

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	02/12/2019 16:17
Date Of Accident	30/11/2019 14:00
Exact Location Of Accident	ALONG KAMPONG BAHRU RD TURN RIGHT TO KAMPONG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1357S
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	999994018
Cover Note Number	

Driver

Name of Driver	LEE LIK CHUNG
NRIC No	S1828470G
Date Of Birth	06/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368306
Fax Number	
Contact Number	
Email Address	LLIKCHUNG@GMAIL.COM

Address	BLK 311B ANCHORVALE LANE #17-20
Postcode	542311
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : CHILDREN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T20191201/2052

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD COLLAPSED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH505A
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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 LEE LIK CHUNG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLT1357S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

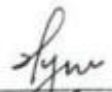
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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:

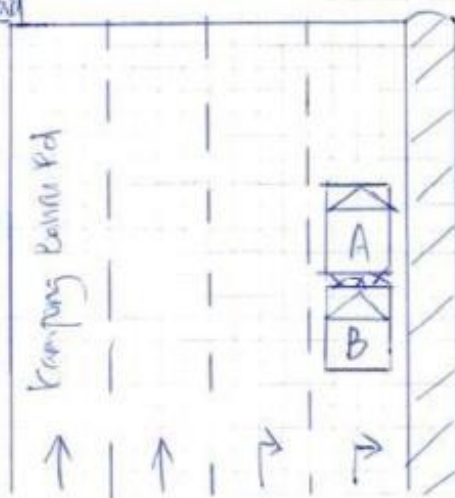

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 02/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN
Mount Faber Road

Kampar Bahru Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T / 2019/201 / 2052

DECLARATION

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

Policy ~~Signature~~
Date & Time:

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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/2019/201/2052

Police Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/2019/201/2052

CONTINUATION OF REPORT

Driver			
Name	LEE LIK CHUNG	ID No.	S1828470G
Related Vehicle	SLT1357S (Car)	Contact No.	96368306
Hospital/Clinic	Procross Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30/11/2019 at about 1400hrs, I am a Grab Driver driving my car bearing (SLT1357S) at a stationery position at Kampong Bahru Road turning right to Kampong Bahru Road when a vehicle from behind hit me. At that point of time the traffic flow is heavy and the road surface is dry. The vehicle number is (SJH505A). My vehicle sustain a slight damaged on my back bumper and boot whereas the vehicle(SJH505A) the front bumper had a slight damaged.

In my car there were two adults and one child. I did not managed to get their particulars as when the accident happened they left the scene straightaway even after I called for them numerous time. I did not know whether any of them is injured. However later that day my company informed me that they were injured. I also did not take the particulars of the driver(SJH505A)and did not know whether he is injured. He had no passenger with him. We only exchange particulars.

No ambulance and TP come to the scene.

I lodged this report for insurance purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

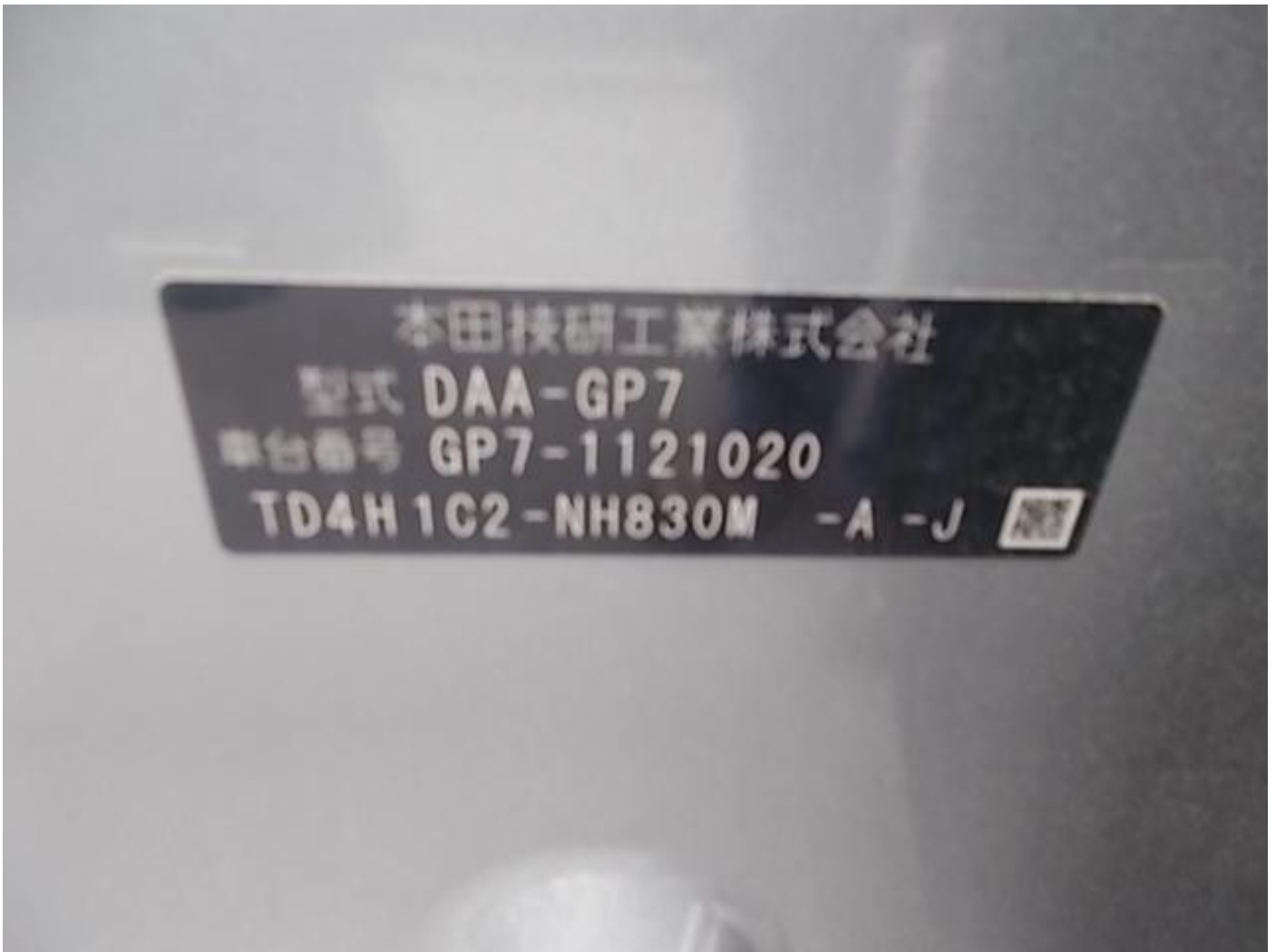


Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



7/20191201/2052

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 8 SINGAPORE 538775
Tel No: 1800-4890889

1 of 3
Report No: 7/20191201/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2019 13:22	Video Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: LEE LIK CHUNG		Address: APT BLK 311B ANCHORVALE LANE #17-20 SINGAPORE 542311	
ID Type / ID No.: NRIC NO / S1828470G		Contact No.: Home/Office: Mobile: 96368308	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 06/11/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2018 14:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 KAMPONG BAHRU ROAD KAMPONG BAHRU ROAD Turning right to Kampong Bahru Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	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
SJH505A	Car				Slightly Damaged	0
SLT1357S	Car				Slightly Damaged	3

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T201912012052

Police Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4897999

2 of 3

Report No: T201912012052

CONTINUATION OF REPORT

Driver			
Name	LEE LUK CHUNG	ID No.	S1828470G
Related Vehicle	SLT1357S (Car)	Contact No.	96368306
Hospital/Clinic	Prograss Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B-3 Date of Expiry: NIL
Date Treatment	01/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30/11/2019 at about 1400hrs, I am a Grab Driver driving my car bearing (SLT1357S) at a stationary position at Kampong Bahru Road turning right to Kampong Bahru Road when a vehicle from behind hit me. At that point of time the traffic flow is heavy and the road surface is dry. The vehicle number is (SJH505A). My vehicle sustain a slight damaged on my back bumper and boot whereas the vehicle(SJH505A) the front bumper had a slight damaged.

In my car there were two adults and one child. I did not managed to get their particulars as when the accident happened they left the scene straightway even after I called for them numerous time. I did not know whether any of them is injured. However later that day my company informed me that they were injured. I also did not take the particulars of the driver(SJH505A)and did not know whether he is injured. He had no passenger with him. We only exchange particulars.

No ambulance and T.P come to the scene.

I lodged this report for insurance purposes.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4880889



T/2019/201/2052

3 of 3

Report No: T/2019/201/2052

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:
F /
Sgt 2 MOHAMMAD KHAIRUL BIN KATMADI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AE / T /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP108

Signature Of Informant:

Date/Time:
01/12/2019 13:22

Classification Of Case: