

## ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/19 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: NGEE ANN CITY DROP OFF

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUC77027  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 1806045939-01  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MERCEDES BENZ E200  
f) TYPE: COUPE / SALOON / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

### 2. INSURED / POLICY HOLDER

- A) NAME: CHAN LI CHEN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7916942J CONTACT: 90887929  
c) ADDRESS: BLK 202 BOON LAY DRIVE #11-29 SC640202

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: KOH YEE WEI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S79298592 CONTACT: 97480547  
c) ADDRESS: BLK 202 BOON LAY DRIVE #11-29 SC640202

\*d) DATE OF BIRTH: 25/09/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) YES

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: ONLINE

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SM155553 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT:  CONTACT:

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:  MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:  CONTACT:

LKK Address:

Blk 51, Ubi Avenue 1

#01-05 Paya Ubi Industrial Park

Singapore 408933

Email: [reporting@revoauto.com.sg](mailto:reporting@revoauto.com.sg)

Fax: 6450 4584


## SKETCH PLAN


### 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. 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.

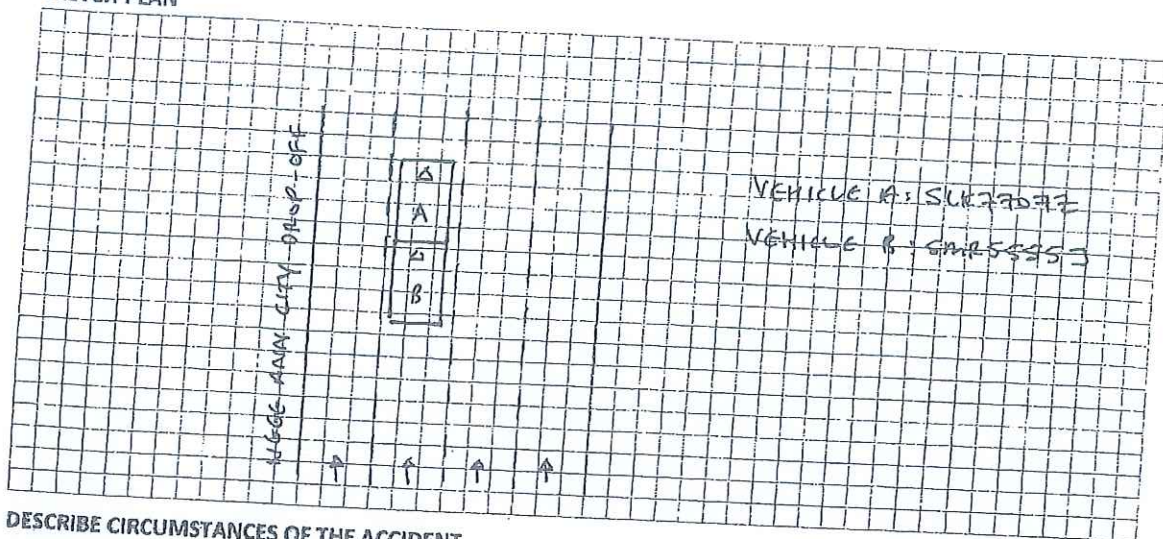
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was in my car, SLK77077, going straight on the second lane from the left. I felt an impact from the rear of my car. I came down to determine what happened and saw a car, SMR55555, hit onto the rear of my car.

## 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.:



**SINGAPORE  
POLICE FORCE**



E/20191209/7006

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20191209/7006

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>09/12/2019 11:25                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>KOH YEE WEI                             | Address<br>APT BLK 202 BOON LAY DRIVE #11-29 SINGAPORE<br>640202           |                   |
| ID Type / ID No.<br>NRIC NO / S7929859Z                      | Contact No.<br>Home/Office:<br>Mobile:<br>97480547                         |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>lawlov1055@gmail.com                                      |                   |
| Occupation<br>EDUCATOR                                       | Sex<br>Male  | Age<br>40         |
| Institution/School Name                                      | Date of Birth<br>25/09/1979  | Race<br>Chinese   |
| Date/Time Of Incident<br>07/12/2019 17:15 - 07/12/2019 17:30 | Location Of Incident<br>391 ORCHARD ROAD NGEE ANN CITY SINGAPORE<br>238872 |                   |

**Brief details.**

On the stated date and time, I was travelling straight in my car, SLK 7707 Z, and came to a stop due to the congestion. I felt an impact from the rear of my car as such i went down to access the situation. When i went down i saw a car, SMR 5555 J, hit onto the rear of my car. I exchanged particulars with the other party and we decided to proceed with an insurance claim.

When i woke up today, i felt pain on my neck and back as such i went to seek advice from a professional.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>09/12/2019 11:25   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



E/20191209/7006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191209/7006

I went to see a doctor and was given 5 days of medical leave.

|                           |  |          |                       |
|---------------------------|--|----------|-----------------------|
| Subjects Involved         |  |          |                       |
| Suspect                   |  |          |                       |
| Person Name               | SMR 5555 J   |          |                       |
| Victim                    |  |          |                       |
| Person Name               | KOH YEE WEI  |          |                       |
| ID Type                   | NRIC NO  | ID No    | S7929859Z             |
| Gender                    | Male   | Age      | 40                    |
| Race                      | Chinese  | Language | English               |
| Occupation                | EDUCATOR   |          | Address Type          |
| Address                   | APT BLK 202 BOON LAY<br>DRIVE #11-29 SINGAPORE<br>640202 |          | Mobile No<br>97480547 |
| Is Informant A<br>Victim? | Yes  |          |                       |
| Person Name               |  |          |                       |
| KOH YEE WEI (Informant)   |  |          |                       |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
09/12/2019 11:25

Classification Of Case:

Authentication Stamp