

## 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	04/11/2020 16:27
Date Of Accident	03/11/2020 20:00
Exact Location Of Accident	KJE TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8686G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP CHUN KIAT (YE JUNJIE)
NRIC No	SXXXX247D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92360647
Alternative Phone No	OFFICE-92360647
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	SORENTO 2.2(8AT) CRDI 2WD S/R
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	1900082620
Cover Note Number	

### Driver

Name of Driver	YAP CHUN KIAT (YE JUNJIE)
NRIC No	SXXXX247D
Date Of Birth	25/02/1986
Occupation	INDOOR
Date Of Driving Pass	09/03/2006
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92360647
Fax Number	
Contact Number	OFFICE-92360647
E-Mail Address	NOEMAIL

Address	BLK 549A SEGAR ROAD #10-656
Postcode	671549
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	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : JESS GENDER: : FEMALE
Passenger 2	NAME: : MEGAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201104/2032.

#### 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	FBQ9079B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 YAP CHUN KIAT (YE JUNJIE)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMK8686G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JESS  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMK8686G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name MEGAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMK8686G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.:



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201104/2032

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20201104/2032

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 12:25	Vide Report No.: E/20201103/0134	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: YAP CHUN KIAT		Address: APT BLK 549A SEGAR ROAD #10-656 SINGAPORE 671549	
ID Type / ID No.: NRIC NO / S8605247D		Contact No.: Home/Office:                      Mobile: 92360647	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 25/02/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MARKETING EXECUTIVE		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2020 20:00	Type of Location: Straight Road
Location:  KRANJI EXPRESSWAY				
Weather: Drizzling		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBQ9079B	Motorcycle				Seriously Damaged	0
SMK8686G	Car	KIA	SORENTO 2.2(BAT) CRDI 2WD S/R	Blue	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20201104/2032

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No: T/20201104/2032

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK8686G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900082620	05/04/2019	04/04/2021

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	YAP CHUN KIAT		ID No.	S8605247D
Related Vehicle	SMK8686G (Car)		Contact No.	92360647
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
<b>Rider</b>				
Name	Unknown Rider		ID No.	NIL
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	Slight

**Brief Details.**

On 03 November 2020, I was travelling along KJE towards PIE close to lamp post 293. There was already an existing traffic accident on the left side of the road. I was traveling on lane 2. As the vehicles started cutting into my lane from the left to avoid the existing the accident, I slowed down my vehicle of SMK 8686G. Subsequently, a motorcycle of FBQ9079B rear ended my vehicle. I then alighted my car to make a check on the motorcyclist. As I saw that he was injured, I called for the ambulance immediately. Subsequently the traffic police arrived and followed by the ambulance to convey the motorcyclist.

Police Report



SINGAPORE  
POLICE FORCE



T/20201104/2032

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20201104/2032

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: J / Sgt 1 GOH KANG LER MELVIN <i>CLM</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2020 12:25
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

