

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	04/06/2018 14:59
Date Of Accident	03/06/2018 14:30
Exact Location Of Accident	KPE SLIP RD EXIT TO TAMPINES RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6494M
Insured/Policyholder	
Name Of Registered Owner	DLS AUTO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994692
Cover Note Number	-

Driver

Name of Driver	TAN GEK TING, AGNES (CHEN YUTING, AGNES)
NRIC No	S7804031I
Date Of Birth	06/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90026424
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 407 YISHUN AVE 6 #07-1300
Postcode	760407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I STOP AT THE SLIP RD FROM KPE EXIT TO TAMPINES RD TO CHECK ON THE MAIN ROAD TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLF8959H) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF8959H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR CHAN
NRIC/Passport Number	
Contact Number	91010283
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAN GEK TING, AGNES (CHEN YUTING, AGNES)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG6494M
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

Tampines Rd

A = SJG 6494M
B = SLF 8959H

KPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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



Policyholder's Signature
Date & Time:

Signature: [Signature]

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

Signature: [Signature]

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

Signature: [Signature]

POLICE REPORT



Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 556108
Tel No: 1800-2848999



1 of 3
Report No: T201806042120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 16:01
Vide Report No.:
Station Diary No.: 26

Informants Particulars

Name of Informant:
TAN GEK TING, AGNES
Address:
APT BLK 407 YISHUN AVENUE 6 #07-1300 SINGAPORE 769407
ID Type / ID No:
NRIC NO / S78040311
Contact No:
Home/Office: Mobile: 90026424
Nationality:
SINGAPORE CITIZEN
Email:
Sex: Age: Date of Birth:
Female 40 06/02/1978
Type of Informant:
Driver
Race:
Chinese
Language:
Institution / School Name:
Occupation:
PRIVATE HIRE DRIVER
Driving Licence Information:
Class: 3
Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive:	No	Date/Time of Accident:	03/06/2018 14:30	Type of Location:	Left Filler Lane
Location: Along Road 1 TAMPINES ROAD							
Left Filler lane towards Road 1							
Weather:	Clear	Road Surface:	Dry	Road Speed Limit:			
Traffic Flow:	One Way	Traffic Control:	Not Controlled	Traffic Volume:		Moderate	
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
SJG6494M	Car				Slightly Damaged	0
SLF8959H	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved:	No	Use of Pedestrian Crossing:	NA
No. of Pedestrians Injured:	NIL		

POLICE REPORT



Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



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Report No: T201806042120

CONTINUATION OF REPORT

Officer Name	TAN GEK TING, AGNES	ID No.	S78040311
Related Vehicle	SJG6494M (Car)	Contact No.	90026424
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/06/2018	Date Discharge	04/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details:

On 03/06/2018 at around 1430hrs, I was driving my vehicle (SJG6494M) along KPE exiting on a left flyer road towards Tampines Road. As it was a mandatory stop from a minor lane to a major lane, I complied and stopped my vehicle to let other vehicles pass through. Suddenly, a vehicle (SLF8959H) from my rear knocked into mine. During this process I suffered injuries to my neck and back of my body. I wish to state that we exchanged particulars afterwards and the number he given me was: Mr Chan, 91010283. I went to the clinic afterwards to get treated for my injuries. The damage has caused my car rear to be dented by the impact and I am thus lodging this report for insurance and also for record purpose.

POLICE REPORT



**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Serangoon North Npp
108 Serangoon North Ave 1 #01-706
SINGAPORE 550108
Tel No: 1800-2248659



T20160042120

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Report No: T20160042120

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 / Sgt 2 KOO LAY SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 16:01
Officer In Charge Of Case: TP / DET / Sgt 2 HAIRIE BIN RAMLI Report No: 65476220 Assigned to: 65476220 Singapore Police Force	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



Accident Photo





Accident Photo

