#### 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 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 aforesaid. $ \\$	consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/11/2017 17:15
Date Of Accident	16/11/2017 07:30
Exact Location Of Accident	CLEMENTI AVE 6 TWDS AYE UNDERPASS NR BLK 302 AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL5904D
Insured/Policyholder	
Name Of Registered Owner	TAN ENG HWEI (CHEN YINGHUI)
NRIC No	S7641787C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98355883

OFFICE-98355883

Alternative Phone No **Vehicle Particulars** 

Manufacturer MERCEDES-BENZ

**CLA180** Model

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?

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 2100501884

Cover Note Number

Driver

Name of Driver TAN ENG HWEI (CHEN YINGHUI)

NRIC No S7641787C Date Of Birth 15/12/1976 **INDOOR** Occupation **Date Of Driving Pass** 26/04/1994

23 YEARS AND 6 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-98355883

Fax Number

**Contact Number** OFFICE-98355883

**EMail Address NOEMAIL** 

BLK 406 BT BATOK WEST AVE 7 #11-40 Address

Postcode

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 **COLLISION - HEAD TO REAR** 

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 YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

NO

NO

ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-8729999 - FAX NO: 67748639 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REPORT NO: T/20171116/2038

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** 

FBE6003C Vehicle Registration Number Vehicle Make/Model/Colour YAMAHA BLACK

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number 86209660

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (ii) investigating the accident and/or my claims;
- (ii) 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/meil
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) at 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 pady service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Aurposes.

CONTRACT OF Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Tirros & Time Personnel Sketch Plan 137-6003C

REFER POLICE RE	PORT		
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•	g particulars are true in ev		
ise note that you	have 14 calender days	s to revert and file the cla	aim under
ept the claim.	ing to do so, your inst	rance company will not	allow nor
(Please	contact your insurance cor	mpany for any further details)	
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May		2018	OR THE PERSON NAMED IN
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6/11/12 16:55	an '	A	189





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20171116/2038

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Réport Made: 16/11/2017 11:53		Made:	Vide Report No.: D/20171116/0036	Station Diary No.
Informa	ant's Partic	ulars	The same of the sa	40
Name of Informant: TAN ENG HWEI  ID Type / ID No.: NRIC NO / S7641787C  Nationality: SINGAPORE CITIZEN			Address: APT BLK 406 BUKIT BATOK SINGAPORE 650406	WEST AVENUE 7 #11-40
		87C	Contact No.: Home/Office:	
		EN	Email:	Mobile: 98355883
Sex: Male	Sex: Age: Date of Birth:		Type of Informant:	
Race: Chinese Occupation: IT MANAGER			Language: English	Institution / School Name:
			Driving Licence Information: Class: 3	Date of Expiny

General Inform	ation of the Acciden	t				-	
Type of Accident:	Injury Conveyed By Ami		Drink Drive: No	Orive: Accident:		Type of Location Straight Road	
Location: Along Road 1 CLEMENTI AV TOWARDS AY	ENUE 6 E BEFORE CLEMEN	TI AVENU		16/11/2017 07:3		CLEMENT	
Weather: Clear		_	Surface:			Speed Limit:	
Traffic Flow:  Dual Carriage Way  Traffic Control:				Traffic Volume:			
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes			

Vehicle No.	Type .	Make	Model	10.		
FBE6003C	Motorcycle	mano	Model	Color	Condition	No of Passenge
SLL5904D	Car	МЕДОБЕТ			Seriously Damaged	1
000040	Cal	MERCEDES BENZ	CLA180 COUPE URBAN (R18 LED)	White	Slightly Damaged	2





Police Station Of Origin: Clementi N.P.C

2 of 3 Report No. T/20171116/2038

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

A CONTRACTOR OF THE PARTY OF TH	ehicle Insurance	ALL STATE OF		
	Insurance Company	Insurance No	Effective	I Post of the
SLL5904D AIG ASIA PACIFI	AIG ASIA PACIFIC INSURANCE PTE.	0100000000	Ellective	Expiry Date
	LTD.	2100501884	01/03/2017	28/02/2018

Details of Perso	on Involved	200000			-	
Any Pedestrian I	Involved: No				-	Park Inches
No. of Pedestria	ns Injured: NIL		Hos of D-	1	_	
Driver		BHO 215 C	Use of Pe	destria	n Cross	sing: NA
Name	TAN ENG HWEI			ID No	7999	S7641787C
Related Vehicle	SILEONAD (Con)	CLLEGGE			,	3/041/6/0
riciated verificie	SLL5904D (Car)			Conta	ect No.	98355883
Hospital/Clinic	Clinic NIL			Class Drivin Licend	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NII		15		Date	
No. of Days gran	ted Medical Leave	NIL	Date Disci Degree of	narge Injury	NIL	

#### Brief Details.

Reference to incident: D/20171116/0036

On 16.11.2017 at about 0730hrs, I was driving my car SLL5904D (Mercedes, white in colour) along Clementi Ave 6 towards AYE at the 2nd lane of three lane road. At that time, the weather is clear and the road surface is dry.

Along the road, near to Clementi Ave 6 underpass, there was a car, SKP8469P (Hyundai, grey in colour) in-front of me made a sudden brake. I follow suite however I managed to avoid any collusion. Subsequently, I felt a slight knock from the rear. I stop my car and discovered a motorcycle, FBE6003C (Yamaha, black in colour) had knock onto my car. I checked the both rider and pillion, they suffered an abrasion on their legs. We then exchange our telephone number and I continue my journey to send my child to school.

At about 0910hrs, the Investigation Officer from the Traffic Police called me to assist him in the investigation accident. I went back to the accident scene and the office advised me to lodge a Road Traffic Accident report.

I wish to state that this is the first time I met an accident with the said motorcycle. There are two on-board camera installed inside my car and I able to provide the recordings.





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

3 of 3 Report No. T/20171116/2038

CONTINUATION OF REPORT

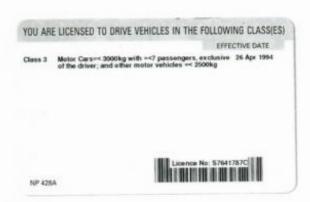
### Sketch Plan

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 Recordi D / Staff Sgt ROSLAN BIN ROH		Signature Of Informant:
Signature Of Interpreter: Not applicable	5.7	Date/Time: 16/11/2017 11:53
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHA Contact No.: 65476200	AR	Classification Of Case:
Authentication Stamp	SINGAPORE POLICE FORCE	SN 37

### Sketch Plan #6



FOR CACUSE ONLY





















