

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	20/01/2020 09:22
Date Of Accident	18/01/2020 09:50
Exact Location Of Accident	JUNC OF KENSINGTON PARK RD & PORTCHESTER AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6357A
Insured/Policyholder	
Name Of Registered Owner	CHEE GAN CHIN
NRIC No	SXXXX023Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92980897
Alternative Phone No	OFFICE-92980897

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	1900171338
Cover Note Number	

Driver

Name of Driver	KEVIN MATTHEW KHOO BOON CHUAN
NRIC No	SXXXX204E
Date Of Birth	14/05/1971
Occupation	INDOOR
Date Of Driving Pass	16/02/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92980897
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	2 PALM GROVE AVE
Postcode	547284
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SFJ2282R
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)	

SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

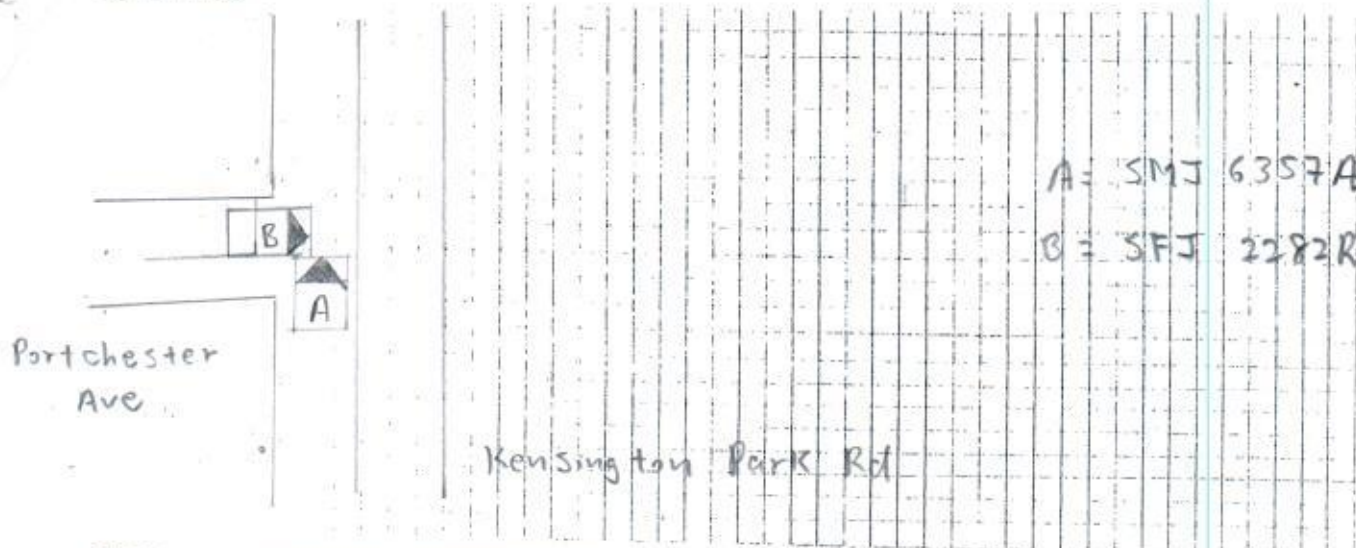
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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


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

I was travelling along Kensington Park Rd. while approaching Junction with Portchester Ave, suddenly Veh B dashed out from the Portchester Ave and hit onto my veh left front portion.

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.:

Junction of

ACCIDENT STATEMENT

Kensington Park ACCIDENT DATE: 18/01/2020 (DD/MM/YYYY), TIME: 09:52 (HH:MM)

Rd & Portchester
Ave.

LOCATION: KENSINGTON PARK RD TOWARDS SERANGOON GARDENS
COUNTRY CLUB AT THE JUNCTION
OF PORTCHESTER AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 6357A
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 190017P338
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA SHUTTLE
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHEE GAN CHIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S20190232 CONTACT: 92980897
c) ADDRESS: 2 PALM GROVE AVENUE S1547284

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KEVIN MATTHEW KHOO BOON CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7118204E CONTACT: 92980897
c) ADDRESS: 2 PALM GROVE AVENUE S1547284

* d) DATE OF BIRTH: 14/05/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 RS 11 MONTHS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS
b) ROAD SURFACE: (DRY) WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFJ 2282 R 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:

No of passengers
(including driver)

(2)

1
2

No of passengers
(including driver)

()

No of passengers
(including driver)

()

Email =

fax =

VIDEO = Yes



Name of Policyholder	Chan Gan Chin
Period of Insurance	29 Sep 2019 To 28 Sep 2020
Engine No.	LE87101201
Chassis No.	DF2009817

Vehicle No.	20JJE357A
Policy No.	1900171328
Endorsement No.	
Issued Date	26 Sep 2019

Make/Model	HONDA Shuttle	Sum Insured	Market Value	First Year of Registration	2019
Engine Capacity/Tonnage	1495 CC	Off Peak Car	No	Insuring with CCE/PARF	Yes

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Age Condition 25 years old and above

Limitations on use*

under the same document and electronic signatures used by the Multiplier's Issuance. This Policy shall not cover and be held in regard, giving effect, stating text, writing, paper-making, whether that is
 not in writing, the language of general office that purports to constitute and any issue or document or case for any purpose to constitute with those issues.

* Landowners mentioned in paragraphs 10, 11 and 12 of the Motion indicate (Third Party Notice and Subpoenaed) that Cap. 188, Section 30 of the Road Transport Act, 1987 (Malawi) and Road Transport (Regulations) Act, 2019, was not to be executed under this casefile.

Pre: \$2, Open Course: \$1100, Text: \$1, Final Course: \$1100

Section 2
Property Insurance - \$5

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Named Driver and Excess (also optional)

Chris East-Dye

[illegible]

IMPORTANT NOTES

Here Purchase Company Employer's Loan DBS BANK LTD

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Keywords: child sexual abuse; disclosure; self-blame

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