

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 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.

ACCIDENT STATEMENT

Date Of Report	29/03/2017 16:48
Date Of Accident	29/03/2017 13:45
Exact Location Of Accident	JUNCTION OF FARRER ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7590Z
Insured/Policyholder	
Name Of Registered Owner	TAN HUAT WAH
NRIC No	S1469016F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96462849
Alternative Phone No	Home-96462849

Vehicle Particulars

Manufacturer	NISSAN
Model	JUKE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100359846
Cover Note Number	

Driver

Name of Driver	TAN HUAT WAH
NRIC No	S1469016F
Date Of Birth	14/02/1961
Occupation	Indoor
Date Of Driving Pass	10/02/2000
Driving Experience	17 Years And 1 Month
Gender	Female
Mobile Number	(Local) +65-96462849
Fax Number	
Contact Number	Home-96462849
EMail Address	NOEMAIL

Address	13 LEEDON HEIGHTS #25-48 SINGAPORE
Postcode	266224
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 SKETCH PLAN
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Address	ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED FILE

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3620A
Vehicle Make/Model/Colour	COMFORT TAXI (BLUE)
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

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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' 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")

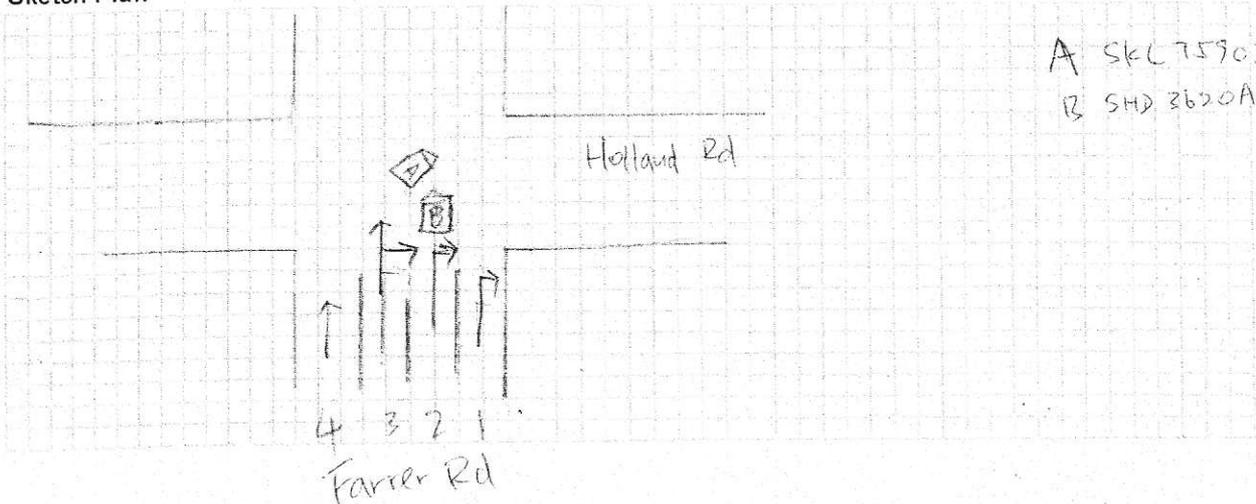
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A SKL 75902
B SHD 2620A



**SINGAPORE
POLICE FORCE**



T/20170329/2092

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20170329/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2017 15:36	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: TAN JUAT WAH		Address: 13 LEEDON HEIGHTS #25-48 SINGAPORE 266224	
ID Type / ID No.: NRIC NO / S1469016F		Contact No.: Home/Office: Mobile: 96462849	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 56	Date of Birth: 14/02/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2017 13:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 FARRER ROAD HOLLAND ROAD Along Farrer Road Towards Holland Road, In the Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHD3620A	Car					0
SKL7590Z	Car	NISSAN	JUKE 1.6 CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20170329/2092

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20170329/2092

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL7590Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100359846	20/12/2016	19/12/2017

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SHD3620A (Car)		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	NIL
Driver				
Name	TAN JUAT WAH		ID No.	S1469016F
Related Vehicle	SKL7590Z (Car)		Contact No.	96462849
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 the above mentioned date, time and location, I was travelling on the lane 3 from the right. I was making my right turn towards Holland Road when the Traffic Light turns green. While I was in the middle of the junction, I felt a sudden jerk of my car and I realized that a Blue coloured Comfort Taxi bearing the plate number of SHD3620A which was travelling along Lane 2, actually collided onto my rear right bumper of my car.

The said taxi did not seem to stop after the collision but instead he drove faster and overtook me. I tried to follow his car but eventually I lost sight of it. I was not injured during the accident and I have a CCTV in my car which had recorded the incident.

I had checked on my car and observed the following damages:

- 1) Rear bumper slightly dislodged.
- 2) scratches and Blue paint marks on the bumper
- 3) Scratches on rear right rim of the tire.



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T/20170329/2092

Police Station Of Origin:
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1 Duke's Road SINGAPORE 268914
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Report No. T/20170329/2092

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20170329/2092

Police Station Of Origin:
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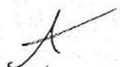
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Report No. T/20170329/2092

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 WONG XUAN WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2017 15:36
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215 	Classification Of Case: 
Authentication Stamp NP168 	