

## 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	30/04/2018 14:19
Date Of Accident	28/04/2018 08:00
Exact Location Of Accident	AYE TWDS TUAS AFTER LOWER DELTA LAMP POST 229
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6023A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEMPUR SINGAPORE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98179853

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100397453-03
Cover Note Number	-

### Driver

Name of Driver	THAM WAI MUN JEFFREY(TAN WEIMING JEFFREY)
NRIC No	S7438547H
Date Of Birth	13/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91112252
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 57 HAVELOCK RD #13-156
Postcode	161057
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	PC3036Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	THAM WAI MUN JEFFREY(TAN WEIMING JEFFREY)
Approximate Age	
Injuries Sustain	RIGHT SIDE OF BODY & ARMS
Injured person in which vehicle?	GBD6023A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.: \_\_\_\_\_

# Accident Sketch Plan

## SKETCH PLAN

9/10/17


A - G8060224  
B - PL 30367

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per police report.

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180428/7001

1 of 3

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

Report No. T/20180428/7001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 10:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: THAM WAI MUN JEFFREY		Address: APT BLK 57 HAVELOCK ROAD #13-156 SINGAPORE 161057	
ID Type / ID No.: NRIC NO / S7438547H		Contact No.: Home/Office: Mobile: 91112252	
Nationality: SINGAPORE CITIZEN		Email: eileenlee0712@gmail.com	
Sex: Male	Age: 43	Date of Birth: 13/11/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry: 28/04/2018	

General Information of the Accident				
Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 28/04/2018 08:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Lamp Post Number: 229				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6023A	Lorry				Seriously Damaged	0
PC3036Y			Mini Bus	Silver	Seriously Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD6023A	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

# POLICE REPORT



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POLICE FORCE**



T/20180428/7001

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

2 of 3  
Report No. T/20180428/7001

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	THAM WAI MUN JEFFREY	ID No.	S7438547H
Related Vehicle	GBD6023A (Lorry)	Contact No.	91112252
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 28/04/2018
Date Treatment	28/04/2018	Date Discharge	28/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the stated date & time i was driving on the stated venue . I was in the 3rd lane & driving at 50km/hr speed. Out of Sudden, Vehicle B (GBD6023 A) that was driving behind me suddenly hit onto my rear portion of my vehicle. The Great Impact pushes my Vehicle to swerve to hit onto the Railing along the expressway, the great impact causes pain to my right side of body & arms

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180428/7001

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

3 of 3

Report No. T/20180428/7001

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
28/04/2018 10:25

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

