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 policyliability 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/12/2017 09:01
Date Of Accident	14/12/2017 22:20
Exact Location Of Accident	KALLANG WAY 1 (PARALLEL PARKING #K0065)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP829A
Insured/Policyholder	
Name Of Registered Owner	TANHWA NAN
NRIC No	S1191718F
Email Address	TANHWANAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97939984
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN 2.0L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100510051
Cover Note Number	
Driver	
Name of Driver	TANHWA NAN
NRIC No	S1191718F
Date Of Birth	26/08/1956
Occupation	INDOOR

INDOOR Occupation Date Of Driving Pass 04/03/1978

39 YEARS AND 9 MONTHS **Driving Experience**

Gender **MALE**

Mobile Number (LOCAL) +65-97939984

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address TANHWANAN@HOTMAIL.COM

BLK 716 UPPER CHANGI ROAD EAST #06-05 Address

Postcode Was driver an employee of the Insured's Company NO 18 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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name CHANGI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-5872999 - **FAX NO**: 65872900

Was notice of intended Prosecution given?

If Yes, against whom?

NO

1

Circumstances of Accident

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 GBG5785A

Vehicle Make/Model/Colour

Details Of Properties

Name of DriverONG RUN PENGNRIC/Passport Number\$8920705CContact Number90080897

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Tel: 647 9003 / 6749 4333 Reporting Central Metannel's Signature

Eurokars Pte Ltd

Name:

NRIC/FIN No.:

Trans

SKETCH PLAN			
	SLP829	A	
	G13G5785A ·		
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	LICENSE PLATE NO:	SLP 829 A
ACCIDENT DATE:	14 Dec 2017	CONTACT NUMBER:	97939984
ACCIDENT TIME:	22 20	EMAIL: TANKWA	nan enutman.com
LOCATION:	Kallang Way 1, Ro	ad Side Parking A	K 0065
REFER TO	o POLICE RPT.		
			Bumpe/
Buoros	LW SUP 8	5785A / 1 atta	ched)
	CW SLP 8	29 A	1
		BACK	(Bumpe/
		(No	scrutch.)
		W.	JAVK.
NOTE: PLEASE NOTE THAT Y	OUR INSURER MAY HAVE 14 DAYS TIME FRAME		CLAIMS UNDER YOUR OWN POLICY.
PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIR	CY FOR MORE INFORMATION D PARTY (REPORTING ONLY)	
DECLARATION	/ CENTRE OF THE CONTROL OF THE CONTR	/	
I/We declare the foregoing	particulars are true in every respect.	County A	rokars Pte Lat
) outer,		Singapor	1605
Policyholder's Signature Date & Time: 15 D.e 2	Driver's Signature (If driver is not the policyholo Date & Time:		trg Personnel's Signature

GIARMC SketchPlanForm_V3



T/20171215/2000

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Type of Collision:

Moving Vehicle Against - Parked Vehicle

1 of 3 Report No. T/20171215/2000

Station Diary No.:

Anyone conveyed by

ambulance:

No

15/12/2017 00:08							11	
Informant	's Partic	culars						
Name of Informant: TAN HWA NAN		Address: BLK 716 UPPER CHANGI ROAD EAST #06-05 SINGAPORE 486847						
ID Type / ID No.: NRIC NO / S1191718F			Contact No.: Home/Office: Mobile: 97939984				7939984	
Nationality: SINGAPORE CITIZEN		ZEN	Email:					
Sex: Male	Age: 61	Date of Birth: 26/08/1956	Type of Informant: Driver					
Race: Chinese			Languag	Language:			Institution / School Name:	
Occupation: ENGINEERING MANAGER			Driving Licence Information: Class: Date of			Date of E	f Expiry:	
General In	formation	on of the Accident						
Type of Accident:	Attended by Police		1	Drink Drive: No	Date/Time of Accident: 14/12/2017 22:20		Type of Location Car Park	
Location: Along Ros KALLANG								
Along road	dside ca	rpark K0065					D 1 C 1 L i it.	
Weather:		Road Surface:				Road Speed Limit:		
Traffic Flow:			Traffic Control:				Traffic Volume:	

Vide Report No.:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBG5785A	Van					0
SLP829A	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.0L SP.6EAT	Blue	No Damage	2

Details of Vehicle Insurance		建筑企业 中国 的	
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20171215/2000

2 of 3

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance	1	CARL COMME	SCHOOL SERVER
Vehicle No.	Insurance Company	Insurance No 🎉	Effective	Expiry Date
SLP829A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100510051	25/05/2017	24/05/2018
Details of Po	erson Involved			
	an Involved: No			

Details of Perso	n Involved					
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL				Pedestrian	Cross	ing: NA
Driver						
Name	ONG RUN PENG (WANG RUNPENG)			ID No.		S8920705C
Related Vehicle	GBG5785A (Van)			Conta	ct No.	90080897
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			ischarge	NIL	
No. of Days granted Medical Leave NIL			Degree	e of Injury	NIL	
Driver						
Name	TAN HWA NAN			ID No		S1191718F
Related Vehicle	SLP829A (Car)			Conta	ct No.	97939984
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Dat			Discharge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	e of Injury	NIL	

Brief Details.

On the 14/12/2017 at about 2220hrs, I reversed my car (SLP829A) in an attempt to leave the roadside carpark along Kallang Way 1. However, when I reversed, I made a light contact with the parked van behind (GBG5785A). After that I got out of my car and I met up with the owner of the van, who was sitting inside the car. We then accessed the condition of the vehicles. I then told him that there were no damages to the vehicle. However, he wanted to call for the Police. Subsequently, a police officer came down to the scene. The police officer then told us to exchange particulars. The police officer also gave me a case number G/20171214/0222 and told me to make a police report. We then left the scene.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 3 Report No. T/20171215/2000

CONTINUATION OF REPORT

Sketch Plan

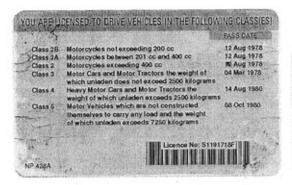
Informant is not able to provide sketch plan

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:			
Sgt 2 TEO YEE WAN, RENNY) ahm			
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2017 00:08			
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:			
Authentication Stamp SINGAPORE POLICE FORCE NP168 SIGNATURE				















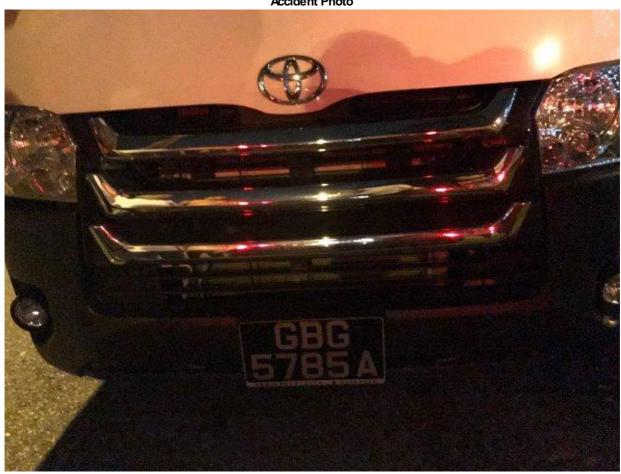








Accident Photo



Accident Photo

