

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	01/09/2020 11:56
Date Of Accident	31/08/2020 15:55
Exact Location Of Accident	SIMS WAY TWDS KALLANG AIRPORT AT GEYLANG RD JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7809C
Insured/Policyholder	
Name Of Registered Owner	SOH HWEE CHOO
NRIC No	SXXXX623D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93639861
Alternative Phone No	OFFICE-93639861

Vehicle Particulars

Manufacturer	NISSAN
Model	MARCH
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	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	2100253035-09
Cover Note Number	

Driver

Name of Driver	SOH HWEE CHOO
NRIC No	SXXXX623D
Date Of Birth	16/09/1951
Occupation	INDOOR
Date Of Driving Pass	21/09/1976
Driving Experience	43 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93639861
Fax Number	
Contact Number	OFFICE-93639861
Email Address	NOEMAIL

Address	BLK 12 TAMAN HO SWEE #06-65
Postcode	162012
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	3
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200901/2014

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	YL426X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP2725Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	SOH HWEE CHOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKA7809C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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. 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.

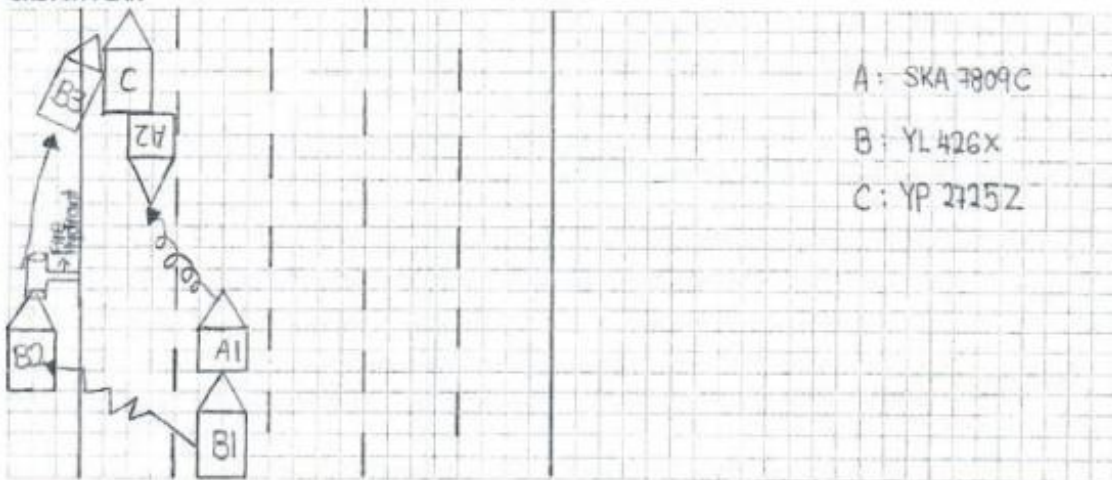

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



A: SKA 7809C

B: YL 426X

C: YP 2725Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report. (T/20200901/2014)

DECLARATION

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

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200901/2014

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

1 of 4

Report No. T/20200901/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2020 10:05	Vide Report No.: G/20200831/0114	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: SOH HWEE CHOO			Address: APT BLK 12 TAMAN HO SWEE #06-65 BUKIT HO SWEE VIEW SINGAPORE 162012	
ID Type / ID No.: NRIC NO / S2011623D			Contact No.: Home/Office: Mobile: 93639861	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 68	Date of Birth: 16/09/1951	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/08/2020 15:55	Type of Location:
Location: SIMS WAY				
Lamp Post Number: 24				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance; Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA7809C	Car	NISSAN	MARCH 1.2 4AT AIRBAG 2WD 5DR	White		0
YL426X	Lorry					0
YP2725Z	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200901/2014

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

2 of 4

Report No. T/20200901/2014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA7809C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100253035-09	01/04/2020	31/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SOH HWEE CHOO		ID No.	S2011623D
Related Vehicle	SKA7809C (Car)		Contact No.	93639861
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
Driver				
Name	MOHAMAD YUSOFF BIN SALLEH		ID No.	S7249511Z
Related Vehicle	YL426X (Lorry)		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
Driver				
Name	WANG ZHEN		ID No.	G5296800W
Related Vehicle	YP2725Z (Lorry)		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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200901/2014

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

3 of 4

Report No. T/20200901/2014

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG SIMS WAY TOWARDS MOUNTBATTEN ROAD BEFORE KPE. THE TRAFFIC LIGHT WAS AMBER AND ALL THE VEHICLES WERE SLOWING DOWN TO A STOP. THE LORRY(YP2725Z) HAD STOPPED AT THE 5TH LANE. MY CAR(SKA7809C) WAS STATIONARY AT THE 4TH LANE. SUDDENLY, THIS 10 FOOT LORRY(YL426X) CAME FROM BEHIND AND COLLIDED ONTO MY CAR. DUE TO THE IMPACT, MY CAR SPUN OUT OF CONTROL INTO THE 5TH LANE AND STOPPED WITH THE FRONT BUMPER FACING THE OPPOSITE DIRECTION. THE LORRY AFTER HITTING ONTO MY CAR COLLIDED INTO THE FIRE HYDRANT AND HIT ONTO THE REAR LEFT SIDE OF THE LORRY WHICH WAS INFRONT OF ME. I WAS CONVEYED TO RAFFLES HOSPITAL AND GIVEN 5 DAYS OF MC.

THAT IS ALL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200901/2014

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

4 of 4

Report No. T/20200901/2014

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/09/2020 10:05

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

