

## 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	23/11/2017 09:53
Date Of Accident	23/11/2017 07:15
Exact Location Of Accident	HOUGANG AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP883R
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#### Insured/Policyholder

Name Of Registered Owner	LAI CHONG ANN
NRIC No	S1312802B
Email Address	ICHONGANN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96565182
Alternative Phone No	OTHERS-96565182

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 G (ACV40) (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?	YES
If No, Please state action to be taken	
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	2100199693-07000
Cover Note Number	

#### Driver

Name of Driver	TAN KOH MAY
NRIC No	S1470419A
Date Of Birth	12/09/1961
Occupation	INDOOR
Date Of Driving Pass	19/07/1983
Driving Experience	34 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97560930
Fax Number	
Contact Number	
Email Address	TANKOHMAY@GMAIL.COM

Address	14 CACTUS DRIVE GRANDE VISTA #03-01
Postcode	809689
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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 [OTHER]	ANG MO KIO SOUTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20171123/2041

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO UNABLE TO DOWNLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TIBS1228
Vehicle Make/Model/Colour	
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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7. 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)**

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.
- (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: 23 NOV 2017

9:53h



Driver's Signature

(If driver is not the policyholder)  
Date & Time: 23 NOV 2017

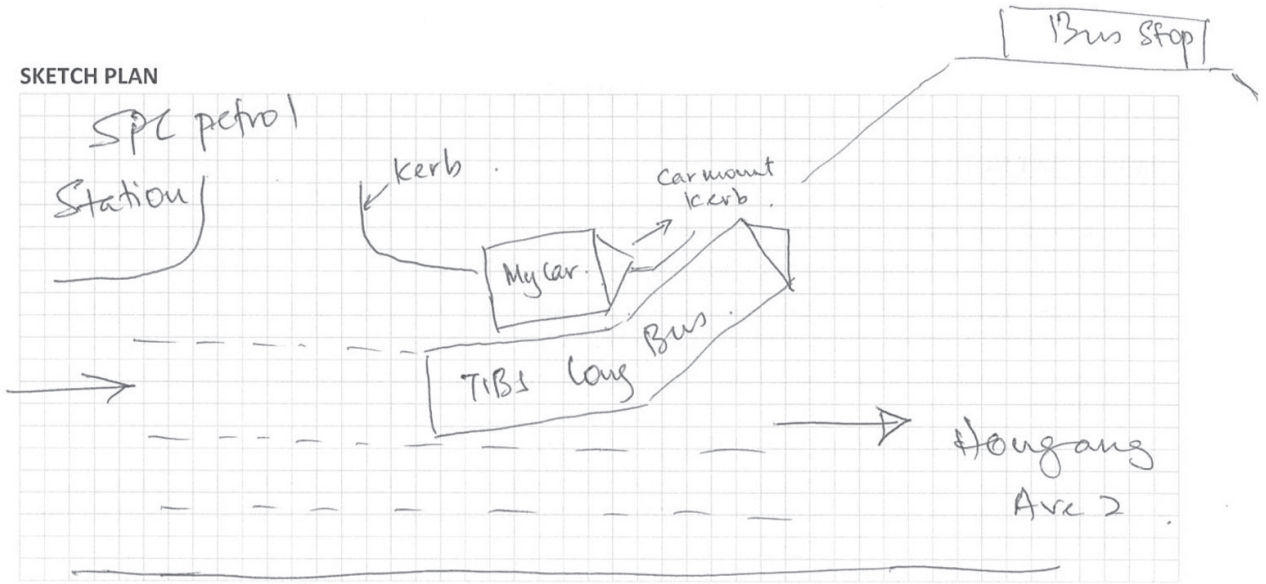


Reporting Centre Personnel's Signature

Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A

**Accident Sketch Plan Pg. 2**

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to Police Report :

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

23 NOV 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23 NOV 2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Poh Kwee Choo  
S6840583A



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171123/2041

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20171123/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/11/2017 12:00	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars				
Name of Informant: TAN KOH MAY			Address: 14 CACTUS DRIVE #03-01 SINGAPORE 809689	
ID Type / ID No.: NRIC NO / S1470419A			Contact No.: Home/Office: Mobile: 97560930	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 56	Date of Birth: 12/09/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ACCOUNTS MANAGER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/11/2017 00:00	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 2				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP883R	Car					0
TIBS1228	Bus/Coach/Mi nibus					0

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

**Police Report Pg. 2**



**SINGAPORE  
POLICE FORCE**



T/20171123/2041

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

2 of 3

Report No. T/20171123/2041

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN KOH MAY		ID No. S1470419A
Related Vehicle	TIBS1228 (Bus/Coach/Minibus)		Contact No. 97560930
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
<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		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

**Brief Details.**

On 23/11/17 at about 0715hours, my vehicle (SJP883R) was turning out from Hougang SPC petrol Kiosk moving along Hougang Ave 2. Suddenly a TIBS long bus (TIBS 1288) bus number 854 was driving extremely close to my vehicle and the bus steered towards the left into the lane where my vehicle was. Due to the sudden cut in by the bus driver, the left rear door of the bus hit onto my right driver side and due to the impact, my vehicle mounted up the kerb on the left and hit onto a stop sign board. Both of us then came down of the vehicles and exchange particular. My vehicle front, right and left side suffered damages and being towed away by towing company.

I am lodging this report for my insurance claim as well as I hit onto government property (stop sign board) which was cause by the impact of the bus that hit onto me.



**SINGAPORE  
POLICE FORCE**



T/20171123/2041

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20171123/2041

**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: F / Sgt 2 ELAINE ONG EE LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2017 12:00
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: SN 085
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE			
IDENTITY CARD NO. S1312802B			
Name			
		LAI CHONG ANN	
		賴泉安	
Race			
CHINESE			
Date of Birth		Sex	
01-06-1958		M	
Country of Birth			
SINGAPORE			



221364	
	
NRIC No. S1312802B	
	
Blood Group	Date of issue
A-	23-07-1994
Address	
14 CACTUS DR, GRANDE VISTA #03-01	
SINGAPORE 809689	
NRIC No: S1312802B	Date: 20-11-1998 No: 2111993