

## 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	20/07/2020 16:45
Date Of Accident	19/07/2020 14:50
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2497C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FULLSUN MARKETING PTE LTD
Co Reg No	1XXXXX497D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91691948
Alternative Phone No	OFFICE-91691948

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	1700055450-02
Cover Note Number	

### Driver

Name of Driver	KUAN KIM SUI
Passport No/FIN	FXXXX556Q
Date Of Birth	06/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91691948
Fax Number	
Contact Number	OTHERS-91691948
EEmail Address	NOEMAIL



Address	146 JALAN BESAR
Postcode	208864
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
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)	2
Passenger 1	NAME: : KUAN WEI JIE 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 - SINGAPORE CITY
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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200725/7005

#### 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	SKR835H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	KUAN KIM SUI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB2497C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	KUAN WEI JIE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB2497C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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 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 #2

SKETCH PLAN

PIE Towards Tuas Before STEVEN ROAD EXIT.

A: GBB 2497C

B: SKR 835H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tuas before Steven Road Exit. Out of a sudden, I felt an impact <sup>from</sup> my right portion. I alighted and realised vehicle B had collided onto my vehicle.



### DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.: *[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7005

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

1 of 4

Report No. T/20200725/7005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2020 11:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: KUAN KIM SUI			Address: 146 JALAN BESAR SINGAPORE 208864	
ID Type / ID No.: FIN NO / F1331556Q			Contact No.: Home/Office: Mobile: 91691948	
Nationality: MALAYSIAN			Email: shauneng66@gmail.com	
Sex: Male	Age: 55	Date of Birth: 06/11/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Service			Driving Licence Information: Class: 2B,3 Date of Expiry: 17/09/2023	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2020 14:50	Type of Location: Straight Road
Location:  PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2497C	Lorry	TOYOTA	DYNA	Blue	Slightly Damaged	1
SKR835H	Car			White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7005

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

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Report No. T/20200725/7005

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KUAN KIM SUI	ID No.	F1331556Q
Related Vehicle	GBB2497C (Lorry)	Contact No.	91691948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 17/09/2023
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>			
Name	KUAN WEI JIE	ID No.	G2839744K
Related Vehicle	GBB2497C (Lorry)	Contact No.	98681544
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	TEO CHER KHAI	ID No.	S1469375J
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	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	NIL

### Brief Details.

ON 19TH JULY 2020 AT ABOUT 2:50PM, I WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT. I WAS DRIVING ON LANE 2 OF 3 LANES. OUT OF A SUDDEN, A VEHICLE, SKR835H, CUT INTO MY LANE FROM MY RIGHT AND COLLIDED ONTO FRONT RIGHT PORTION OF MY VEHICLE. I ALIGHTED AND EXCHANGED PARTICULARS WITH THE DRIVER AND LEFT THE SCENE. WE HAVE BOTH AGREE TO PROCEED WITH INSURANCE CLAIMS. I WOULD LIKE TO INFORM THAT I DO NOT HAVE VIDEO FOOTAGE.

I AM LODGING THIS REPORT FOR INSURANCE CLAIM PURPOSES.



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7005

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

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Report No. T/20200725/7005

CONTINUATION OF REPORT



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7005

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

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Report No. T/20200725/7005

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

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:  
25/07/2020 11:00

Officer In Charge Of Case:  
TP / TPHQ /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168



Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6734 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66550300 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA420061193 Vehicle Registration No: 68B 2497C  
Name (as shown in NRIC): KUAN Kim Sui NRIC/FIN/Passport No: F1331556Q  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: 146 Jalan Besar Singapore (208864)  
Contact (Tel): 1 Mobile No: 91691948  
Email Address:   
Date of Accident: 19/07/2020 Time of Accident: 14:50HRS  
Place of Accident: PIS TWD1 TUAL  
Insurance Company: AIU

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① UPDATE DRIVER KUAN Kim Sui NRIC F1331556Q
- ② TO ADD IN POLICE REPORT T/20200725/7005

KUAN  
Policyholder / Driver's Signature  
Date:



05/08/2020  
Reporting Centre Personnel's Signature  
Name: Reshwan  
NRIC/FIN No.:   
Date: