

## 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	14/05/2018 13:46
Date Of Accident	13/05/2018 20:00
Exact Location Of Accident	TUAS CHECKPOINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9592G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SWEE CHEN
NRIC No	G3270405R
Email Address	SWEECHENLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90604772
Alternative Phone No	OFFICE-90604772

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.5 VTEC TURBO 1498CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10783146
Cover Note Number	N.A.

### Driver

Name of Driver	TAN THENG WEI
NRIC No	S8981465J
Date Of Birth	30/01/1989
Occupation	INDOOR
Date Of Driving Pass	03/09/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90604772
Fax Number	
Contact Number	
Email Address	SWEECHENLIM@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : LIM SWEE CHEN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON THE ABOVE MENTIONED, TIME, DATE AND LOCATION I WAS TRAVELLING IN MY VEHICLE SLS9592G ALONG JALAN AHMAD IBRAHIM, TUAS CHECKPOINT SINGAPORE WHEN A VEHICLE BEARING THE PLATE NUMBER SGS1309X HAD COME FROM THE RIGHT SIDE AND HAD COLLIDED INTO MY FRONT RIGHT BUMPER. WE EXCHANGED PARTICULARS AND MOVED OFF. I WISH TO STATE THAT THERE WAS NO TRAFFIC POLICE ATTENDED, NO AMBULANCE CONVEYED ANYONE. NO GOVERNMENT PROPERTY DAMAGED. I AM LODGING THIS REPORT FOR INSURANCE CLAIM PURPOSES.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILLA SYSTEM
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS1309X
Vehicle Make/Model/Colour	TOYOTA/ WISH/ SILVER
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TUAN KIAP

NRIC/Passport Number	S1401048C
Contact Number	96411335
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.
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.  
(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.

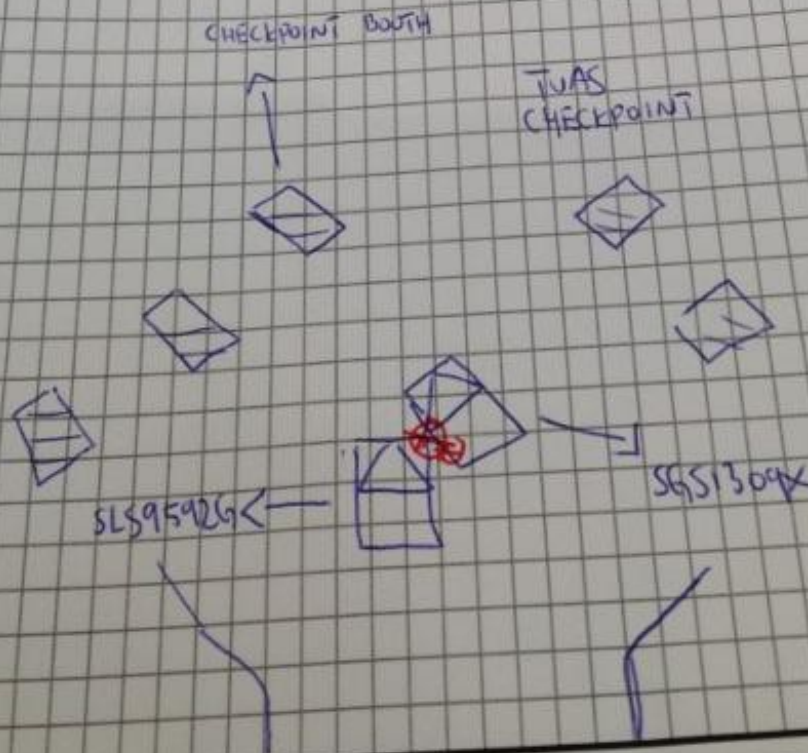
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

#### Sketch Plan



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180513/2111

1 of 3

Report No. T/20180513/2111

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2018 21:25	Vide Report No.:	Station Diary No.: 75
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### Informant's Particulars

Name of Informant: TAN THENG WEI		Address: APT BLK 54 HAVELOCK ROAD #09-128 SINGAPORE 161054	
ID Type / ID No.: NRIC NO / S8981465J		Contact No.:	Mobile: 90604772
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 30/01/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Banking		Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2018 20:00	Type of Location: Straight Road
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Location:  
Along Road 1  
JALAN AHMAD IBRAHIM

Tuas Checkpoint Singapore

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy
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Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No
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### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS1309X	Car				Slightly Damaged	2
SLS9592G	Car				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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T/20180513/2111

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Report No. T/20180513/2111

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Tan Tuan Kiap	ID No.	S1401048C
Related Vehicle	SGS1309X (Car)	Contact No.	96411335
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
<b>Driver</b>			
Name	TAN THENG WEI	ID No.	S8981465J
Related Vehicle	SLS9592G (Car)	Contact No.	90604772
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the above mentioned, time, date and location I was travelling in my vehicle SLS9592G along Jalan Ahmad Ibrahim, Tuas Checkpoint Singapore when a vehicle bearing the plate number SGS1309X had come from the right side and had collided into my front right bumper.

We exchanged particulars and moved off. I wish to state that there was no traffic police attended, no ambulance conveyed anyone. No government property damaged. I am lodging this report for insurance claim purposes.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999



T/20180513/2111

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Report No. T/20180513/2111

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:

E /  
Sgt 2 MUHAMMAD KHAIRUDIN BIN KASSIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/05/2018 21:25

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

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 069

Authentication Stamp  
NP168

SIGNATURE

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8981465J**



**Name**  
**TAN THENG WEI**  
**陈 廷 玮**



**Race**  
**CHINESE**

**Date of birth**  
**30-01-1989**

**Sex**  
**M**



**Country/Place of birth**  
**MALAYSIA**





Identification Card

9407436



NRIC No. **S8981465J**



Nationality  
**MALAYSIAN**

Date of issue  
**28-06-2016**

Address  
**APT BLK 54 HAVELOCK ROAD  
#09-128  
SINGAPORE 161054**



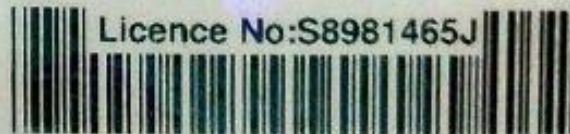


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3**    **Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg**    **03 Sep 2016**

NP 428A



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S 8981465J**  
Name: **TAN THENG WEI**

Birth Date: **30 Jan 1989**  
Issue Date: **03 Sep 2016**



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