

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	12/12/2017 11:22
Date Of Accident	10/12/2017 08:30
Exact Location Of Accident	T2 CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3085D
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (A)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	PETER TAN
NRIC No	S2126115G
Date Of Birth	10/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address
Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
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) 2

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name GEYLANG SERAI NEIGHBOURHOOD POLICE POST
Police Station Address **ROAD:** BLK 111 ALJUNIED CRESCENT #01-102 , **POSTCODE:** 380111 ,
COUNTRY: SINGAPORE
Police Station Contact **TEL NO:** 1800-7459999 - **FAX NO:** 67455673
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT & SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB7739B
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

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 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 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' 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.



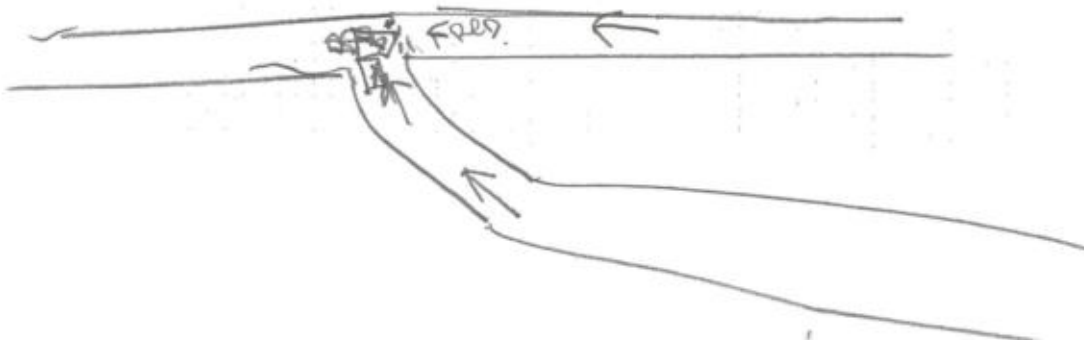
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A: 910 30850
B: SHB 7739B



Sketch Plan #2



**SINGAPORE
POLICE FORCE**



T/20171210/2056

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

1 of 3

Report No. T/20171210/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 15:42		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: PETER TAN			Address: APT BLK 102 ALJUNIED CRESCENT #08-259 SINGAPORE 380102		
ID Type / ID No.: NRIC NO / S2126115G			Contact No.: Home/Office: Mobile: 81212822		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 10/09/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 08:30	Type of Location: Straight Road
Location: AIRPORT BOULEVARD Terminal 2 boulevard road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7739B	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	1
SLQ3085D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	1

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171210/2056

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

2 of 3

Report No. T/20171210/2056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PETER TAN	ID No.	S2126115G
Related Vehicle	NIL	Contact No.	81212822
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 10/12/17 at about 8:30am, I was driving vehicle bearing license plate SLQ3085D. I was at the pick up point at Terminal 2. As I was exiting the pick up point, a cab bearing license plate SHB7739B came from my right side and I managed to perform an emergency brake. This resulted in vehicle SHB7739B front left bumper scrapping my front right bumper. I also wish to state that the lot that I was exiting from, has a give way sign however the cab did not give way. After the minor collision, we both exited our vehicles to check for the damage, took pictures of each other's vehicles and drove off. There was no exchange of particulars.

I made a check with my passenger and he said that he was fine. I also did not sustain any injuries and as such did not went to see the doctor.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171210/2056

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

3 of 3

Report No. T/20171210/2056

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: G / Sgt 2 CHAN LIP YANG, DEMIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2017 15:42
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168



Signature

Singapore Police Force

Sketch Plan #5

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2126115G



Name

PETER TAN

陳必得

Race

CHINESE

Date of birth

10-09-1951

Sex

M

Country of birth

MALAYSIA

S2126115G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2126115G

Name

PETER TAN

Birth Date: 10 Sep 1951

Issue Date: 17 Mar 2004



001166265H

370522



NRIC No: S2126115G



Date of issue

22-04-2005

59

Date: 22/06/2009

No. 6361848

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 2B Motorcycle <= 200 CC	02 Feb 1979
Class 2A Motorcycle between 200 CC and 400 CC	02 Feb 1979
Class 2 Motorcycle >= 400 CC	02 Feb 1979
Class 2 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Mar 1979

S2126115G

S / No. 9000252525



Licence No: S2126115G

MP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo

