

## 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 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	23/01/2018 09:18
Date Of Accident	22/01/2018 08:45
Exact Location Of Accident	TAMPINES AVE 4 TWDS TAMPINES ST 41
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK165S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN MEOW LI MAGDALENE(CHEN MIAOLI,MAGDALENE)
NRIC No	S8309360I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90622880
Alternative Phone No	OTHERS-90622880

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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?	NO
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	2100452127-01000
Cover Note Number	

### Driver

Name of Driver	TAN TAI MONG
NRIC No	S2184320B
Date Of Birth	06/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82811155
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 163 TAMPINES ST 12 #11-269
Postcode	521163
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	TAMPINES CHANGKAT NPP
Police Station Address	<b>ROAD:</b> 109 TAMPINES STREET 11 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180122/2115

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2437E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAN TAI MONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGK165S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

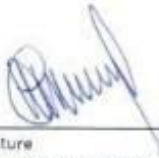
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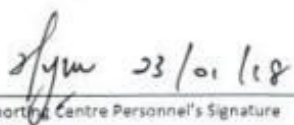
#### 8. Consent under the Personal Data Protection Act (PDPA)

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.

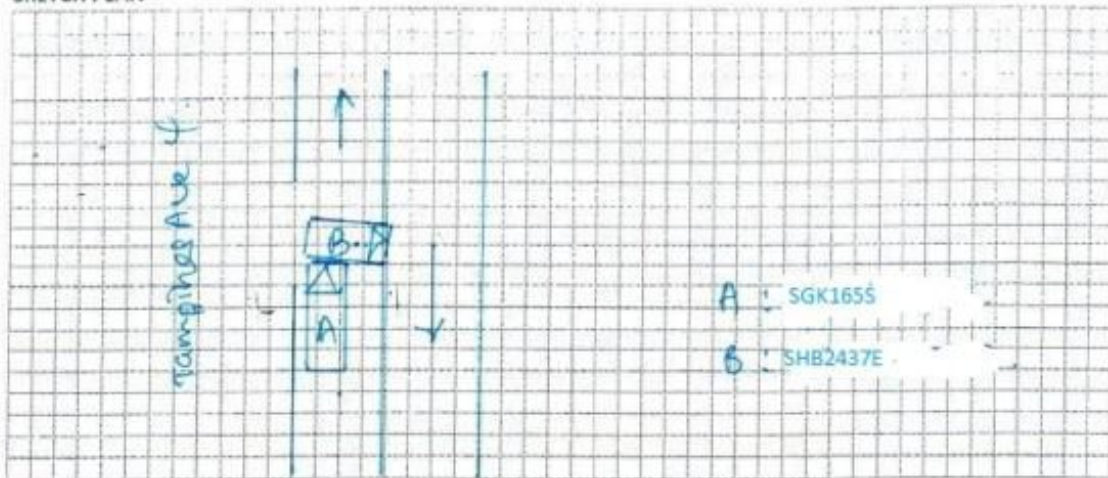
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report T/2018 0122/2115

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180122/2115

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 3

Report No. T/20180122/2115

#### CONTINUATION OF REPORT

##### Brief Details.

On 22/1/2018 at about 0845hrs I was driving my car (SGK165S) along Tampines Avenue 4 towards Tampines Street 41 and passing by the Tampines Polyclinic. Suddenly, a taxi (SHB2437E) exited from Tampines Polyclinic and was making a right turn when it stopped in the middle of my lane in front of me. I then braked when I saw the said taxi stop in front of me. However, the front of my car hit onto the taxi's right rear door area. Subsequently, the driver of the taxi and I both exited our vehicles to take photos of the incident. We then drove off after that.

Damage sustained by my car is a cracked front bumper, cracked bonnet and cracked license plate while damage sustained by the taxi is a dented and scratched rear right door. After the incident, I also noticed that my engine temperature was abnormally high.

After the incident, I felt pain in my left lower back, neck area and shoulder area. I also felt numbness in my left hand and leg. I then went to see the doctor at Oei Family Clinic located at 625 Elias Road #02-316 (Tel: 65815881). Doctor Oei Su Kai then prescribed me painkillers and cream for the said affected areas and granted me 6 days of medical leave from 22/1/2018 to 27/1/2018.

I wish to state that I have 2 in-vehicle cameras, one facing the front and one facing the back. However, the one facing the front was not working at the time of the incident. The camera facing the back was recording during the incident and I have the footage available with me. I also wish to state that the taxi involved had an in-vehicle camera, however I am not sure whether it was facing the front or back.

I am lodging this report for the purposes of claiming insurance.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





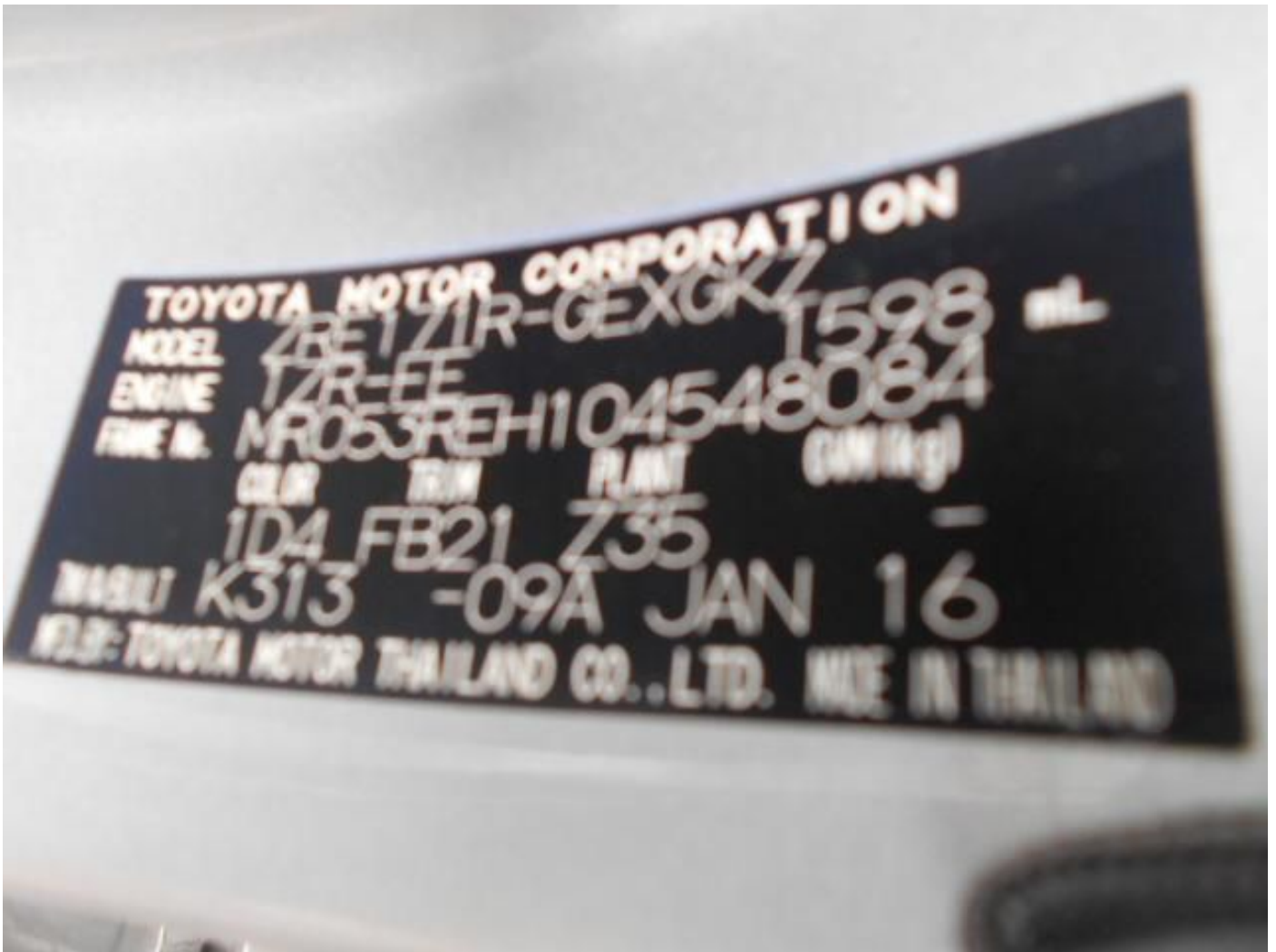
Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2115

1 of 3

Report No. T/20180122/2115

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 14:54	Vide Report No.:	Station Diary No.: 20
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### Informant's Particulars

Name of Informant: TAN TAI MONG			Address: APT BLK 163 TAMPINES STREET 12 #11-269 SINGAPORE 521163		
ID Type / ID No.: NRIC NO / S2184320B			Contact No.: Home/Office: Mobile: 82811155		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 06/07/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 4  ALONG TAMPINES AVENUE 4 TOWARDS TAMPINES STREET 41 OUTSIDE TAMPINES POLYCLINIC				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SGK165S	Car				Slightly Damaged	0
SHB2437E	Car				Slightly Damaged	0



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2115

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109 Tampines Street 11 #01-261  
SINGAPORE 521109  
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**SINGAPORE  
POLICE FORCE**



T/20180122/2115

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No: T/20180122/2115

## 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 /  
Insp GOH SI HAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/01/2018 14:54

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE