

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	25/02/2020 11:18
Date Of Accident	25/02/2020 07:50
Exact Location Of Accident	SIGLAP ROAD TURNING INTO BURNFOOT TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2956B
Insured/Policyholder	
Name Of Registered Owner	MICHELLE SAW MEI SIAN
NRIC No	SXXXX723D
Email Address	GREGPHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90906668
Alternative Phone No	OFFICE-90906668

Vehicle Particulars

Manufacturer	AUDI
Model	A5 SB 2.0 TFS
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?	YES
If No, Please state action to be taken	
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	1900130787
Cover Note Number	

Driver

Name of Driver	PHUA JIN LEE GREGORY
NRIC No	SXXXX928Z
Date Of Birth	24/02/1966
Occupation	INDOOR
Date Of Driving Pass	25/10/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96986866
Fax Number	
Contact Number	
EEmail Address	GREGPHUA@GMAIL.COM

Address	35 JALAN BANGSAWAN
Postcode	457812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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)	3
Passenger 1	NAME: : MICHELLE SAW GENDER: : FEMALE
Passenger 2	NAME: : MATTHEW PHUA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ737G
Vehicle Make/Model/Colour	YAMAHA RED/BLACK
Details Of Properties	
Vehicle Category	MOTORCYCLE

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
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBJ737G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

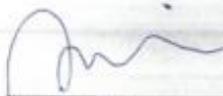
SKETCH PLAN

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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: 25/02/2020

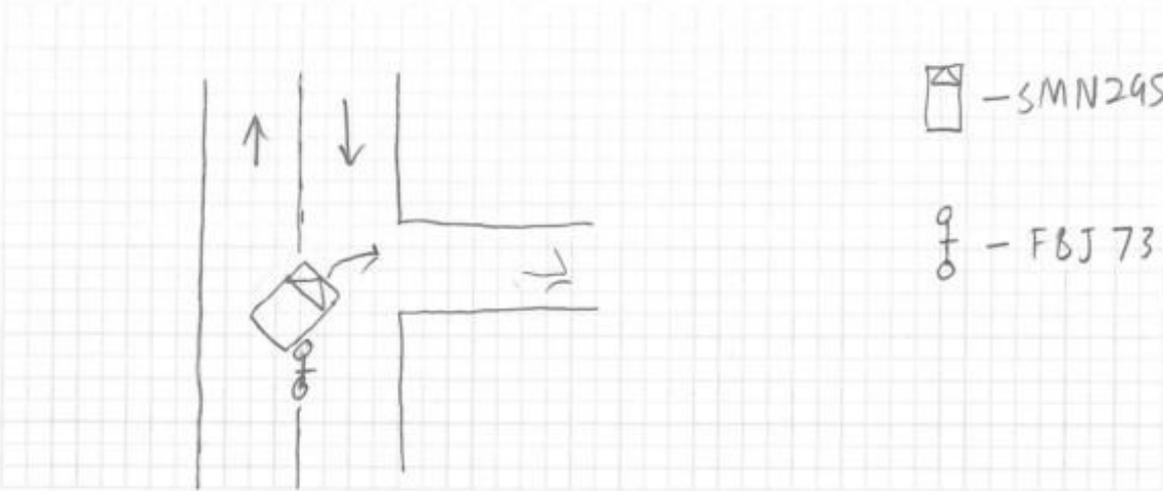


Reporting Centre Personnel's Signature

Name: Tom Fong
NRIC/FIN No.: 672040147X

Sketch Plan #2

SKETCH PLAN

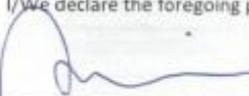


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the Police Report
NO: T/20200225/2018

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: 25022020



Reporting Centre Personnel's Signature

Name: Tony Fong
NRIC/FIN No.: 672040KTM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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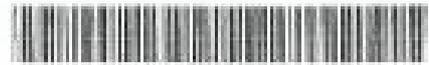
Accident Photo



Police Report



SINGAPORE
POLICE FORCE



T/20200225/2018

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No: T/20200225/2018

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 65474835 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 TAN XIN XUE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/02/2020 09:38

Officer In Charge Of Case:
TP / GIT /
3. MUHAMMAD RIZWAN BIN KAMALUDIN
SP No: 65476185

Classification Of Case:

Authentication Stamp
NP 188

SIGNATURE

Police Report



SINGAPORE
POLICE FORCE



T120200225/2018

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T120200225/2018

CONTINUATION OF REPORT

Brief Details.

On 25/02/2020 at 0750hrs to 0755hrs, I(SMN29568) was traveling along Siglap road when i turned right into burnfoot terrace as the lane was cleared however the next moment, I realized there was bang sound and there was a rider (FBJ737G) was lying on the road beside me (right side). My son quickly called for 995 and subsequently there was traffic police and ambulance at the scene. the rider have been conveyed to hospital (CGH) . I wish to state that I have a inbuilt cam in my vehicle and Traffic police had taken the SD card .

Police Report



**SINGAPORE
POLICE FORCE**



T/20200225/2018

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No. T/20200225/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2020 09:38	Video Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: PHUA JIN LEE GREGORY		Address: 35 JALAN BANGSAWAN SINGAPORE 457812	
ID Type / ID No. NRIC NO / S1762928Z		Contact No.: Home/Office:	Mobile: 99986866
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 24/02/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: unemployed		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2020 07:50	Type of Location: Bend
Location: Along Road 1 SIGLAP ROAD				
Turning into Bumfoot Terrace				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ737G	Motorcycle				Slightly Damaged	0
SMN2958B	Car				Slightly Damaged	2