

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	02/12/2017 13:10
Date Of Accident	30/11/2017 15:40
Exact Location Of Accident	SEMBAWANG RD & CANBERRA LINK JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9634C
Insured/Policyholder	
Name Of Registered Owner	TAN CHARLENE
NRIC No	S6909552F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92380321
Alternative Phone No	OTHERS-96210010

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
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	2100491473
Cover Note Number	

Driver

Name of Driver	TAN KIM LENG
NRIC No	S0185141A
Date Of Birth	30/09/1934
Occupation	INDOOR
Date Of Driving Pass	10/04/1964
Driving Experience	53 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96210010
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	73 KOVAN ROAD
Postcode	548162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHMENTS & POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN3470P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Name of Driver	WHONG TUNG GEOK
NRIC/Passport Number	S7029083I
Contact Number	97554409
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	TAN KIM LENG
Approximate Age	83
Injuries Sustain	
Injured person in which vehicle?	SLH9634C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	73 KOVAN ROAD
Postcode	548162

DETAILS OF INJURED PERSON 2

Name	LEE SIOK TIN
Approximate Age	76
Injuries Sustain	
Injured person in which vehicle?	SLH9634C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	73 KOVAN ROAD
Postcode	548162

Sketch Plan

SKETCH PLAN

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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' 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.

02/12/17
x Chen
Policyholder's Signature / Date &
Time 11:30 AM

02/12/17
x Tan Kin Leng
Driver's Signature (If driver is not the policyholder) / Date
& Time 11:30 AM

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

Describe Circumstances of the Accident

Net: Police Report

Declaration

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

Policyholder's Signature / Date & Time *11:30AM*

02/12/17

* Tan Kien Leng.

Driver's Signature (If driver is not the policyholder) / Date & Time 11:30 AM

Witnessed by Reporting Centre
Personnel

Common Statement



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Tan Kim Leng
VEHICLE NUMBER : SLH 9634C
DATE/TIME OF ACCIDENT : 30-11-17 1540HRS.
PLACE OF ACCIDENT : Sembawang Rd 2 Lambera Link.
THIRD PARTY VEHICLE (IF ANY) : SJN 3470P.

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from Home to Sembawang Park

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Left front Collision.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes. Khoo Teck Puat Hospital

x Tan Kim Leng
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.



**SINGAPORE
POLICE FORCE**



T/20171201/2038

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

1 of 4

Report No. T/20171201/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 12:25		Vide Report No.: F/20171130/0154		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KIM LENG			Address: 73 KOVAN RD SINGAPORE 548162		
ID Type / ID No.: NRIC NO / S0185141A			Contact No.: Home/Office: Mobile: 96210010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 83	Date of Birth: 30/09/1934	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: BUSINESSMAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2017 15:40	Type of Location:
Location: Along Road 1 SEMBAWANG ROAD JUNCTION OF CANBERRA LINK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3470P	Car	HYUNDAI	TUCSON 2.0 A	Silver	Seriously Damaged	1
SLH9634C	Car	TOYOTA	CAMRY 2.0 AUTO	Silver	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20171201/2038

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

2 of 4

Report No. T/20171201/2038

CONTINUATION OF REPORT

Driver			
Name	WHONG TUNG GEOK		ID No. S7029083I
Related Vehicle	SJN3470P (Car)		Contact No. 97554409
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 KIM LENG		ID No. S0185141A
Related Vehicle	SLH9634C (Car)		Contact No. 96210010
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2017	Date Discharge	30/11/2017
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	LEE SIOK TIN		ID No. S0708856F
Related Vehicle	SLH9634C (Car)		Contact No. NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2017	Date Discharge	30/11/2017
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

ON 30/11/2017 AT ABOUT 1540 HRS,
I WAS ON THE CENTRE OF 3 LANES TRAFFIC. TRAVELLING ON SEMBAWANG RD TOWARDS THE CITY. TRAFFIC LIGHT WAS GREEN AND I PROCEEDED FOWARD. SUDDENLY I FELT AN IMPACT ON MY LEFT SIDE PORTION OF MY VEHICLE. A CAR(SJN2767D) HAD CAME FROM THE LEFT SIDE FROM CANBERRA LINK AND HIT MY VEHICLE. ME AND PASSENGER WERE CONVEYED TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20171201/2038

Police Station Of Origin:
Traffic Police Division HQ
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3 of 4

Report No. T/20171201/2038

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171201/2038

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

4 of 4

Report No. T/20171201/2038

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:
TP /
MUHAMAD NUR SAM FASLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP168

Signature Of Informant:

Tan Kim Seng

Date/Time:
01/12/2017 12:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

ASLI



**SINGAPORE
POLICE FORCE**

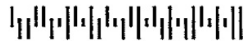
Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000

20 Nov 2017

280-000482

TAN KIM LENG
73 KOVAN ROAD
SINGAPORE 548162

Our Ref : S0185141A



Dear Sir / Madam

ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL EXAMINATION REPORT

We acknowledge receipt of your medical examination report on 20 Nov 2017.

- 2 As you have been certified medically fit to drive, you may continue to drive until your next medical examination.
- 3 If you are a foreigner, you may continue to drive until such date when your driving licence expires or until your next medical examination, whichever is earlier.
- 4 Traffic Police Department will send you another letter to go for your next medical examination when approaching your next age limit under the law.
- 5 Should you at any time be diagnosed to be unfit to drive by a medical practitioner, for your own safety and that of all road users, you are advised to surrender your licence to the Traffic Police.

Yours faithfully

HEAD OF TESTING AND LICENSING BRANCH
TRAFFIC POLICE

This is computer-generated and does not require a signature.



S000482



434



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

COVER NOTE

Cover Note No. 2100491473		Date 23 Nov 2016	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
SCHEDULE			
Policyholder	Tan Charlene		
Age Condition	All Age Condition	Registration No.	SLH 9634C
Policy Type	TOYOTA AUTO PROTECTOR (2-YEAR)	Make/Model	TOYOTA Camry 2.0 2016 (Improvement)
Effective Date	23 Nov 2016	CC/Tonnage	1,998.00
Expiry Date	22 Nov 2018	Engine No	6ARP222159
Excess	S\$600.00	Chassis No	MR053DK5100108631
		Year of Registration	2016
		Hire Purchase Company	HONG LEONG FINANCE LTD
<p>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</p> <p>In addition to the Policy Excess, a Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST) will apply to You or Your Authorised Driver who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none"> 1. Use only for social, domestic and pleasure purposes and for the Policyholder's business. 2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes. <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p>			
<p>MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)</p> <p>MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960</p> <p>ROAD TRANSPORT ACT, 1987 (MALAYSIA)</p> <p>MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)</p>			
CERTIFICATE OF INSURANCE			
I/We hereby certify that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)			

Issued in SINGAPORE

AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT NOTICE

THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD. APPLICABLE
TO CORPORATE POLICIES ONLY.


AUTHORISED REPRESENTATIVE

ORIGINAL

IASOLS.

