

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	13/09/2014 13:05
Date Of Accident	10/09/2014 15:00
Exact Location Of Accident	ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4949H
Insured/Policyholder	
Name Of Registered Owner	KHO CHIN KOK
NRIC No	S7322629E
Vehicle Particulars	
Manufacturer	BMW
Model	523I-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVARE 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	Private Car
Insurance Company	
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100331017
Cover Note Number	
Driver	
Name of Driver	KHO CHIN KOK
NRIC No	S7322629E
Date Of Birth	03/07/1973
Occupation	Indoor
Date Of Driving Pass	01/11/1993
Driving Experience	20 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97689073
Fax Number	
Contact Number	
E-Mail Address	JKHO73@GMAIL.COM
Address	
Postcode	
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- Chain Collision
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? Yes
Foreign Vehicle Registration Number WCW4771 (Commercial Vehicle)
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? Yes

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name Bukit Merah West Npc
Police Station Address ROAD: 500 Bukit Merah View #01-01 , POSTCODE: 159682 , COUNTRY: Singapore
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGW5865J
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WCW4771
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

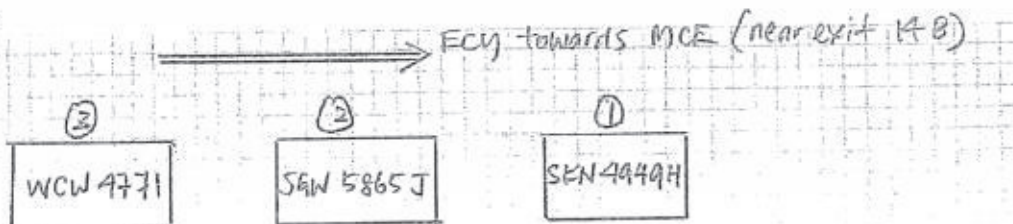
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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/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.

MW 13/9/14
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please State:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting only

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 13/4/14
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20140911/4172

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Report No. T/20140911/4172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2014 22:41		Vide Report No.: G/20140910/0147		Station Diary No.: 110	
Informant's Particulars					
Name of Informant: KHO CHIN KOK			Address: APT BLK 50 HOY FATT ROAD #03-129 SINGAPORE 150050		
ID Type / ID No.: NRIC NO / S7322629E			Contact No.: Home/Office: Mobile: 97689073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 03/07/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2014 15:00	Type of Location: Straight Road	
Location: Along Road 1 EAST COAST EXPRESSWAY EXIT 14B, TOWARDS ECP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW5865J	Car				Slightly Damaged	0
SKN4949H	Car	BMW	523i XL	Black	Slightly Damaged	0
WCW4771	Van				Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SKN4949H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100331017	18/06/2014	17/06/2015

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



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Report No. T/20140911/4172

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHO CHIN KOK	ID No.	S7322629E
Related Vehicle	NIL	Contact No.	97689073
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the 10/9/14 at about 1500hrs while I was travelling along ECP towards MCE, as the front car slow down I also did the same. Suddenly, there is a loud bang on my rear vehicle and I noticed that 2 vehicels had collided and hit onto my vehicle. I then stopped and made a check and discovered that there were cracks and also dented on my rear bumper. I wish to state that I have the Video of the accident in my front and rear car.

Sketch Plan Pg.5

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



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Report No. T/20140911/4172

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:

D /

ONG JING SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/09/2014 22:41

Officer In Charge Of Case:

TP / AEIT /

SITI JASRINA

Contact No.: 65470000

Classification Of Case:

Authentication Stamp

NP168

