic light to turn green. While waiting, suddenly I heard a loud bang at the rear of my vehicle and when I look at the rear of my vehicle, I saw a motorcycle on the ground of next to my vehicle. I proceed to make a check on him and call for the police for assistance. The said rider FBK1294E was conveyed to TTSH hospital by ambulance. My vehicle suffer damages to the rear left bumper valued unknown.

At the same time Traffic Police attended to us vide incident E/20191103/0093 and my in car camera SD card was taken by Traffic police Sgt(2) T130056 Siti Zahrah under in charge case IO Sufyan.





**SINGAPORE  
POLICE FORCE**



T/20191103/2043

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

3 of 3

Report No. T/20191103/2043

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 /  
SI CHEN ZHICHANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/11/2019 12:33

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt SUFIYAN BIN SUFIYAN  
Contact No.: 65476399



Classification Of Case:

Authentication Stamp

NP168

