

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 20/11/2019 17:56
Date Of Accident 18/11/2019 08:20
Exact Location Of Accident FARRER ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCR784R
Insured/Policyholder
Name Of Registered Owner AARON CONRAD BOEY BENG KEONG
NRIC No S2565624E
Email Address AARONBOEY@GMAIL.COM
Mobile Phone No (LOCAL) +65-96185337
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer LEXUS
Model GS300-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident NORMAL USAGE
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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA051534
Cover Note Number

Driver

Name of Driver AARON CONRAD BOEY BENG KEONG
NRIC No S2565624E
Date Of Birth 23/05/1961
Occupation INDOOR
Date Of Driving Pass 29/03/1988
Driving Experience 31 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96185337
Fax Number
Contact Number OFFICE-NOPHONE
EMail Address AARONBOEY@GMAIL.COM

Address	23 STEVENS DRIVE #02-01
Postcode	257914
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE HEADQUARTERS
Police Station Address	ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	FZ4485A
Vehicle Make/Model/Colour	HONDA / BLACK
Details Of Properties	NIL
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL HADI BIN MOHAMED SHAFIE
NRIC/Passport Number	
Contact Number	81135969
Address	BLOCK 629 BEDOK RESERVOIR RD #10-1632
Postcode	470629
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL HADI BIN MOHAMED SHAFIE
Approximate Age	
Injuries Sustain	MINOR BRUISES
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 629 BEDOK RESERVOIR RD #10-1632
Postcode	470629

SKETCH PLAN

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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: 20/11/19
1820

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

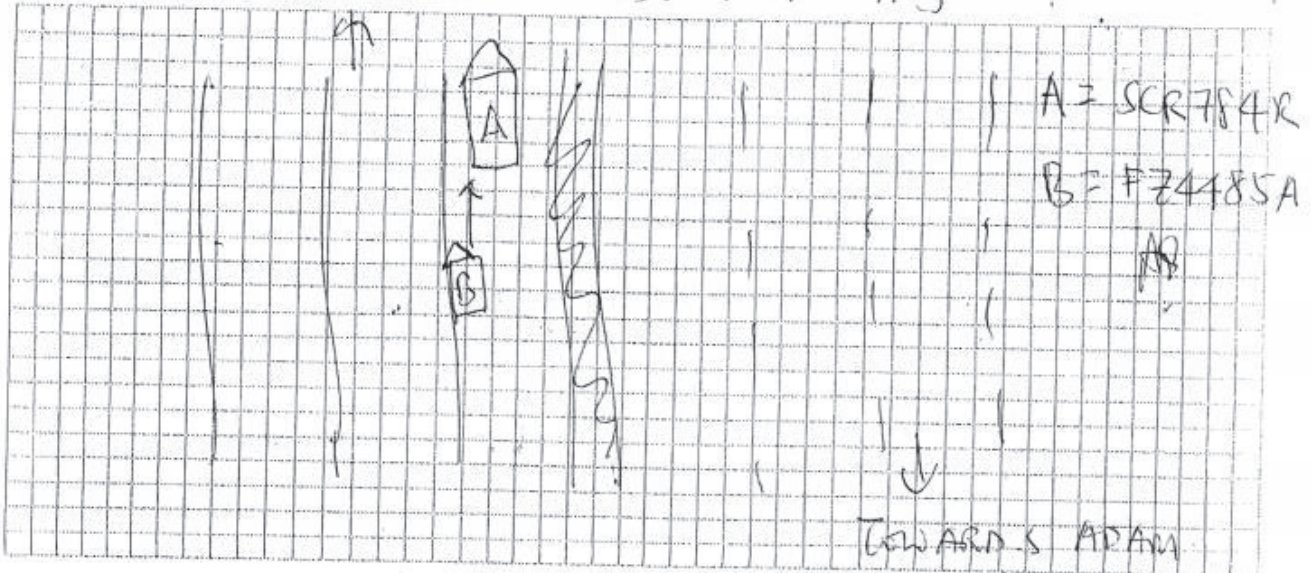
Name: Anna

NRIC/FIN No.:



SKETCH PLAN

PARRER ROAD TOWARDS QUEENSWAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20191118/7009

AS

DECLARATION

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

Policyholder's Signature

Date & Time: 20/11/19

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: Anna



**SINGAPORE
POLICE FORCE**



T/20191118/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191118/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 11:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AARON CONRAD BOEY BENG KEONG		Address: 23 STEVENS DRIVE #02-01 SINGAPORE 257914	
ID Type / ID No.: NRIC NO / S2565624E		Contact No.: Home/Office:	Mobile: 96185337
Nationality: SINGAPORE CITIZEN		Email: aaronboey@gmail.com	
Sex: Male	Age: 58	Date of Birth: 23/05/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CHIEF EXECUTIVE OFFICER		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: 18/11/2019.08:20	Type of Location: Straight Road
Location: FARRER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
FZ4485A	Motorcycle	HONDA		Black	Slightly Damaged	0
SCR784R	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191118/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191118/7009

CONTINUATION OF REPORT

Rider				
Name	ABDUL HADI BIN MOHAMED SHAFIE		ID No.	S9242026D
Related Vehicle	FZ4485A (Motorcycle)		Contact No.	81135969
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	AARON CONRAD BOEY BENG KEONG		ID No.	S2565624E
Related Vehicle	SCR784R (Car)		Contact No.	96185337
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.

At about 8.20am on 18th Nov 2019, I was driving along Farrer Road towards Queensway when a motorbike (Honda, FZ4485A) collided into my rear bumper. This was at the stretch of road close to Spanish Village condo. I was driving on the right-most lane in heavy morning traffic and attempting to switch to the lane to my left (middle lane). I activated my left indicator, checked my rear view mirror and my left wing mirror, and saw that the oncoming car (a Mercedes Benz) was a distance away. I then started to switch to the next lane. In that split second, I heard a horn being sounded a few times. I was baffled as the Mercedes Benz was still a distance away and I could not see any other vehicle close by (except that which was behind me on the same lane). The motorbike then hit the left corner of my rear bumper and the rider fell to the ground. He picked himself up immediately. Other motorcyclists stopped to help him move his bike to the left side of the road. After stopping and checking on him, I too moved my car to the side of the road. I checked his condition and there were no external bruises or wounds. He said he was generally ok although his leg could have been bruised under his trousers. We exchanged details and moved away at around 8.30am. I realised later that he must have been traveling at some speed as he could not slow down sufficiently even though he has time to sound his horn multiple times.

Rider's details:

Name: Abdul Hadi bin Mohamed Shafie

Sex: Male

NRIC: S9242026D

DOB: 12 Nov 1992

Address: Block 629 Bedok Reservoir Road, #10-1632, Singapore 470629



SINGAPORE
POLICE FORCE



T/20191118/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191118/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/11/2019 11:25

Classification Of Case: