

## 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             | 21/05/2018 13:24                    |
| Date Of Accident           | 19/05/2018 08:55                    |
| Exact Location Of Accident | PIE TWDS TUAS NEAR ALJUNIED FLYOVER |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLW2953Z             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN TECK HONG        |
| NRIC No                     | S17326271            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91863718 |
| Alternative Phone No        | OFFICE-91863718      |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | MITSUBISHI        |
| Model  | OUTLANDER 2.0 CVT |
| 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             | 1800010162                           |
| Cover Note Number         | -                                    |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | TAN TECK HONG          |
| NRIC No              | S17326271              |
| Date Of Birth        | 07/09/1965             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 27/05/1986             |
| Driving Experience   | 31 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-91863718   |
| Fax Number           |                        |
| Contact Number       | OFFICE-91863718        |
| E-Mail Address       | NOEMAIL                |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 495C TAMPINES ST 43 #07-390 |
| Postcode  | 522495                          |
| 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 - 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                       | TAMPINES NORTH NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 461 TAMPINES STREET 44 #01-56 , <b>POSTCODE:</b> 520461 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7818999 - <b>FAX NO:</b> 67838603  |
| 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?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJJ6806G    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| 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 TECK HONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLW2953Z

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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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.

Policyholder's Signature  
Date & Time:

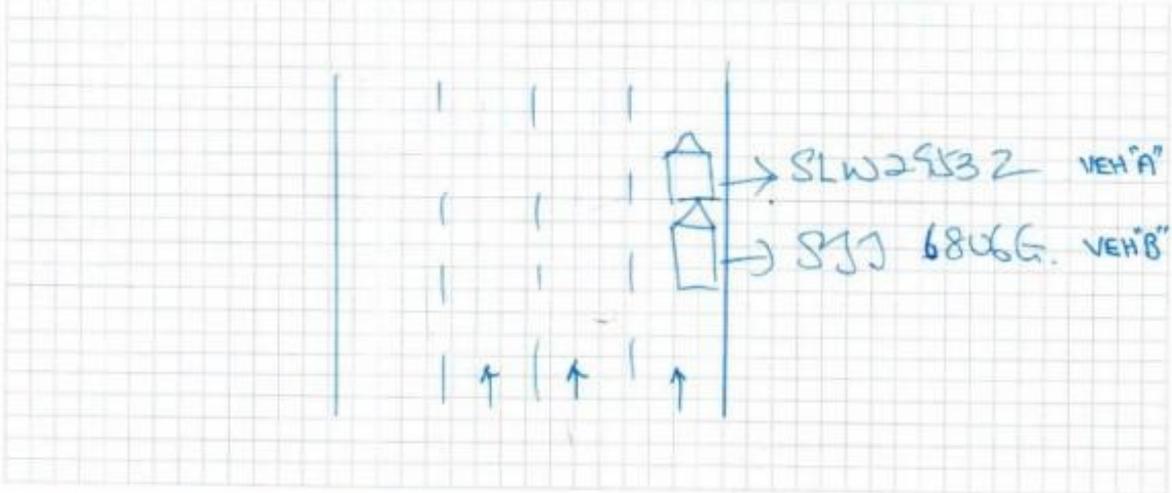
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

PIE TOWARDS TUAS AFTER PAYA LEBAR EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving veh "A" along the stated venue. As the front vehicles stopped, I follow suit. Suddenly, I felt an impact and veh "B" had collided onto the rear of my vehicle, causing damaged to the rear portion of my vehicle.

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/20180520/2051

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20180520/2051

CONTINUATION OF REPORT

| Details of Person Involved        |                           |  |                                     |
|-----------------------------------|---------------------------|--|-------------------------------------|
| Any Pedestrian Involved: No       |                           |  |                                     |
| No. of Pedestrians Injured: NIL   |                           | Use of Pedestrian Crossing: NA         |                                     |
| Driver                            |                           |  |                                     |
| Name                              | WONG PENG XIANG           | ID No.                                 | S8931444E                           |
| Related Vehicle                   | SJJ6806G (Car)            | Contact No.                            | 93227428                            |
| Hospital/Clinic                   | NIL                       | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                       | Date Discharge                         | NIL                                 |
| No. of Days granted Medical Leave | NIL                       | Degree of Injury                       | NIL                                 |
| Driver                            |                           |  |                                     |
| Name                              | TAN TECK HONG             | ID No.                                 | S1732627I                           |
| Related Vehicle                   | SLW2953Z (Car)            | Contact No.                            | 91863718                            |
| Hospital/Clinic                   | MEDILIFE CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 20/05/2018                | Date Discharge                         | 20/05/2018                          |
| No. of Days granted Medical Leave | 03                        | Degree of Injury                       | NIL                                 |

**Brief Details.**

On 19/05/2018 at about 0853hrs, I was driving my car (SLW2953Z) on lane 1 along PIE towards Tuas near Aljunied flyover. At the flyover, it was a slow moving traffic. Suddenly the car in front of me brake and stopped. I managed to stop in time and did not hit the car. My car was stopped in stationery position.

Out of sudden, I felt impact coming from the rear. Vehicle (SJJ6806G) hit on the rear portion of my car which resulted to damage.

No one was injured at that point of time. We alighted and exchanged particulars with each other. My car installed with front and rear CCTV. The front CCTV captured the jerk of the collision however the rear CCTV was not in working condition.

After the accident, I felt unwell thus seek medical treatment at a private clinic and was given 3 days of MC from 20/05/2018 to 22/05/2018.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180520/2051

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Report No. T/20180520/2051

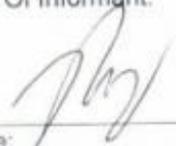
Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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:<br>G /<br>Sgt 2 MUHAMMAD ISA BIN MD RASHID  | Signature Of Informant:<br>   |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>20/05/2018 15:29   |
| Officer In Charge Of Case:<br>TP / GIA /<br>Staff Sgt TANG SIEW PING<br>Contact No.: 65476430   | Classification Of Case:<br><div data-bbox="654 1870 1157 2060" data-label="Complex-Block">  <p>SINGAPORE<br/>POLICE FORCE</p> <br/>         SIGNATURE       </div> |
| Authentication Stamp<br>NP168   |  |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

