

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	04/05/2020 09:26
Date Of Accident	02/05/2020 10:00
Exact Location Of Accident	PETIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4515J
Insured/Policyholder	
Name Of Registered Owner	PHUA KOK KEONG
NRIC No	S1762477F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97283890
Alternative Phone No	Others-97283890

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 (A)
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	2100359288
Cover Note Number	

Driver

Name of Driver	PHUA KOK KEONG
NRIC No	S1762477F
Date Of Birth	01/11/1966
Occupation	INDOOR
Date Of Driving Pass	24/04/1989
Driving Experience	31 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97283890
Fax Number	
Contact Number	OTHERS-97283890
EMail Address	NOEMAIL
Address	BLK 626 CHOA CHU KANG ST 62 #11-168
Postcode	680626
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	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED POLICE REPORT

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	FBG8259H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	LOW THIAN MENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LOW THIAN MENG
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBG8259H
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.



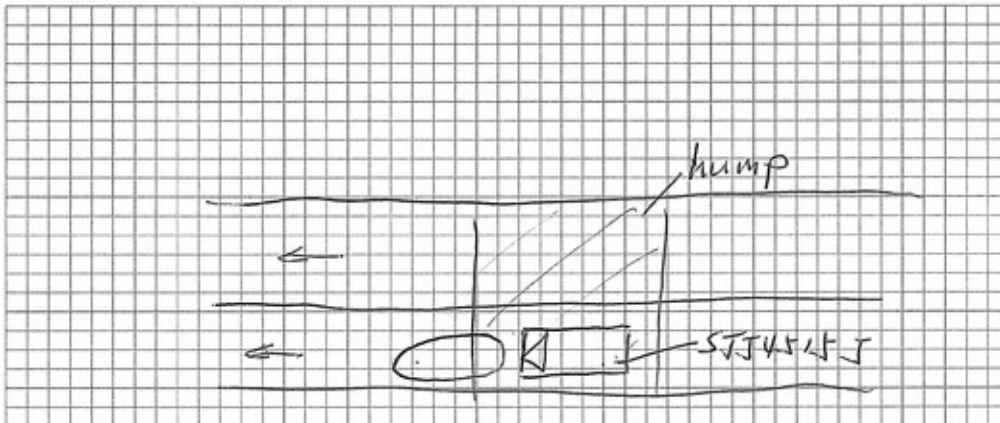
Policyholder's Signature
Date & Time:

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

- see attach police report.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



T/20200502/2021

1 of 4

Report No. T/20200502/2021

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2020 12:03	Vide Report No.: J/20200502/0068	Station Diary No.: 34
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Informant's Particulars

Name of Informant: PHUA KOK KEONG			Address: APT BLK 626 CHOA CHU KANG STREET 62 #11-168 SINGAPORE 680626		
ID Type / ID No.: NRIC NO / S1762477F			Contact No.: Home/Office: Mobile: 97283890		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 01/11/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANUFACTURING MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by, Police	Drink Drive: No	Date/Time of Accident: 02/05/2020 10:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PETIR ROAD DAIRY FARM ROAD ALONG PETIR ROAD > DAIRY FARM ROAD AFTER CHESTNUT AVE JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8259H	Motorcycle				Slightly Damaged	0
SJJ4515J	Car	NISSAN	LATIO 1.5LSR	Gold	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ4515J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100359288-06	12/03/2020	11/03/2021



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Report No. T/20200502/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOW THIAN MENG	ID No.	NIL
Related Vehicle	FBG8259H (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	PHUA KOK KEONG	ID No.	S1762477F
Related Vehicle	SJJ4515J (Car)	Contact No.	97283890
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 the above mentioned date, time and location, I got into a road traffic accident with a SingPost motorcyclist staff. I was driving behind the motorcyclist throughout the straight road of the mentioned location, however as we were approaching a hump, the motorcyclist slowed down and I could not stop in time hence, the front part of my car hit the rear of his motorcycle, causing him to fall on the right side of the motorcycle.

When that happened, I quickly got out of my car to make a check on him. I proceeded to call the ambulance and 999 for assistance. Subsequently, Traffic Police was at my scene, vide incident J/20200502/0068 and the Singpost motorcyclist was conveyed by the ambulance to NTFGH.

I wish to state that due to this accident, the motorcyclist had sustained injuries on his leg. I wish to inform that I am not injured. From what I observe, due to the accident, the Singpost motorcycle back plate number is dented and the front part of my car has a slight dent as well as the front plate number has fallen off. I was instructed by the Traffic Police at scene to lodge a traffic accident report. I was informed that the IO In-charge of my case is IO Ivan (HP: 65476170).



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T/20200502/2021

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CONTINUATION OF REPORT



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T/20200502/2021

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Tel No: 1800-7659999

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Report No. T/20200502/2021

CONTINUATION OF REPORT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



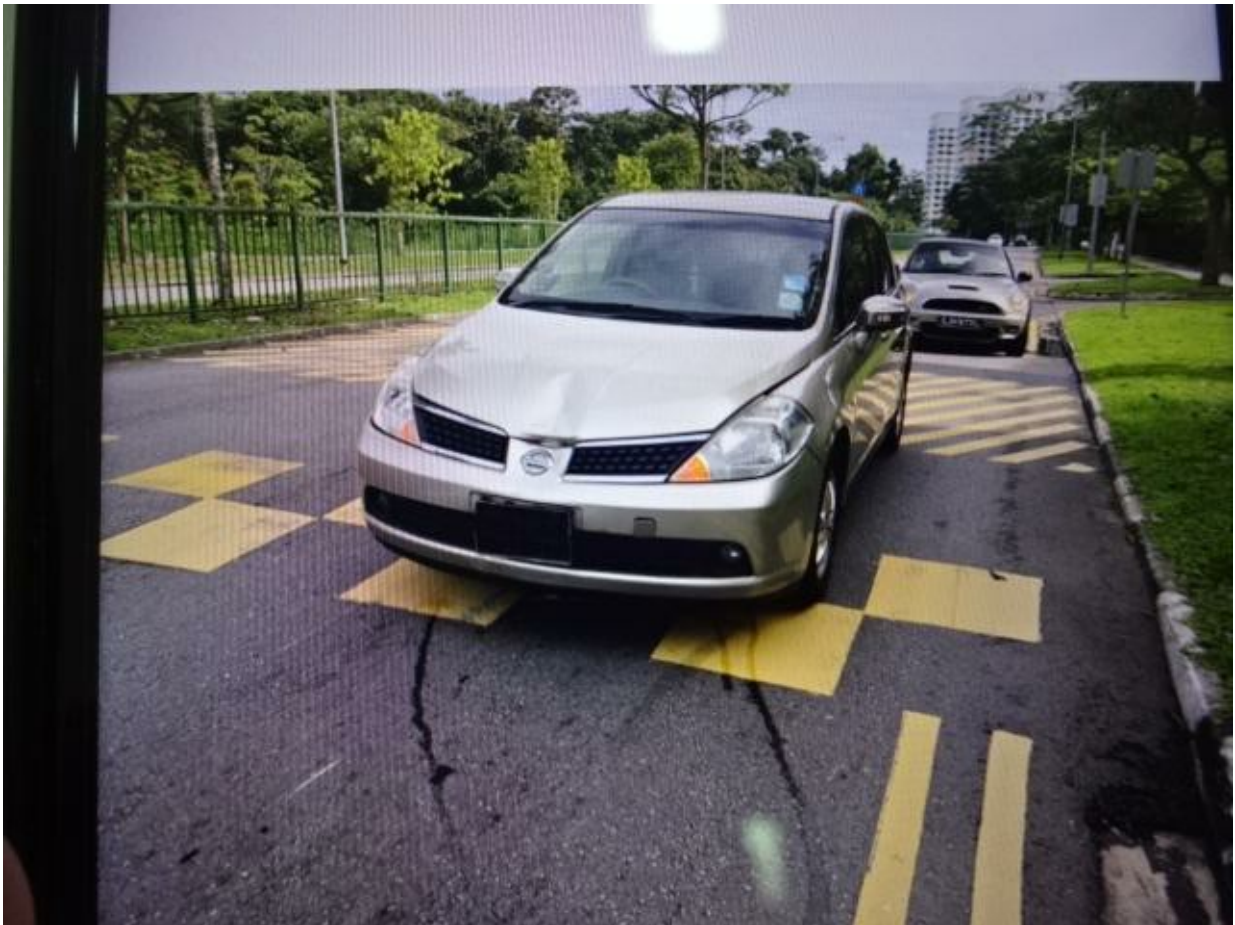
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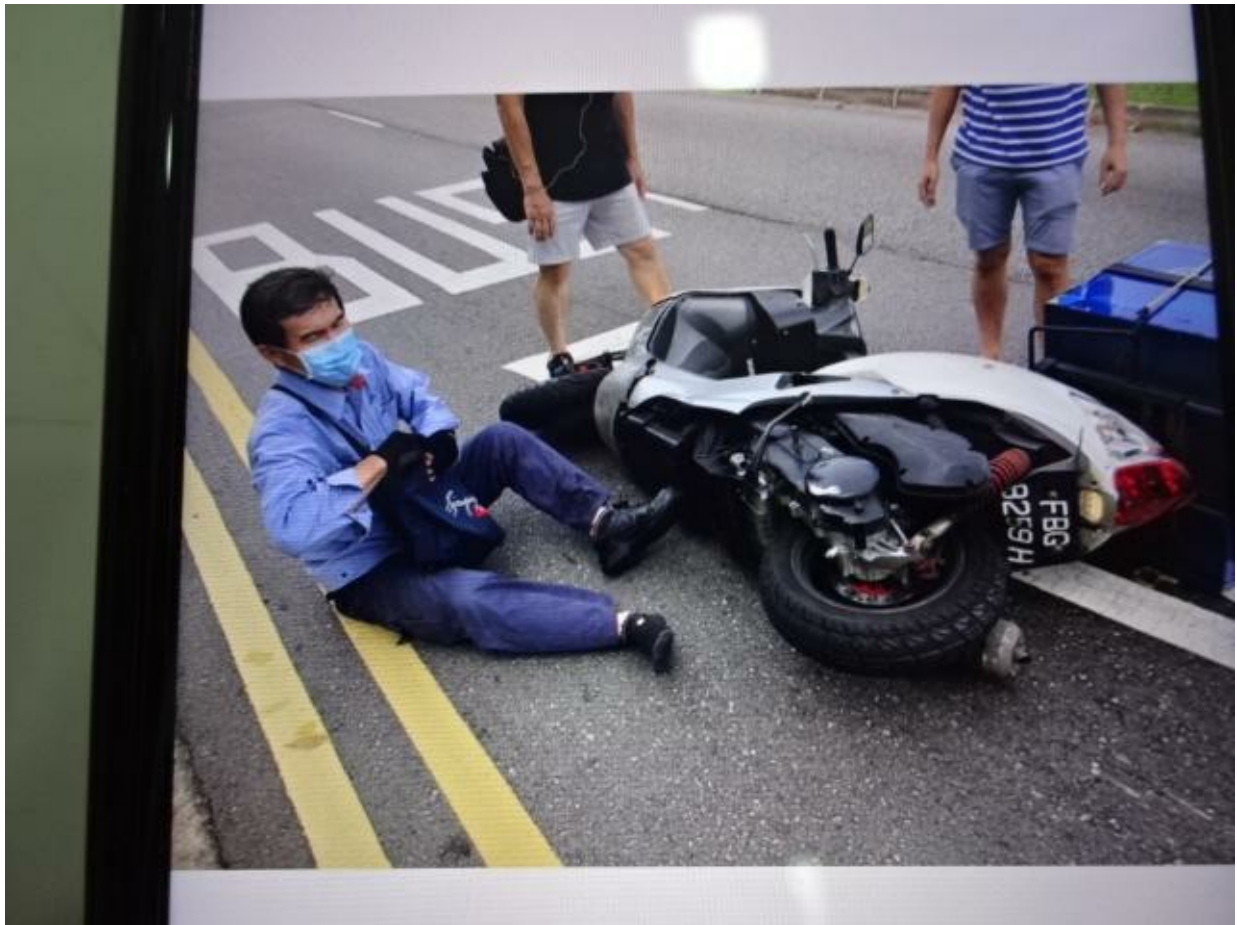
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