

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 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 Submission	31/08/2021 10:38 (SGT)
Date of Accident	30/08/2021 02:00 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5212L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO CHIN HEE RICHARD
NRIC No	S0007692I
Email Address	richieho99@yahoo.com
Mobile Phone No	(Phone) +65-96784590
Alternative Phone No	+65-96784590

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100425939-06
Cover Note Number	-

DRIVER

Name of Driver	HO DASHENG SETH
NRIC No	T0017225H

Date Of Birth	29/05/2000
Occupation	Indoor
Date Of Driving Pass	19/07/2020
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96460968
Alt. Phone Number	-
Email Address	sethho2000@gmail.com
Address	BLK 106 JALAN RAJAH #09-99
Address complement	-
Postcode	321106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JONATHAN LEE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210830/2006

ATTACHMENT(S)

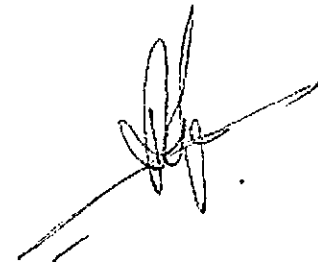
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4469A
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEK
Contact Number	(Phone) +65-83640912
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN



pengmotors@gmail.com

IMPORTANT NOTICE

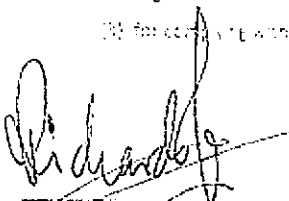
1. Please report correctly the date of the accident to speed up the claim process
2. This Form must be submitted by the Policyholder and/or the Authorized Driver
3. Information provided must be truthful and accurate as possible. Any misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
4. The sole 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 or the S.A. Accident Management Centre established by the General Insurance Association of Singapore (GIAS) for reporting and cost saving only. Responsibility for the accuracy of the report rests with the interested parties.

7. By the completion 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 for use.

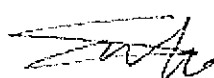
Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) Any insurer, my workshop and the General Insurance Association of Singapore ("GIAS") 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 my car(s) involved in this accident (all insurer(s) who have insured my car(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 claims as well as enable external cover of envelopes/notice stickers); 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/are disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including the lawyers/law firms) which may be located outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will 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 collected under (a) above may be stored / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud regarding this accident; and/or
 - (ii) for complying with requirements under any regulations, law or court orders



Policyholder's Signature
Date & Time:



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

Reporting Centre Person's Signature
Name:
NR Q/F No.:

SKETCH PLAN

Attach 8-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Police report no. 7/20210830/2006

DECLARATION

I hereby declare that the information provided is true and correct.

Reporting Officer's Signature
Date & Time

Driver's Signature
(If driver is not the reporting officer,
Date & Time)

Reporting Officer's Signature
Name:
NRIC/ID No.:



**SINGAPORE
POLICE FORCE**



T/20210830/2006

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4
Report No T/20210830/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2021 05:24	Vide Report No.: E/20210830/0016	Station Diary No.: 11
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: HO DASHENG, SETH		Address: APT BLK 106 JALAN RAJAH #09-99 SINGAPORE 321106	
ID Type / ID No.: NRIC NO / T0017225H		Contact No.: Home/Office: Mobile: 96460968	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 29/05/2000	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name: Singapore University of Social Sciences
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2021 02:00	Type of Location: Bend
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4469A	Van	TOYOTA		White	Seriously Damaged	0
SKT5212L	Car	MERCEDES BENZ		Blue	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



7120210530/2006

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No T30310530 2006

CONTINUATION OF REPORT

Driver			
Name	LEK	ID No.	NIL
Related Vehicle	GBF4469A (Van)	Contact No.	83640912
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	HO DASHENG, SETH	ID No.	T0017225H
Related Vehicle	SKT5212L (Car)	Contact No.	96460968
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

Brief Details.

On 30/08/2021 at about 0200hrs, I was driving my car (dark blue Mercedes Benz, vehicle registration number SKT5212L) with my friend. I was travelling along PIE towards Tuas. I then took the slip road Exit 24 to travel onto BKE via Chantek Flyover.

It was a three lane road and I was on the middle lane. When I was driving near the second bend I suddenly felt a collision from the right rear of my car. My car swerved to the left lane and the left side of my car collided into the wall. My car came to a stop.

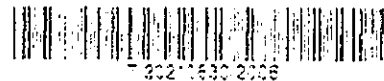
I realised a van (white Toyota, vehicle registration number GBF4469A) had collided into my car and swerved to the right lane. The driver tried to gain control of the vehicle but eventually overturned and the van was lying on its left side.

My friend was seated next to me on the left passenger seat. We both were still conscious and did not sustain any injury. I sustained an abrasion on my neck area. I immediately called for the Police, ambulance and LTA. I alighted from the vehicle and made a check on the van driver. The van driver managed to come out of his van but had sustained some injuries. He was still conscious. I took photographs of the accident scene and exchanged particulars with the van driver. He also gave me his wife's contact (HP: 97690913).

Shortly, TP and the ambulance arrived at scene. TP officer took my statement, issued me a case card (TP IO Zickie, Tel: 65476904) and advised me to lodge a Traffic Accident report. The van driver was then conveyed by the ambulance.



**SINGAPORE
POLICE FORCE**



7 3021630 2006

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Due to the accident, the right rear part of my car sustained scratches and dents, the left part of my car sustained scratches and dents, the front left part of my car was dented in, and the front windscreen was cracked.

I do not have any camera installed in my car. I noticed that there were cameras on the lampposts nearby (LP no: 1171S17F and 2S10F). Subsequently, EMAS towed both vehicles away. I was issued a vehicle removal record LTA form.



**SINGAPORE
POLICE FORCE**



T-20210830-2006

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 4

Report No: T-20210830-2006

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:

E /

Sgt 3 WEE SHUN QIANG, JOSEPH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2021 05:24

Officer In Charge Of Case:

TP / GIT /

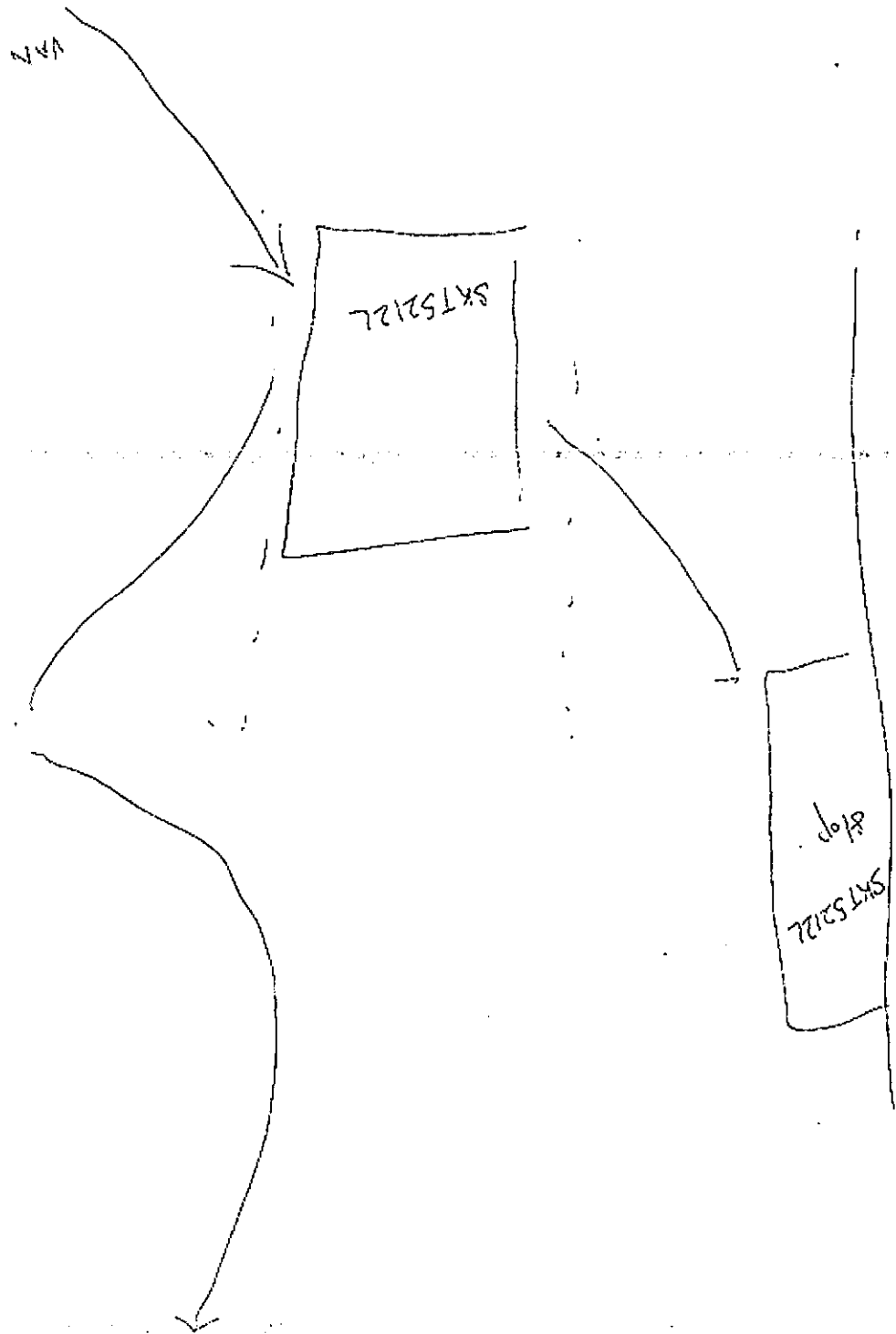
Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp
NP168

<p>SINGAPORE POLICE FORCE SAFETY AT ACCIDENTS</p>	<p>SRV 158</p>
<p>SIGNATURE</p>	



[Signature]

SETH Ho