

## 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	02/05/2018 17:32
Date Of Accident	30/04/2018 12:00
Exact Location Of Accident	JUNC OF UPP SERANGOON RD & UPP ALJUNIED RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBZ86S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN YEW BOO
NRIC No	S0546541I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90172310
Alternative Phone No	OFFICE-90172310

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	2100399865-03
Cover Note Number	-

### Driver

Name of Driver	TAN YEW BOO
NRIC No	S0546541I
Date Of Birth	23/06/1944
Occupation	INDOOR
Date Of Driving Pass	26/09/1975
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90172310
Fax Number	
Contact Number	OFFICE-90172310
Email Address	NOEMAIL

Address	42 POH HUAT CRESCENT
Postcode	546875
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 - CROSS JUNCTION
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
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	SKZ2354Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96234785
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TAN YEW BOO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SBZ86S

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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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 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:
  - (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.

陳友武

Policyholder's Signature  
Date & Time:

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

Handwritten signature of Reporting Centre Personnel

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

## Accident Sketch Plan

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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

陳友武

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/20180502/2133

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180502/2133

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2018 16:18	Vide Report No.:	Station Diary No.: 100
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### Informant's Particulars

Name of Informant: TAN YEW BOO			Address: 42 POH HUAT CRESCENT SINGAPORE 546875		
ID Type / ID No.: NRIC NO / S05465411			Contact No.: Home/Office: Mobile: 90172310		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 23/06/1944	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/04/2018 12:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD UPPER ALJUNIED ROAD Junction of Upper Serangoon Road and Upper Aljunied Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBZ86S	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	Silver	Slightly Damaged	0
SKZ2354Z	Car	MERCEDES BENZ			Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
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T/20180502/2133

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No, T/20180502/2133

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBZ86S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100399865-03	22/01/2018	21/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN YEW BOO		ID No.	S05465411
Related Vehicle	SBZ86S (Car)		Contact No.	90172310
Hospital/Clinic	LIFELINK 24HRS CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/05/2018		Date Discharge	02/05/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SKZ2354Z (Car)		Contact No.	96234785
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

On 30/04/2018 at about 1200hrs, I was driving my car SBZ86S along Upper Serangoon Road towards Hougang on the first lane. I was approaching the junction of Upper Aljunied Road when suddenly I felt an impact on my car. I saw a car SKZ2354Z going pass me. I gave chase and horned him. I told him to stop by the side. We stopped at Woodleigh MRT station.

The driver came out of the his car and gave me a contact number. He said that he had a workshop and gave me a contact number 96750518 and to ask for Ah kong. I asked for his contact number. I forgot to ask for his full particulars. After that we drove away.

At home, I told my son what had happened. My son called the workshop number however, Ah Kong said that he has closed his workshop for good. My son called the other driver who said that the accident was my fault and he wants to claim from my father.

My father went to Lifelink Clinic and Surgery and received 3 days of MC.

**POLICE REPORT**



**SINGAPORE  
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T/20180502/2133

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CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180502/2133

Police Station Of Origin:  
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60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No: T/20180502/2133

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:  
F /  
Staff Sgt MUHAMMAD SABRIL AMIN BIN  
SURAMIN

Signature Of Informant:

陳友武

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/05/2018 16:18

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

SN 065

Authentication Stamp  
NP168



Signature:  
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



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