**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 08/01/2020 11:49**

# 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 witholding 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 | 08/01/2020 11:41 |
| Date Of Accident | 06/01/2020 07:40 |
| Exact Location Of Accident | BRADDELL RD TWDS TOA PAYOH LP/62V2 |
| Country/State of Loss | SINGAPORE |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SFD1608Z |
| **Insured/Policyholder** | |
| Name Of Registered Owner | CHUANG YEW KEONG NIMROD |
| NRIC No | SXXXX553F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97437071 |
| Alternative Phone No | OFFICE-97437071 |
| **Vehicle Particulars** | |
| Manufacturer | KIA |
| Model | CARENS |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100476066-03 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | CHUANG YEW KEONG NIMROD |
| NRIC No | SXXXX553F |
| Date Of Birth | 04/01/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/02/2000 |
| Driving Experience | 19 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97437071 |
| Fax Number | |
| Contact Number | OFFICE-97437071 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 74 TELOK BLANGAH HEIGHTS #19-305 |
| Postcode | 1000074 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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 | TELOK BLANGAH NEIGHBOURHOOD POLICE POST |
| Police Station Address | **ROAD**: BLK 51 TELOK BLANGAH DRIVE , **POSTCODE:** 100051 , **COUNTRY**: SINGAPORE |
| Police Station Contact | **TEL NO**: 1800-2729999 - **FAX NO**: 63772526 |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

REFER TO POLICE REPORT T/20200106/2209

**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 | SKD2376B |
| 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 | CHUANG YEW KEONG NIMROD |
| Approximate Age | |
| Injuries Sustain | NECK N BACK |
| Injured person in which vehicle? | SFD1608Z |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

## 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

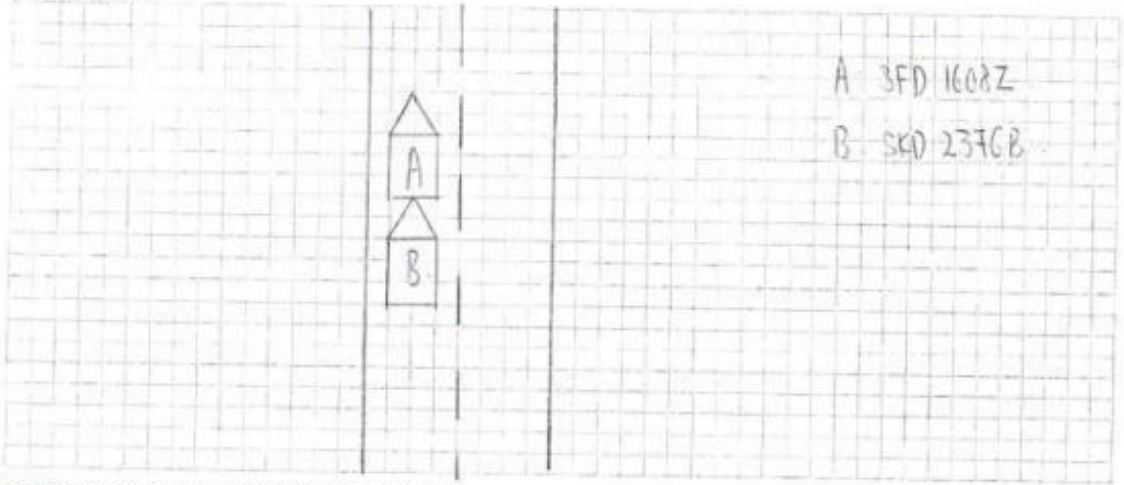
   (ii) for complying with requirements under any regulations, laws or court orders.

| | | |
|---|---|---|
| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |

GIAMC SketchPlanForm_V3

**Accident Sketch Plan**

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

* Refer the attached Police Report No: T/20200106/2209

**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

T/20200106/2209



Report No. T/20200106/2209

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 06/01/2020 21:52 | | 42 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>CHUANG YEW KEONG NIMROD | | | Address:<br>APT BLK 74 TELOK BLANGAH HEIGHTS #19-305<br>SINGAPORE 100074 | |
| ID Type / ID No.:<br>NRIC NO / S7700553F | | | Contact No.:<br>Home/Office: Mobile: 97437071 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>43 | Date of Birth:<br>04/01/1977 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language:<br>English | Institution / School Name: |
| Occupation:<br>PROJECT MANAGER | | | Driving Licence Information:<br>Class: 3 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury | Drink Drive: | Date/Time of Accident: | Type of Location: |
|---|---|---|---|---|
| | Others | No | 06/01/2020 07:40 | Flyover |

Location:
Along Road 1
BRADDELL ROAD

ALONG BRADDELL ROAD ON THE VIADUCT TOWARDS THE DIRECTION OF TOA PAYOH, LANE 2
Lamp Post Number: 62V2

| Weather: | Road Surface: | Road Speed Limit: |
|---|---|---|
| Clear | Dry | 80 Km/h |
| Traffic Flow:<br>One Way | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy |
| Type of Collision:<br>Moving Vehicle to Stationary Vehicle - Head to Rear | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| SFD1608Z | Car | KIA | CARENS 1.7(A) DIESEL | Beige | Slightly Damaged | 0 |
| SKD2376B | Car | VOLVO | | Grey | Slightly Damaged | 4 |

SINGAPORE POLICE FORCE

T/20200106/2209



Report No. T/20200106/2209

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|---|---|---|---|---|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SFD1608Z | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100476066-03 | 26/07/2019 | 25/07/2020 |

| Details of Person Involved | | | | | |
|---|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | | |
| Name | CHUANG YEW KEONG NIMROD | | ID No. | S7700553F | |
| Related Vehicle | SFD1608Z (Car) | | Contact No. | 97437071 | |
| Hospital/Clinic | ELYON FAMILY CLINIC AND SURGERY PTE LTD | | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL | |
| Date Treatment | 06/01/2020 | | Date Discharge | 06/01/2020 | |
| No. of Days granted Medical Leave | 02 | | Degree of Injury | Slight | |
| Driver | | | | | |
| Name | Parriaud Olivier Andre Claude | | ID No. | G5974754T | |
| Related Vehicle | SKD2376B (Car) | | Contact No. | 92337313 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL<br>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 06/01/2020 at about 0740hrs, I was driving my vehicle and travelling along Braddell Road on the Viaduct lane 2 towards the direction of Toa Payoh.
While I was driving, the weather was clear, the road surface was dry and the traffic was heavy. I stop my car due to the heavy traffic and suddenly I felt an impact coming from the rear of my car.

I made a check and realized that the car at my rear had collided to my car. At that point of time nobody was injured, both driver exchanged particulars and contact number. I felt discomfort around my neck area and lower back area I then went for medical checkup at a clinic and was given 2 days MC. My car is install with in-car camera but however there is some error with the camera thus there isn't any footage available. I had seek the kind assistance from the driver at my front Mr. Irvin Toh (HP: 92388538) if he could provide me with his in-car camera footage.

SINGAPORE POLICE FORCE

T/20200106/2209



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

**CONTINUATION OF REPORT**

SINGAPORE POLICE FORCE

T/20200106/2209

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



**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:<br>D /<br>Sgt 1 ONG JING WEI | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>06/01/2020 21:52 |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI MOHAMAD ZULFAZDLI BIN ABDULLAH<br>Contact No.: 65476204 | Classification Of Case: |
| Authentication Stamp<br>NP168 | |

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

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