

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	12/03/2020 19:11
Date Of Accident	11/03/2020 22:10
Exact Location Of Accident	SLE TWDS BKE AFTER WOODLANDS AVE 12 NEAR EXIT 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA53M
Insured/Policyholder	
Name Of Registered Owner	KHONG HENG KOW ARTHUR
NRIC No	S1543119I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83837711
Alternative Phone No	Office-83837711

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180
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 CAR

Insurance Company

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

Driver

Name of Driver	POH SIOK BEE
NRIC No	S7011835A
Date Of Birth	08/04/1970
Occupation	INDOOR
Date Of Driving Pass	21/02/1994
Driving Experience	26 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-83837557
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	53 MARIAM WALK
Postcode	507134
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSY7331 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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: : KHONG HENG KOW Gender: : Male
Passenger 2	Name: : KHONG WEI JIE 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 ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSY7331
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Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	NG CHOON SWEE
NRIC/Passport Number	820823-01-6227
Contact Number	+60127127911
Address	NO 3 JLN BAYU 8 TAMAN SRI BAYU JOHOR
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBQ2883S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU YUN
NRIC/Passport Number	S2636044G
Contact Number	97858700
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KHONG HENG KOW
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SMA53M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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

12/03/2020
17:40 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

12/03/2020
17:40 PM

Reporting Centre Personnel's

Name:

Vincent Seah
Vehicle & Carriage Industries Pre-Inspection Centre
1271 1271
Body Care & Repair Centre
401 HP: 8332 0062 Fax: 8332 0063
Email: vincent.seah@cyclocarriage.com.sg

SKETCH PLAN

refer to photo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

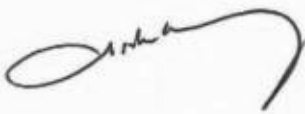
refer to crash.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

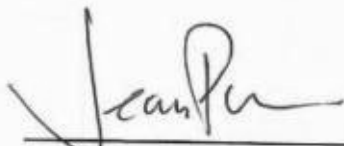
Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)



Policyholder's Signature

Date & Time 12/03/2020
17:40 PM



Driver's Signature

(If driver is not the policyholder)

Date & Time 12/03/2020
17:40 PM

Reporting Centre Personnel's
Name:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Cycle Care & Repair Centre
Body Care & Repair Centre
ID: 6771 4401 HP: 8313 0062 Fax: 8872 1272
Email: vincent.seah@cyclecarriage.com.sg

On 11 March 2020 at about 2210 hours, I was driving my vehicle, registration number SMA53M, with my youngest son, Khong Wei Jie Nedrick of NRIC T0044850D, who was seated beside me in the driver seat, and my husband, Khong Heng Kow Arthur of NRIC S1543119I who was seated in the rear seat behind me (the driver seat). I was travelling along SLE towards BKE after Woodlands Avenue 12 (near Exit 10) and was about to approach Exit 10 of the expressway as I was heading towards Tengah Air Base (final destination). I was queueing to Exit 10 and suddenly a vehicle bearing registration number SBQ2883S (Driver Ms Susan of NRIC S2636044G) came to a sudden stop. On my part, I then jammed my brake and came to a complete stop. My vehicle did not hit into SBQ2883S. After which within 4 to 6 seconds, a big lorry bearing registration number JSY7331 ramped into the back of my vehicle.

Due to the impact of the lorry JSY7331 ramming into the rear of my vehicle, my vehicle surged forward and hit vehicle of registration number SBQ2883S in front of my vehicle.

I was shocked and realised that my husband sitting at the rear passenger seat behind the driver seat was injured. In fact, when I came out of my vehicle, my husband has become unconscious. I was subsequently told by my husband that apparently he may have blacked out due to the impact of the lorry crashing into my vehicle.

The lorry driver, Ng Choon Swee of Malaysia Identity Card Number 820823-01-6227, came forward and immediately apologised to me. He said 'sorry, the road is very wet.' and apparently he could not stop on time. I immediately requested for my son to call for an ambulance. Shortly after, the Police and ambulance lifted my husband out of the car onto a stretcher to the ambulance and sent him to Khoo Teck Phuat Hospital A&E. At the hospital, my husband was required to undergo an x-ray and CT scan. My husband was subsequently discharged at about 5.30pm and the hospital bill came to about \$2000, and given 5 days' medical leave.

I also wish to state that there is a in-car camera in our vehicle and the Police has removed and taken away the SD card. The Acknowledgement Slip Police Report Number is L/20200311/0175. Name of Police Officer is Raman, SST09061.



SMA 53M

Poh Sook Bee

12 March 2020