

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 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 First Submission	03/07/2024 16:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2024 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG WAY / UPPER CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND8986R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIA CHEE
NRIC No	SXXXX598J
Email Address	CHIACHEE.TAN@GMAIL.COM
Mobile Phone No	(Phone) +65-94565628
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
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	7210152738-01

DRIVER

Name of Driver	TAN CHIA CHEE
NRIC No	SXXXX598J
Date Of Birth	18/04/1984
Occupation	Indoor

Driving Pass Date	15/12/2021
Driving experience	2 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94565628
Alt. Phone Number	-
Email Address	CHIACHEE.TAN@GMAIL.COM
Address	11 BEDOK SOUTH AVENUE 3 #05-53
Address complement	-
Postcode	465466
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 on collision
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT: T/20240703/7015.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9795M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

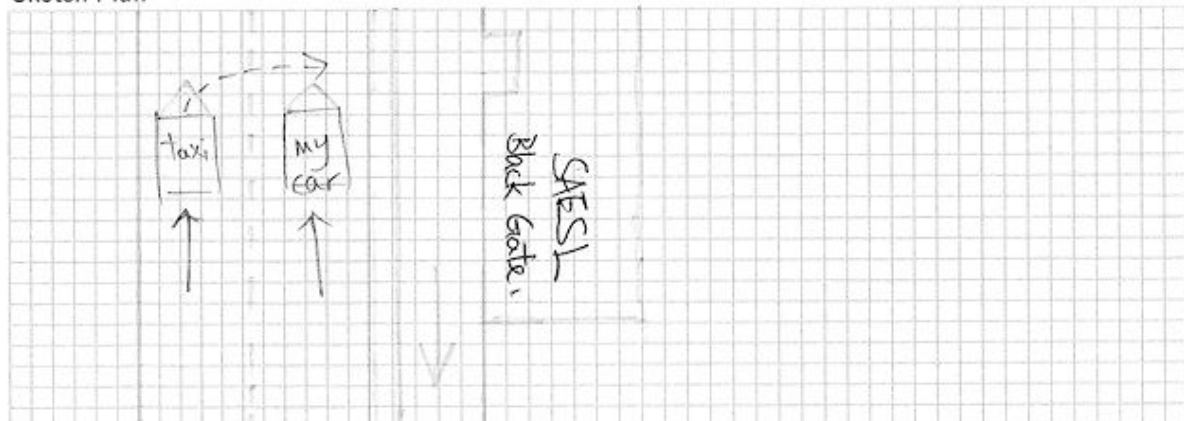
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 x 3/7/24
 Policyholder's Signature / Date &
 Time 3:45 PM

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


 Witnessed by Reporting Centre
 Personnel

Sketch Plan



Describe Circumstances of the Accident

The taxi is travelling on the left lane while I'm on the right lane. Taxi suddenly U-turn ^{from left lane} without checking. My ~~taxi~~^{car} collided into the taxi ~~passenger~~ driver door.

Declaration


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

x 

Policyholder's Signature / Date & Time

3/7/24
3.45pm

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



Witnessed by Reporting Centre Personnel

























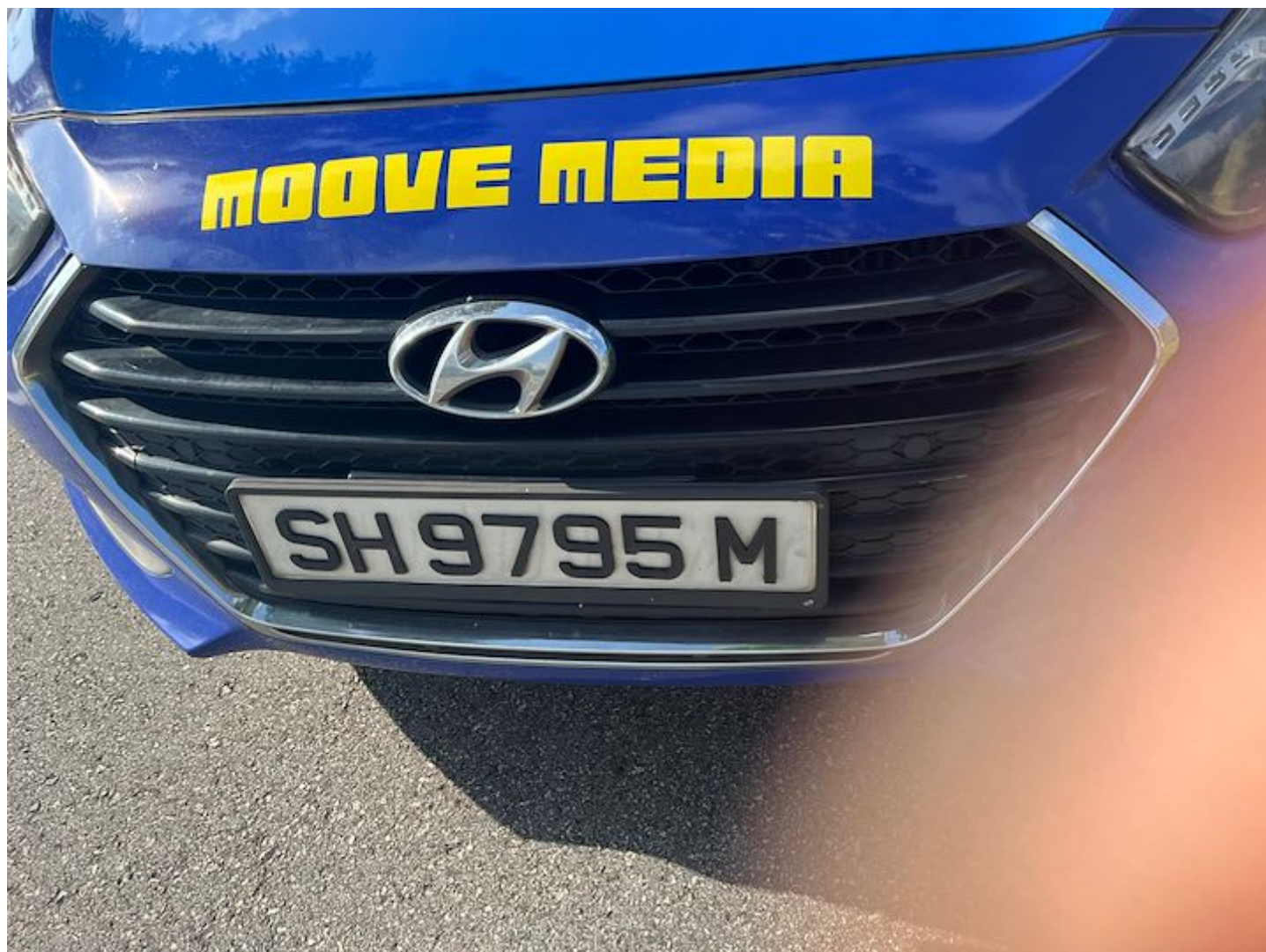
















**SINGAPORE
POLICE FORCE**



T/20240703/7015

1 of 3

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

Report No. T/20240703/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2024 10:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHIA CHEE			Address: 11 BEDOK SOUTH AVENUE 3 #05-53 SINGAPORE 465466		
ID Type / ID No.: NRIC NO / S8460598J			Contact No.: Home/Office: Mobile: 94565628		
Nationality: MALAYSIAN			Email: CHIACHEE.TAN@GMAIL.COM		
Sex: Female	Age: 40	Date of Birth: 18/04/1984	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Accountant (excluding tax accountant)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2024 09:35	Type of Location: Straight Road
Location: UPPER CHANGI ROAD NORTH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9795M	Motor car	HYUNDAI	I40	Blue	Slightly Damaged	1
SND8986R	Motor car	MINI	ONE SW LED HL	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SH9795M	FIRST CAPITAL INSURANCE LIMITED			
SND8986R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210152738-01	21/12/2023	20/12/2025



**SINGAPORE
POLICE FORCE**



T/20240703/7015

2 of 3

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

Report No. T/20240703/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO LYE LEE	ID No.	S1655843E
Related Vehicle	SH9795M (Motor car)	Contact No.	90239554
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 (MC)	NIL	Degree of Injury	Slight
Driver			
Name	TAN CHIA CHEE	ID No.	S8460598J
Related Vehicle	SND8986R (Motor car)	Contact No.	94565628
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

The vehicle involved is a comfort Delgro taxi. The taxi is on the left lane and suddenly turn right because " taxi passenger ask him to turn right" while I'm travelling on the right lane.

**SINGAPORE
POLICE FORCE**

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



T/20240703/7015

3 of 3

Report No. T/20240703/7015

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
03/07/2024 10:15

Classification Of Case: