

## 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	06/02/2020 16:54
Date Of Accident	06/02/2020 11:00
Exact Location Of Accident	ANCHORVALE STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6685A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OEI KUAN DOONG,LARRY
NRIC No	S7907437C
Email Address	LARIEEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97863088
Alternative Phone No	Others-90406403

### Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.2
Exact Purpose for which vehicle was being used at time of accident	OWN 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	1800068701
Cover Note Number	

### Driver

Name of Driver	OEI KUAN DOONG,LARRY
NRIC No	S7907437C
Date Of Birth	20/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1999
Driving Experience	21 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97863088
Fax Number	
Contact Number	OTHERS-90406403
E-Mail Address	LARIEEE@YAHOO.COM
Address	BLK 416B FERNSVALE LINK #18-92
Postcode	792416
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	SUNNY
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)	4
Passenger 1	Name: : SNG YAN TING Gender: : Female
Passenger 2	Name: : AYEN PANONCIAL Gender: : Female
Passenger 3	Name: : OEI JUN ZHE Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

#### 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	FBD8706A
Vehicle Make/Model/Colour	HONDA WAVE 125XA BLUE
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	MOTORCYCLIST
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBD8706A
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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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.

  
6/2/2020 1600hrs

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.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



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**



T20200208/2081

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T20200208/2081

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMA6686A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800086701	18/06/2018	17/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Cei Kuan Doong Larry	ID No.	S7907437C
Related Vehicle	SMA6686A (Car)	Contact No.	97883088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 06/02/2020 at about 1100hrs, I was driving straight along Anchorvale Street towards Compassvale Street. As I thought that the traffic light was green, I continued to go straight at the traffic junction of Anchorvale Street and Anchorvale Crescent. Out of sudden, I saw a motorcycle from the opposite direction making a right turn towards my left going to Anchorvale Crescent. I could not react in time and bang onto the motorcycle. The motorcyclist fell on the ground and I get down the vehicle to made a check. He managed to sit upright and did not complain of anywhere pain to me. Thereafter, he was conveyed to the hospital by the ambulance. As the sun was very glaring, I am still unsure if I haven't beaten a red light. The traffic police has attended to the case. The incident number is P/20200208/0078.

I wish to state that I do not have any injuries at the moment. I have an in-build car camera in my vehicle the SD card was handed over to the Traffic Police.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200206/2081

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200206/2081

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: F / Staff Sgt LOI SHI HUI		Signature Of Informant...	
Signature Of Interpreter: Not applicable		Date/Time: 06/02/2020 15:07	
Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No : 65476066		Classification Of Case:	
Authentication Stamp NP102		Signature:	

Singapore Police Force

Identification Card

