SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/07/2016 13:55
Date Of Accident	22/05/2016 15:25
Exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFR11C
Insured/Policyholder	
Name Of Registered Owner	TAN PENG KOON
NRIC No	S0263054J
Email Address	PENGKOON_TAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96239192
Alternative Phone No	OTHERS-96239192
Vehicle Particulars	
Manufacturer	VOLVO
Model	S80-2.5T (A)
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	REPORTING ONLY
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	2100278208-04000
Cover Note Number	
Driver	
Name of Driver	TAN PENG KOON
NRIC No	S0263054J
Date Of Birth	04/03/1947

INDOOR

MALE

21/08/1968

+65-96239192

OTHERS-96239192

47 YEARS AND 9 MONTHS

PENGKOON_TAN@YAHOO.COM

Address 11C HUA GUAN AVENUE

Postcode 589105

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 UNKNOWN - REFER TO POLICE REPORT

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Was there any video captured by Car Camera? YES
Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20160711/2035

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB1615E

Vehicle Make/Model/Colour BUS

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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' 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.

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

Witnessed by Reporting Centre Personnel

Witnessed by Reporting Centre Personnel

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Declaration

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

Policyholder's Signature / Date & Time 1 1 JUL 2016

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

Witnessed by Reporting Centre Personnel

Sketch Plan #2 Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0263054J





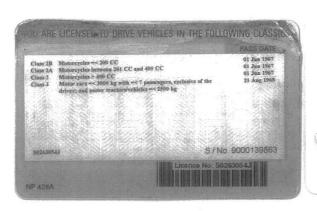
TAN PENG KOON

CHINESE

陈炳坤

Date of birth 04-03-1947 Country/Place of birth SINGAPORE

S0263054J









010011112033

Police Station Of Origin: Bukit Timah N.P.C

1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999

1 of 3 Report No. T/20160711/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:11/07/2016 11:22	Vide Report No.:	Station Diary No.:
Informants Particulais		
Name of Informant: TAN PENG KOON	Address: 11C HUA GUAN AVENUE SII	NGAPORE 589105
ID Type / ID No.: NRIC NO / S0263054J	Contact No.: Home/Office:	Mobile: 96239192
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Age: Date of Birth: Male 69 04/03/1947	Type of Informant: Driver	** ·
Race: Chinese	Language: English	Institution / School Name:
Occupation:	Driving Licence Information:	Date of Expiry:

General Informat	encorrections			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/05/2016 15:25	Type of Location: Bend
Location: -Along Road 1 ORCHARD LINK		200 September 1997		
2nd lane from the	left.			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Work	king	Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance:

Details of V	dijabiyyekeer					
«Vehicle No.»	Tiple Co.	Middle For	NETVE VE	∉ୈୁଦ୍ଦର	<u>, (Oğ Yğını, İni)</u>	Ettionici Add A
SFR11C	Car	VOLVO	S80 2.5T (A) ABS AIRBAG	Black	Slightly Damaged	1
SMB1615E	BUS	<u>'</u>				0

Details of N	Ala be re	<mark>Right Historia</mark>		
Vehicle No	The Mark Seconds Suy	Nadares de la	E PENVE S	EVOIN DEC
# SFR11C	AIG ASIA PACIFIC INSURANCE PTE	2100278208	00/11/2015	U8/11/2016



T/20160711/2035

2 of 3

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914

Report No. T/20160711/203

Tel No: 1800-4629999

CONTINUATION OF REPORT

DOMING PORS		2 A 1 3 1 7 2 5		3.1-3%		
No. of Pedestrian	· · · · · · · · · · · · · · · · · · ·		Use of Peo	destriar	Cross	sing: NA
(Dilygi						
Name	TAN PENG KOON			· ID No		S0263054J
Related Vehicle	SFR11C (Car)			Conta	ct No.	96239192
Hospital/Clinic	NIL			Class Drivin Licend	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
				Expin	Date	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 22/05/2016 at about 1525hrs, I was driving along Orchard Link on the 2nd lane from the left. My wife was the only passenger during that point of time. I had stopped my car as the traffic light was red. And I was able to recall back that there was a SBS bus on the left lane.

I wish to state that I did not hear neither any vehicle hit onto my car nor my car hit on other vehicle. Ther was no driver had approached me. However, there was a slight scratches on the front left mug guard rim of my car which I noticed a few days later but I was unsure where the damages came from.

I have a video camera in my car but requires to engage someone to check on it.

I am lodging this report as required by Traffic Police Department. Reference TP/IP/32969/2016.



Police Station Of Origin: Bukit Timah N.P.C

1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999



3 of 3

Report No. T/20160711/2035

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 Recon E / Sgt NURMANISSA BINTE Signature Of Interpreter: Not applicable		Date/Time: 11/07/2016 11:2		
Officer in Charge Of Case: TP / HRT / Sr Staff Sgt ANG YI TING, Contact No.: 65476180	STEPHANIE	Classification O		
Authentication Stamp NP168	Signa		170	
	Singapore Police For			



Our Ref Date : TP/IP/32969/2016

: 5 July 2016

Tan Peng Koon 11C Hua Guan Ave Singapore 589105 Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 6180 Fax +65 6547 4883 www.police.gov.sg

When replying, please quote this reference number and date of issue: TP/IP/32969/2016

URGENT

Dear Sir / Madam

The offence indicated below involved a vehicle registered in your name and SMB1615E

Vehicle No.	Date	Time	Place
SFR11C	22/05/2016	1525 hrs	Orchard Link

TRAFFIC ACCIDENT

The above vehicle which is registered under your name/ company is alleged to have been involved in a <u>hit and run accident</u>.

Please provide the particulars of the driver of your vehicle within 7 days. Under the provisions of the Road Traffic Act, it is an offence not to provide the particulars as required, and the owner of the vehicles can be liable to a fine of up to \$1,000/- or 6 months imprisonment. You may also explain why no report was lodged within 24 hours of this accident where particulars were not exchanged, or confirm that particulars were exchanged.

Date: 5 July 2016

Ang Y Ting Stephane, SSS for Head Traffic Investigations
Traffic Police

* Please instruct the driver to lodge an accident report at the nearest Police Station if the driver had not done so and you are to inform the Insurance Company at the same time.

I give below the particulars of	the driver / rider :-		
Name: TAN FENGENCE	NRIC No. (D/L No.)	Expiry Date of D/L:	
Name: THE PENG KOOK	50263054/1		
Tel: 90239/92			
Address: // C ffun	Type of Licence (QL / PDL)	Class(es) of vehicle	213 74
GUAN AVE		For which D/L is valid	26.2A 2 N 3
Postal District : 589/05			~ ~ ~ ~ ~
		<u> </u>	

1-10

Name of Registered vehicle owner

TAN PENG KOON

Signature of Registered vehicle owner



For the driver of the vehicle you owned on 22/05/2016 at	1525 hrs.	
(1) Are you aware of the accident? If the answer is Yes, please go to question 2.	☐ Yes	☑ No
(2) Was the accident reported to GIAS (Insurance)?	☐ Yes	□ No
If the answer is No, please explain why you did not excha	nge particulars	and report the accident?
		Signature of Driver





Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		DENDUM	
(A)	PARTICULARS OF PERSON	MAKING THE AMENDMENTS:	
Original Report No:	MLHM16083632	Vehicle Registration No:	SFR IIC
Name(as shown in NRIC):	<u>Tan Peng Koon</u>		
	(*Vehicle Driver / Vehicl	e Owner) (*) Please delete as ap	propriate
NRIC/Paseport No :	S0263054J		
Address :	11C Hua Guan 1	Avenue. Singapore 58	9105
Contact (Tel) :			96239192
(Email) :	***************************************		
Date of Accident :	22/05/2016	Time of Accident :	15:25
Place of Accident :	Orchard Link		- ***
Insurance Company:	AlG Asia Pacifi	c Insurance Pte Ltd	
Attached Pho	tographs.		
	<u> </u>		
· · · · · · · · · · · · · · · · · · ·			······································
A.			
· OW.			
ignature of Vehicle Owner /	Driver		

Data:

Date: 1 2 JUL 2016

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm