

## 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	16/12/2019 15:55
Date Of Accident	14/12/2019 22:40
Exact Location Of Accident	HAVELOCK ROAD TOWARDS UPPER PICKERING STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9846B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTCARE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96826300

### Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA GRANDSPORT B15XHT-1.5 (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE HIRE
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994322
Cover Note Number	

### Driver

Name of Driver	HO CHIN NREN, TERENCE
NRIC No	S9001562A
Date Of Birth	11/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87528988
Fax Number	
Contact Number	
E Mail Address	TERRYHO96@GMAIL.COM

Address	30 YIO CHU KANG ROAD #03-03
Postcode	545550
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
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.	YES
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 [OTHER]	SERANGOON NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20191215/2086

#### 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	RAILING
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**


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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:

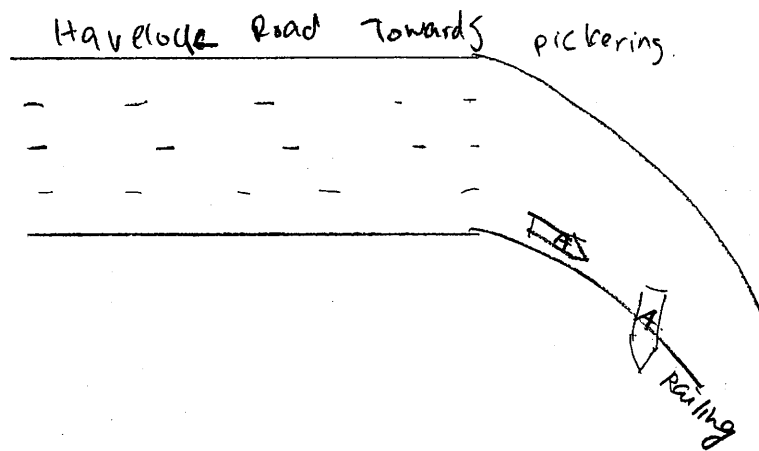
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 16 DEC 2019

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report: T/20191215

## 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: 16 DEC 2019

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



**SINGAPORE  
POLICE FORCE**



T/20191215/2086

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20191215/2086

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2019 15:18	Vide Report No.: A/20191214/0168	Station Diary No.: 89
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**Informant's Particulars**

Name of Informant: HO CHIN NREN, TERENCE			Address: 30 YIO CHU KANG ROAD #03-03 SINGAPORE 545550		
ID Type / ID No.: NRIC NO / S9001562A			Contact No.: Home/Office: Mobile: 87528988		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 11/01/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 14/12/2019 22:40	Type of Location: Bend
Location: Along Road 1 HAVELOCK ROAD				
Along Havelock road towards Upper Pickering street				
Weather: Cloudy	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMG9846B	Car				Slightly Damaged	0



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T/20191215/2086

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Report No. T/20191215/2086

**CONTINUATION OF REPORT**

**Brief Details.**

On 14 December 2019 at about 2243hrs, I was driving my rented car bearing SMG9846B along lane 1 of Havelock Road towards Upper Pickering Street. The sky was cloudy and the road was wet but it was not raining. As I applied the brakes, the car wheels locked and my car skidded, went up the kerb and collided onto the center road divider. There was 2 other taxi that got into an accident while trying to avoid my car. Police was at scene and advised me to lodge a traffic accident report. No one was injured. The front bumper was slightly dislodged and punctured, the right headlight was also cracked. The center road divider was also damaged. There is in-car camera install in my car, both front and rear. That is all.



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T/20191215/2086

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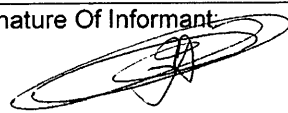

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Report No. T/20191215/2086

**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 TOH RUNYU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 15/12/2019 15:18
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp  
NP168