#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	06/08/2020 12:11
Date Of Accident	05/08/2020 17:10
Exact Location Of Accident	ALONG BUKI BATOK CENTRAL/BUKIT BATOK AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1454L
Insured/Policyholder	
Name Of Registered Owner	GOH SIANG CHOON(WU SHUANGCHUN)
NRIC No	SXXXX343D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98410011
Alternative Phone No	OTHERS-98410011
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
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	REPORTING ONLY
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	2100500715-03
Cover Note Number	
Driver	

Name of Driver GOH SIANG CHOON(WU SHUANGCHUN)

NRIC No SXXXX343D

Date Of Birth 27/06/1974

Occupation INDOOR

Date Of Driving Pass 22/03/1999

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98410011

Fax Number

Contact Number OTHERS-98410011

EMail Address NOEMAIL

Address BLK 30 EASTWOOD ROAD

#04-07

Postcode 486365

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

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#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

ambulance?

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

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 EUNOS NPP

Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:T/20200805/2108 DUE TO THE ACCIDENT MY VEH HAD IT'S FRONT BUMPER DENTED WITH SCRATCHES AND DISLODGED.THE VEH IN CAR CAMERA WAS IN RECORDING MODE AND THE SD CARD WAS BEING HANDED OVE TO THE TRAFFIC POLICE OFFICER.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SD CARD WITH TRAFFIC POLICE

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBC7038G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver YUSOF

NRIC/Passport Number

Contact Number 91730987

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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 (POPA)

Lunderstand, 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:
  - 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:
  - 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.:

## **Accident Sketch Plan**

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Swert Brank	
ob V	
	Veh B FBC 70386
1010	Vol. 9: Tas 7200
1 1	VEND FBC+0586
RIBE CIRCUMSTANCES	OF THE ACCIDENT
Re	for to police report
	0
	Report No: T/200080x / 2108
ARATION	
	culars are true in every respect.
eclare the foregoing part	Sym 06/08/20

#### **Individual Statement**





 Station Of Origin + NPP

In 1800-4439998

9 dok Reservoir Road #01 1520 34 PURE 470629

Report No. 1/20200805/7108

with Length all it	rvolved: No				
ib. of Pedestrian		Use of Peo	lestrian	Cross	ing: NA
Rider					
Name	YUSOF		ID No.		NIL
Related Ve <sup>-1-l</sup> e	FSC7038G (Motorcycle)		Contact No.		91730987
'spital/Clir'	NIL		Class Driving Licent Expiry	e &	Class: NIL Date of Expiry: NIL
e eatili	NIL	Date Discl	narge	NIL	
e eath	ted Me., vi Leave NIL	Degree of	Injury	NIL	
	GOH S- VNG CHOON		ID No.		S7420343D
- shire	SLL145%L (Car)		Conta	ct No.	98410011
- Lolleys	NIL		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
The state of the s	NIL	Date Disch		NIL	

CONTINUATION OF REPORT

#### Bi ? Details.

On E h August 2020 at about 1710hrs. I was driving vehicle bearing SLL1454L along Bukit Batok Central. The traffic was light at that point of time. The weather was clear. Subsequently, while I was on the right land of Bukit Batok Central and crossing the Tilunction of Bukit Batok Central and Bukit Batok Avenue 1. there was a motorcycle bearing FBC7038G at the front left side of me who suddenly stopped. I wish to stirre that the traffic light was green at that point of time.

I fried to break but could not manage to stop in time. As such, my vehicle collided to the rear side of his vehicle. The rider fell down together with the bike. Traffic police and ambulance came to scene and the rider was conveyed to hospital. I am not injured.

Due to the account, more hide had his front bumper dented with scratches and dislodged. The vehicle in c" camera w " in rec;" ing mode and the SD card was being handed over to traffic police officer A "lah as sti in the :knowledgement slip.

















## **Police Report**



Police Station Of Origin Euros NPP

629 Bodok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

130 Report No. 1932 12

REPORT OF A TRAFFIC ACCIDENT.

Station Date/Time Report Made: Vide Report No.: 05/08/2020 18:52 .0/20200805/0112

And the second states	Company of the Company		The state of the s	
Informa	nt's Partici	ulars	The second second	
	Informant: ANG CHOC		Address: APT BLK 38 EASTWOOD RO	0A: #04-07 S -GA, C :
	/ ID No.: 0 / S74203	43D	Contact No.: Home/Office:	cite: 984 111
National SINGAP	ily: ORE CITIZ	EN	Emair	
Sex: Male	Age: 46	Date of Birth: 27/06/1974	Type of informant: Driver	
Race: Chinese			Language: English	Inst.ution / 5 - pol Name:
Occupan SENIOR	ion: MANAGE	₹	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2020 17:1	Type of Location T-Junetto
BUKIT BATO BUKIT BATO		RALAND BUKIT	BATOK AVENUE 1	4 (195 (195)
Weather: Clear	or some and	Road Surface: Dry	MOC 11. WC 12. 5. 7 J. Sec. 1 J. Sec. 1	Road Speed
Traffic Flow: Dual Carriage	: Wary	Traffic Control Traffic Light - Wo	rking	Traffic Vol:
Type of Collis		101	79	Any le c

Vehicle No.	Type.	Make	Model	Color	dilk	to of Pes Tige
FBC7038G	Motorcycle	HONDA	CB400	Black	Funaged	
SLL1454L	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Grey	Slightly Damaged	0

	ehicle Insurance	I the second second	P. Warnelline	Charles States
venicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1454L	AIG ASIA PAGIFIC INSURANCE PTE. LTD.	2100500715-03	15/02/2020	14/02/2021

### **Police Report**



- Station Of Origin: - NIPE

9. dak Reservan Roed #31 1520 W.P.C.R.S. 470629 In: 1800-4408991



2 etc. Receivano inclusionato i il

THESE TO ME LAURENCE

	wolved: No	The second second	Section Section	A
Or Pedestrian	is Injuried: NIII.	Use of Ped	estrian Cross	sing NA
Rider				
Name	YUSOF	1	ID No.	NR_
Rolated Verinie	FBC7028G (Motorcycle)		Contact No.	91730987
*spitsI/CH	NII		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
e esta	NIL	Date Disch	sarge MilL	
The second secon	ted Me. v Leave NIL	Degree of	injury NIL	
11 72 1	GOH 5 - WIG CHOON	1	IO No	87420343D
- 1. N. E.	SiL145-(Car)		Contact No.	98410011
Tour.	NIL		Class of Driving License & Expiry Date	Class: 3 Date of Expiry: MIL.
1 eatment	NIL	Date Disch	and the second s	
	ed Medical Leave NIL	Degree of	Injury Mil.	

#### Bully Detailed.

On Eth August 2020 at about 1710 hrs. I was driving vehicle beering SLLT454L along Bukit Batok Central. The traffic was light at that point of time. The weather was clear. Subsequently, while I was on the right large of Sukit Batok Central and crossing the T junction of Sukit Batok Central and Bukit Batok Avenue. It there was a motorcycle bearing FBC7038G at the front left side of me who supplemy stopped. I wish in stime that the traffic light was green at that point of time.

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Due to the scillent, millienticle had as' front bumper dented with scratches and dislodged. The vehicle in clickness will in reczil in prode and the SD card was being handed over to traffic police officer. A "tah as sta

## **Police Report**



Poise Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1520 SINGAPORE 470629 Tel No. 1800 443999



Report No. TO 1

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan.

Signature Of Officer Recording The Report: G /

Sgt 3 AHMAD BIN HASHIM

Signature Of Interpreter: Not applicable

Officer in Charge Of Case; TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390

Authentication Stamp

Signature Of Infor the

Date/Time:

05/08/2020 18:52

Classification Of Case: