

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	26/03/2020 15:12
Date Of Accident	21/03/2020 18:10
Exact Location Of Accident	T-JUNCTION OF YISHUN AVE 8/YISHUN AVE 9(WIN5 BLDG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3256H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	CHEW.DESMOND@DEME-GROUP.COM
Mobile Phone No	(LOCAL) +65-96153571
Alternative Phone No	OFFICE-96153571

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	CHEW KIAN LYE, DESMOND (ZHOU JIANLAI, DESMOND)
NRIC No	SXXXX344A
Date Of Birth	15/04/1984
Occupation	INDOOR
Date Of Driving Pass	04/03/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96153571
Fax Number	
Contact Number	OTHERS-96153571
EEmail Address	CHEW.DESMOND@DEME-GROUP.COM

Address	BLK 331B ANCHORVALE STREET #10-565
Postcode	542331
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	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?	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.	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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT L/20200322/7024

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	FBK3554S
Vehicle Make/Model/Colour	
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)	2

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.

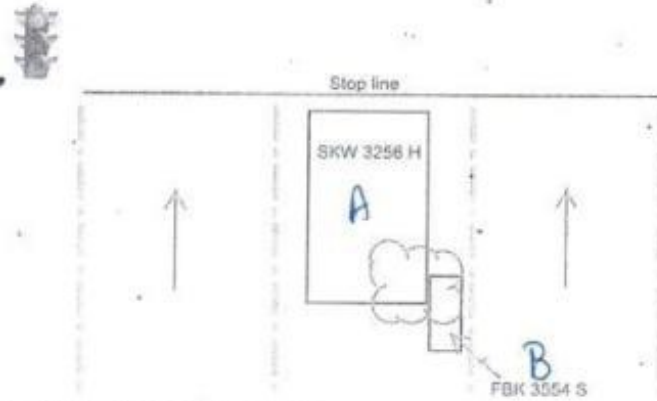

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/03/2020 1600hrs


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car (SKW 3256 H) that I am driving stopped at the traffic light stationary when turns red, out of sudden a white/black motorbike (FBK 3554 S) slidded and hit the right rear of Car (SKW 3256 H), which caused slight dent and scratches. Checked on the rider and pillion, minor laceration on the foot (both) and exchanged particulars.

Accident happened opposite Win5, along Yishun ave 8, intersection of Yishun Ave 9 towards Canberra

Police Report 4/20200322/7024

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: 23/03/2020 1600hrs

Reporting Centre / Inspector's Signature
Date: 26/03/2020
RSL WAB

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20200322/7024

1 of 2

POLICE REPORT (NP299)

Report No. L/20200322/7024

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 22/03/2020 16:39	Vide Report No.	Station Diary No.
Name Of Informant CHEW KIAN LYE, DESMOND	Address APT BLK 331B ANCHORVALE STREET #10-565 SINGAPORE 542331	
ID Type / ID No. NRIC NO / S8411344A	Contact No. Home/Office:	Mobile: 90694946
Nationality SINGAPORE CITIZEN	Email Address klchew84@gmail.com	
Occupation Marine superintendent (deck)	Sex Male	Age 35
Institution/School Name	Date of Birth 15/04/1984	Race Chinese
Date/Time Of Incident 21/03/2020 18:20 - 21/03/2020 18:30	Location Of Incident 15 YISHUN INDUSTRIAL STREET 1 WIN 5 SINGAPORE 768091	

Brief details.

While driving along yishun ave 8 intersection of yishun ave 9, i stopped at traffic light which turn red.
Suddenly a motorbike number plate of FBK3554S skidded and hit the right back rear of the car
SKW3256H that I'm driving.

Minor injuries on the rider and pillion, both had some foot abrasion no major injuries seen.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2020 16:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20200322/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200322/7024

Damage on the right rear back (drive seat), no other serious damages, no damage on government properties.

We exchanged particulars on further claims.

Subjects Involved			
Victim			
Person Name	CHEW KIAN LYE, DESMOND		
ID Type	NRIC NO	ID No	S8411344A
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Marine superintendent (deck)	Address Type	
Address	APT BLK 331B ANCHORVALE STREET #10-565 SINGAPORE 542331	Mobile No	90694946
Is Informant A Victim?	Yes		
Person Name CHEW KIAN LYE, DESMOND (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2020 16:39
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

