# **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 Actual Driver
- 3. Information provided must be as truthful and accurate 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.

- 4. The issue and acceptance of this is form by instrained 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 11/01/2023 19:22 (SGT) Reported by Date of Accident 10/01/2023 17:40 (SGT) Exact Location of Accident Singapore Additional Location Information CAMDEN PARK / ADAM RD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMR977H INSURED/POLICYHOLDER Is company? No Name Of Registered Owner MARK KWAN CHAN MUN (MARK GUAN ZHENWEN) NRIC No S7730355C Email Address MARKKWANCM@GMAIL.COM Mobile Phone No (Phone) +65-97518971 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mini Model One 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1499 **INSURANCE COMPANY** Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

MARK KWAN CHAN MUN (MARK GUAN ZHENWEN)

S7730355C

04/11/1977

Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/10/2010 12 YEARS AND 3 MONTHS Male (Phone) +65-97518971 - MARKKWANCM@GMAIL.COM 30 EASTWOOD RD #04-08 Yes - No
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  FOREIGN VEHICLE 1  Vehicle Registration Number  Vehicle Category  PASSENGER 1  Name  Gender	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
REFER TO ATTACH	
ATTACHMENT(S)	

Yes Yes

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

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

Vehicle Registration Number	SFX5454T
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO WAI MUN
NRIC No	S6908830I
Contact Number	(Phone) +65-97638024
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBL7900U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

JRS1095
-
_
-
_
Motorcycle
-
_
-
_
_
_
_
-
-

## **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person	MARK KWAN
Gender	Male
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH NECK
Injured person in which vehicle?	SMR977H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. 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.
- 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
- 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)

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 (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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:

1( JAN 22/230 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

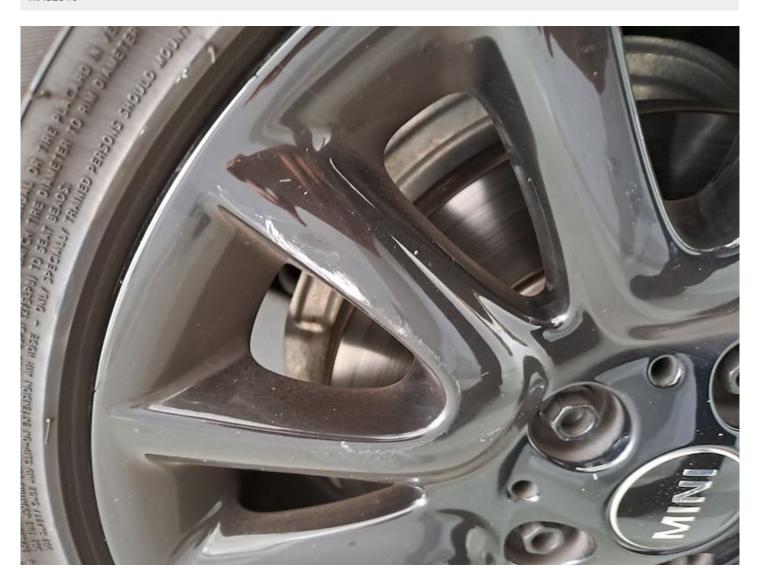
SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO POLICE REPORT DECLARATION I/We declare the foregoing particulars are true in every re Reporting Centre Personnel's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No.: Date & Time: 11 747 1 /23 12 -











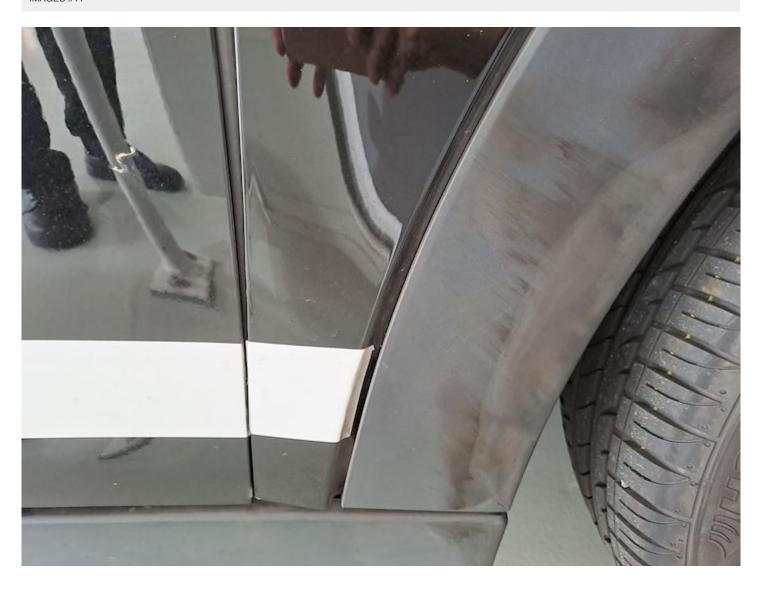
























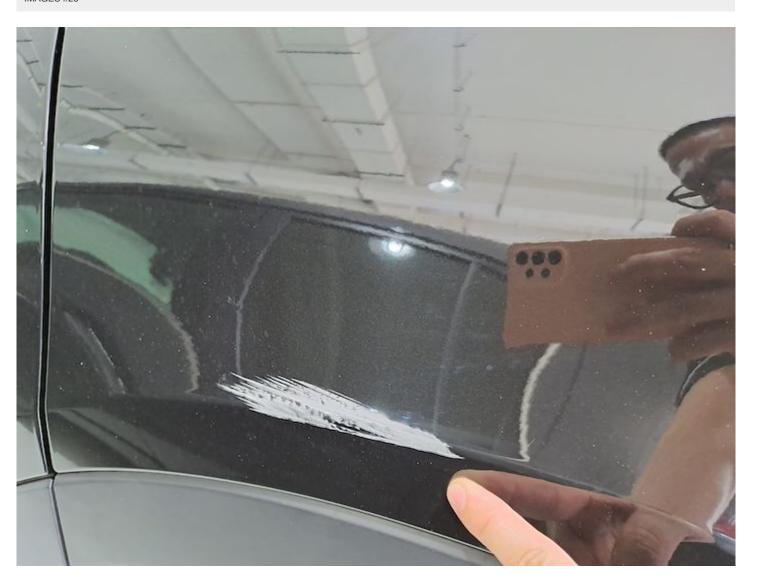


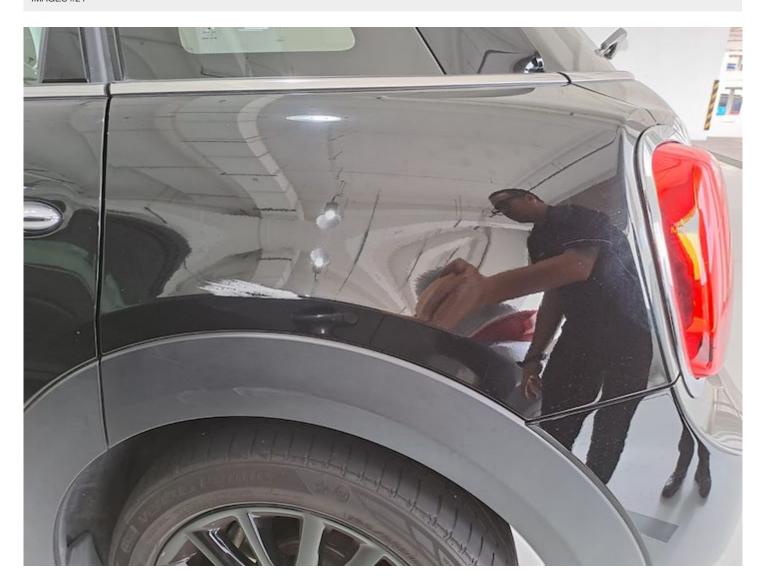


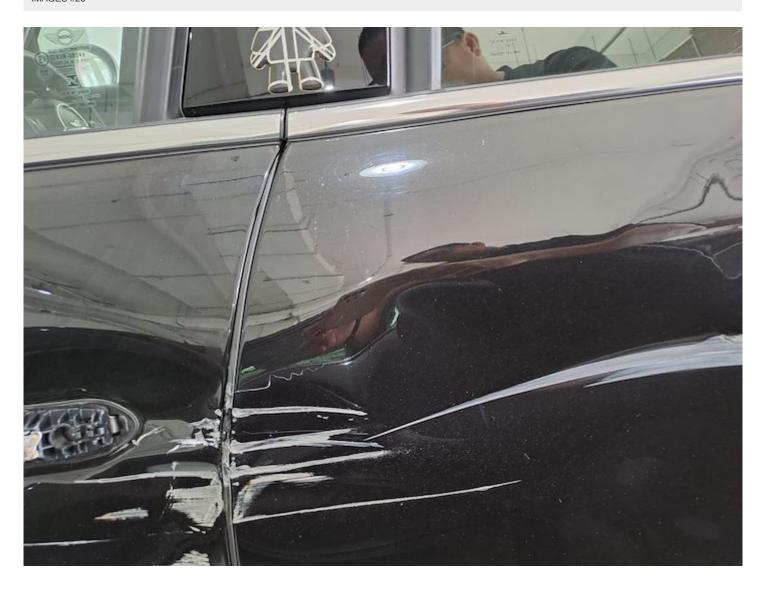










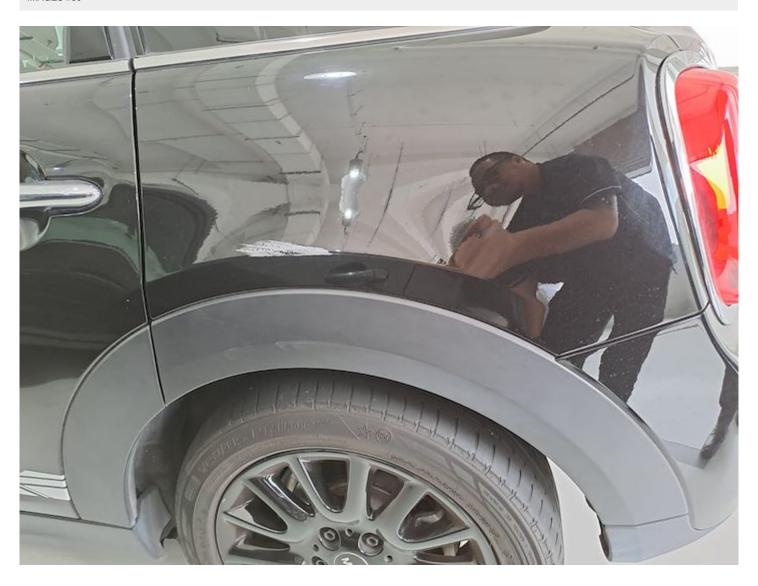


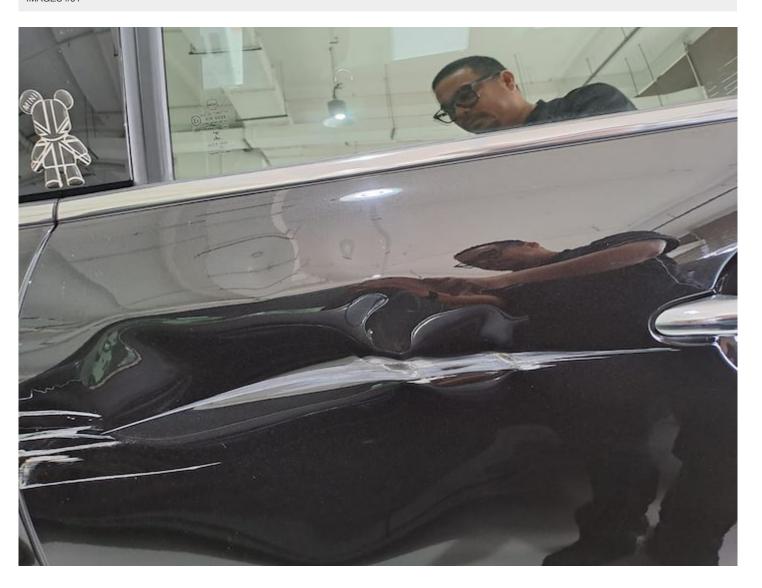




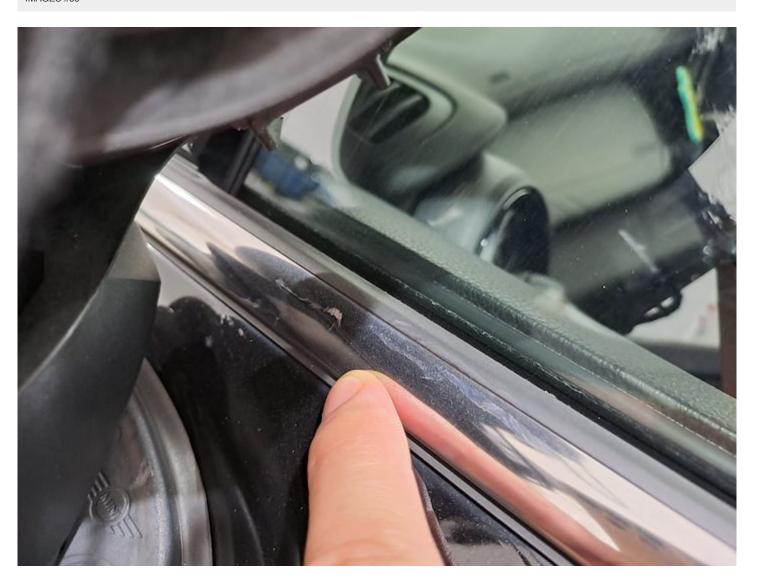


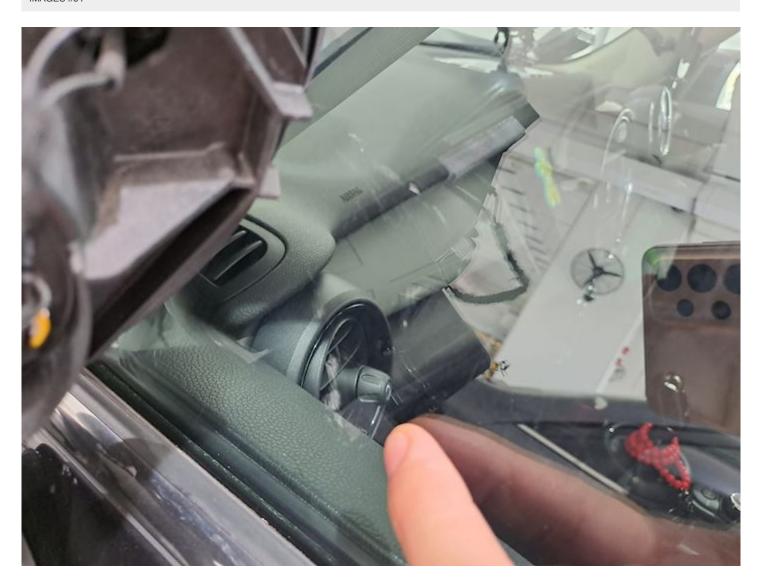


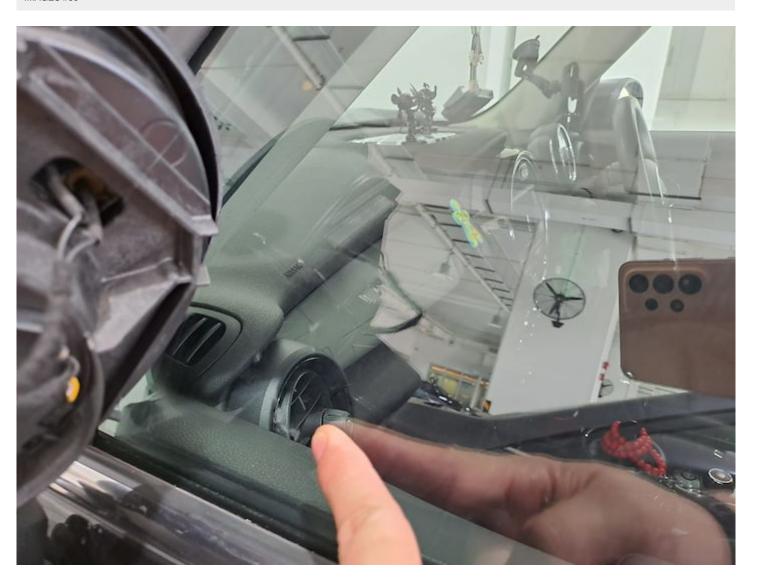


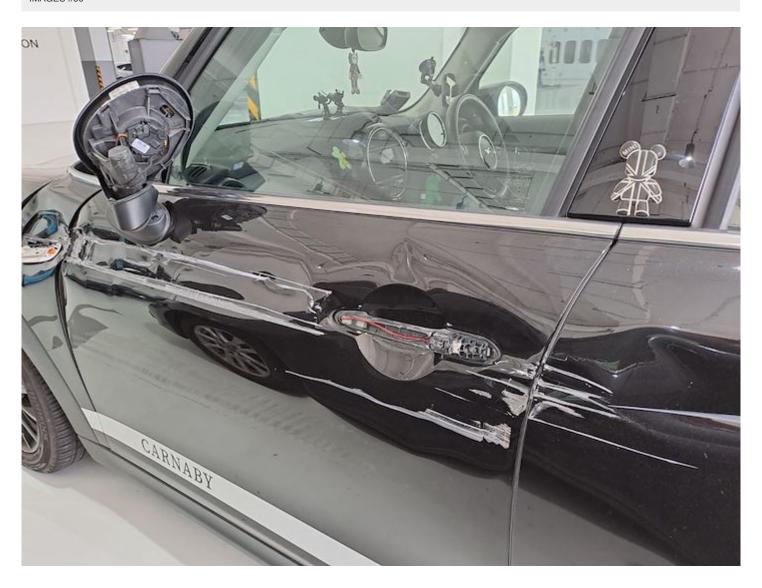


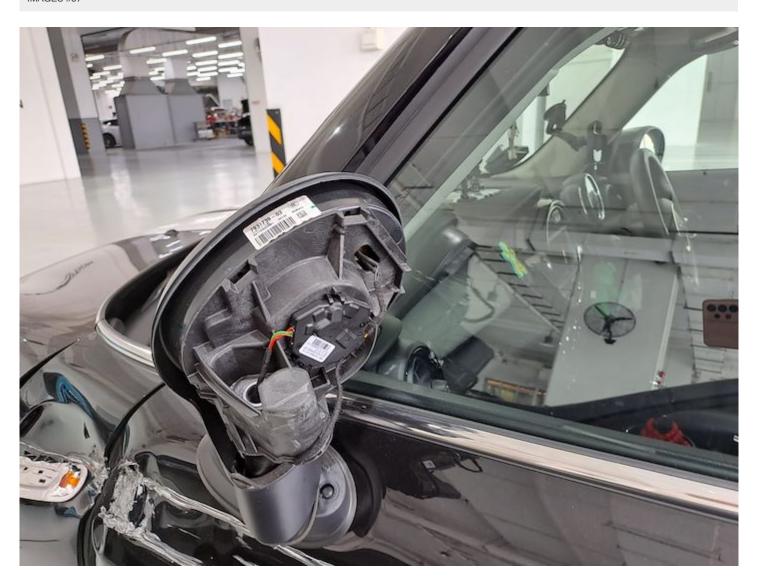




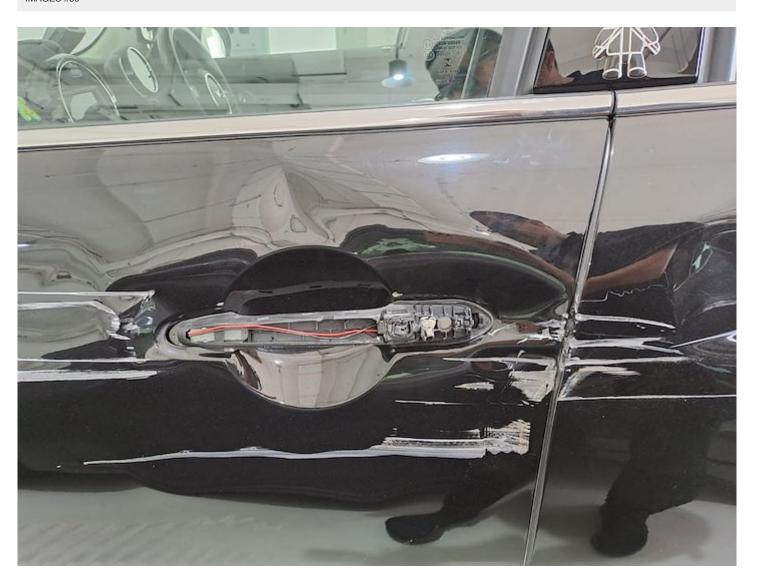


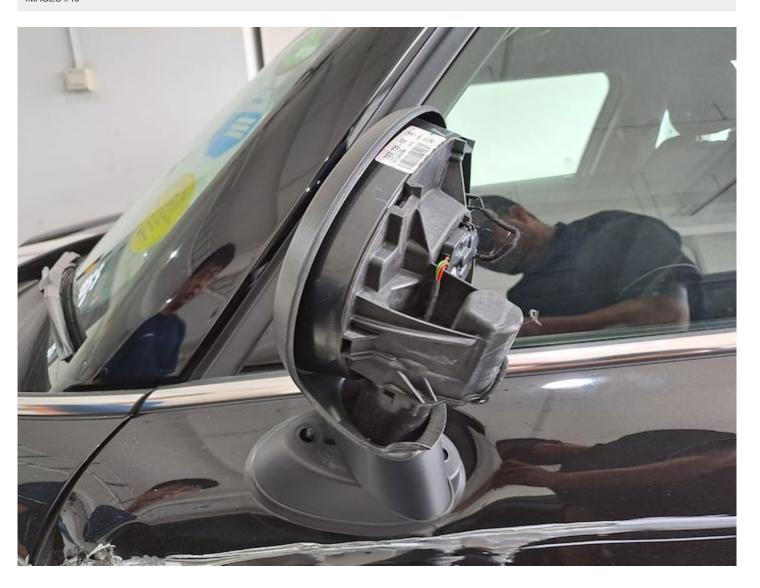




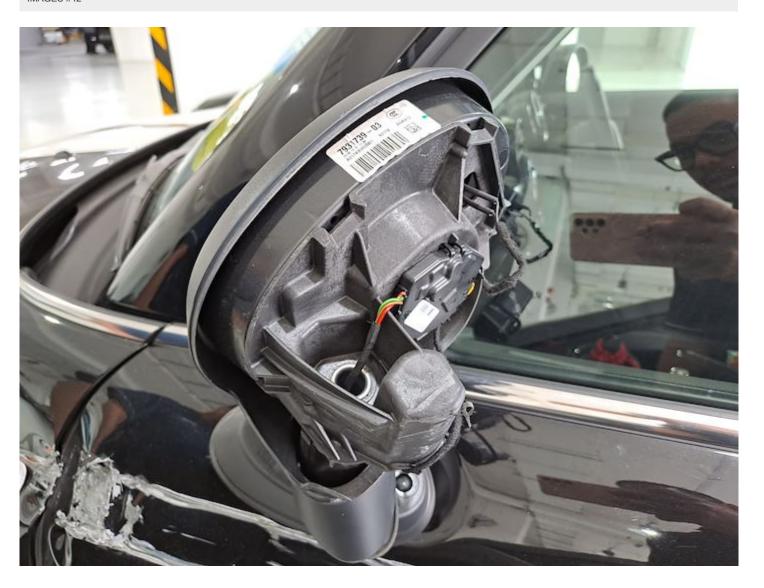




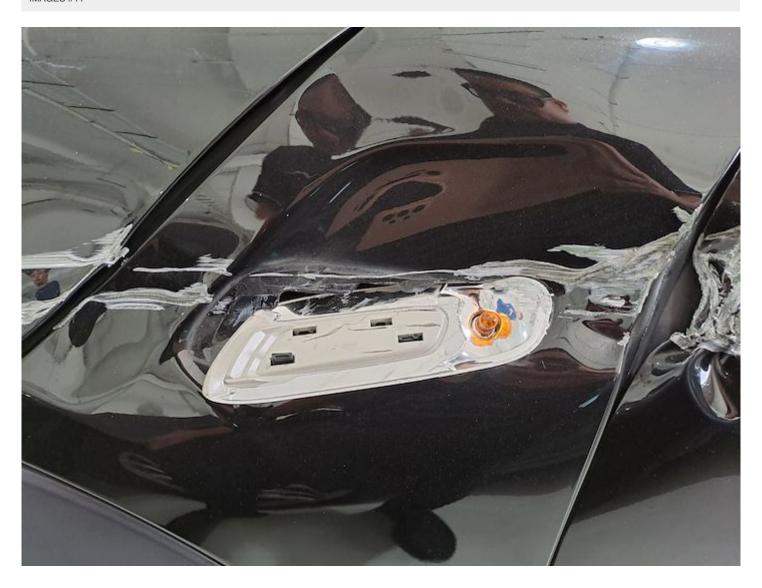


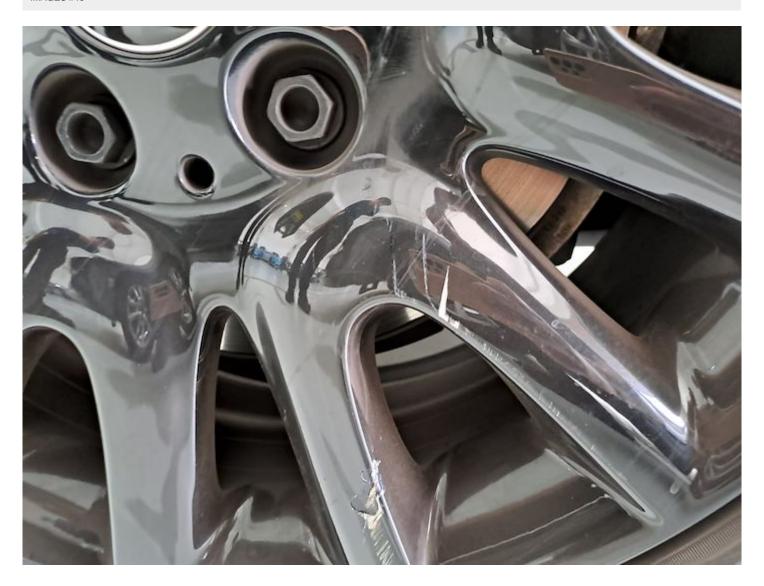


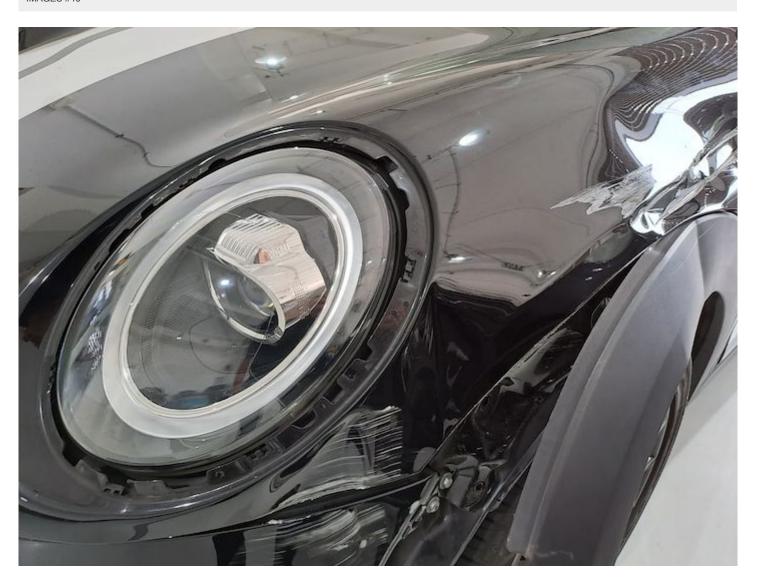






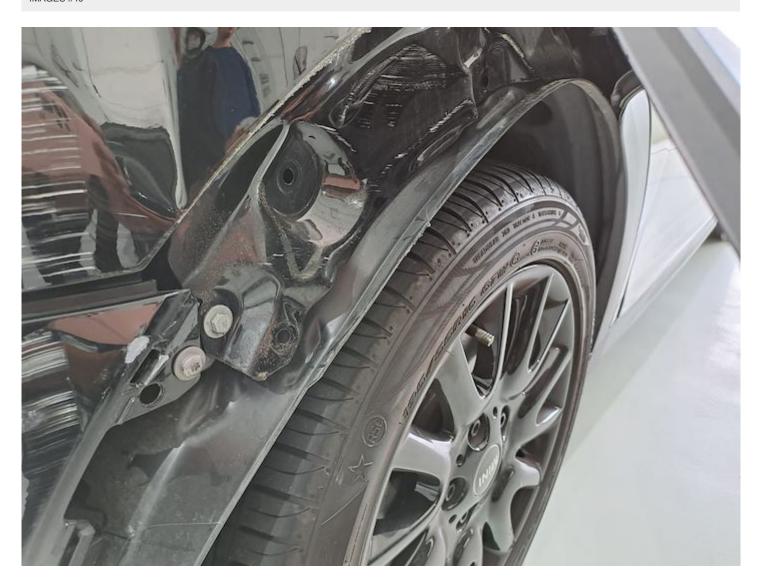


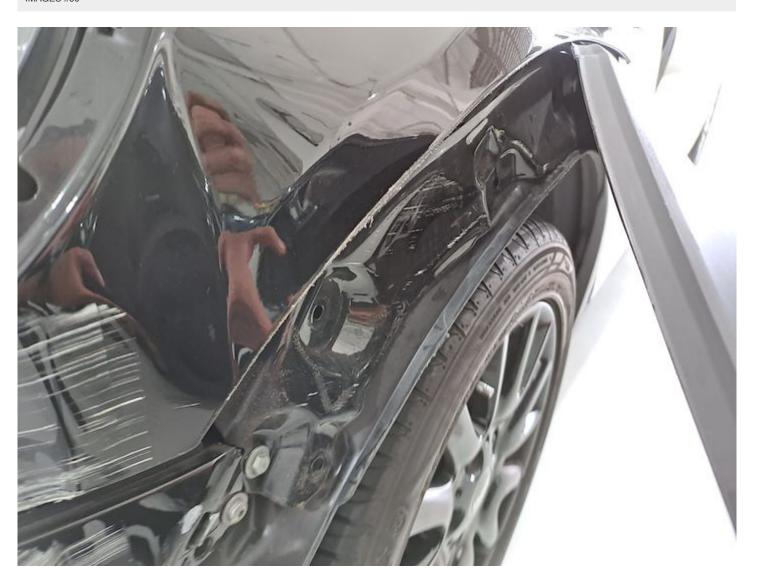


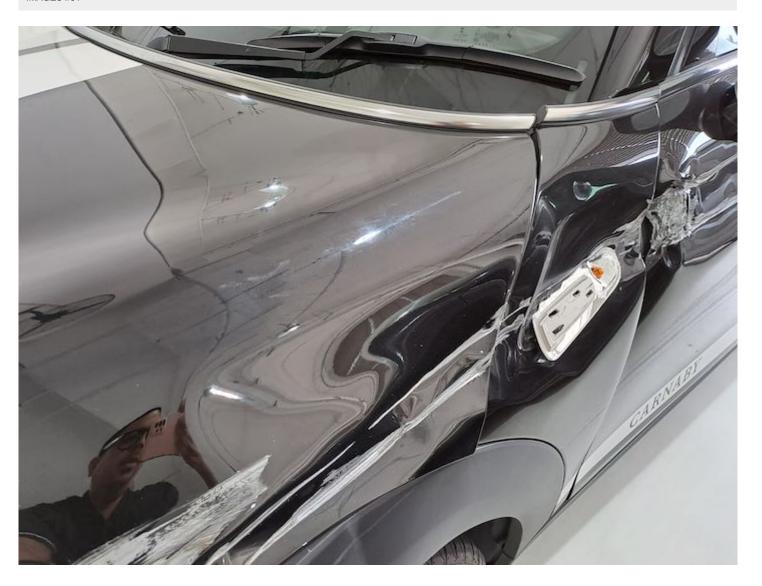




























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20230110/7081

## REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 10/01/2023 23:34 E/20230110/0101 Informant's Particulars Name of Informant: Address: MARK KWAN CHAN MUN 30 EASTWOOD ROAD #04-08 SINGAPORE 486365 ID Type / ID No.: Contact No .: NRIC NO / S7730355C Home/Office: Mobile: 97518971 Nationality: Email: SINGAPORE CITIZEN MARKKWANCM@GMAIL.COM Sex: Date of Birth: Type of Informant: Age: Male 45 04/11/1977 Driver Language: Race: Institution / School Name: Chinese English Occupation: Driving Licence Information: Class: 3A Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/01/2023 17:4	Type of Location Straight Road
Location: CAMDEN PA	RK			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
		1000		

Details of V	ehicle Involve	d			-142000000000000000000000000000000000000	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBL7900U	Motorcycle					0
JRS1095	Motorcycle					0
SFX5454T	Car	SUBARU	FORESTER	Brown	Slightly Damaged	1
SMR977H	Car	MINI	ONE 5DR HB (LCI)	Black		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230110/7081

## CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YQ7187M	Lorry	MITSUBISHI	FUSO	Silver	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFX5454T	MSIG INSURANCE (SINGAPORE) PTE. LTD.			
SMR977H	AIG ASIA PACIFIC INSURANCE PTE.	1900259523-02	18/12/2022	17/12/2023

Any Pedestrian I	nvolved: No				
No. of Pedestriar		Use of Pe	edestrian Crossing: NA		
Driver					- M
Name	HO WAI MUN		ID No.		S6908830I
Related Vehicle	SFX5454T (Car)			ct No.	97638024
Hospital/Clinic	NIL .			of } e &	Class: NIL Date of Expiry: NIL
Date .	NIL	Date		NIL	
No. of Days gran	ted-Medical Leave NIL	NIL			
Passenger					
Name	LUCAS CHIA BO YI		ID No.		S8802558Z
Related Vehicle	SMR977H (Car)			ct No.	90232715
Hospital/Clinic	NIL			of ; e &	Class: NIL Date of Expiry: NIL
Date.	NIL	Date		NIL	
No. of Days grant	Degree of NIL				



T/20230110/7081

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

3 or 4 Report No. T/20230110/7081

## CONTINUATION OF REPORT

Driver					10000	
Name	MARK KWAN CHAP	NUM P		ID No.		S7730355C
Related Vehicle	SMR977H (Car)			Contact No.		97518971
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date	NIL		
No. of Days granted Medical Leave NIL Deg				ree of Slight		
Driver						
Name	ONG TECK WEI GARRICK			ID No.		S9416131B
Related Vehicle	YQ7187M (Lorry)			Contact No.		87663926
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ed Medical Leave NIL Degree			of NIL		

## Brief Details.

At around 540pm on 10 Jan 2023, I was driving my car (SMR977H) along Adam Road heading towards Farrer Road. My friend, Lucas Chia Bo Yi, was sitting next to me in the passenger seat.

I was on the 2nd lane from the left, traveling behind a grey lorry (YQ7187M). I put on my signal light to filter right, and after checking my blind spot to ensure that the lane was clear, I began moving out to the right lane.

I was midway through executing my lane change when a brown Subaru Forester (SFX5454T) came at a substantial speed from behind and collided with me at my side of the car. The impact then caused my car to slam against the grey lorry (YQ7187M) on my passenger's side.

The brown Subaru Forester (SFX5454T) went on to hit 2 other motorcyclists (FBL7900U & JRS1095) that were on the road in front of it before coming to a stop.

The SD card of my dash cam was taken by the traffic police officer for further investigations by the IO.



T/20230110/7081

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230110/7081

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 10/01/2023 23:34
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65472077	Classification Of Case: