#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	07/06/2018 17:57
Date Of Accident	06/06/2018 23:25
Exact Location Of Accident	JUNCTION OF UPP THOMSON RD & MARYMOUNT LN HEADING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA31B
Insured/Policyholder	
Name Of Registered Owner	TAN SZUE HANN
NRIC No	S8377465G
Email Address	SZUEHANN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98434209
Alternative Phone No	OFFICE-98434209
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA344477/1
Cover Note Number	
Driver	
Name of Driver	TAN SZUE HANN
NDIC No.	\$8377465C

Name of Driver

TAN SZUE HAN

NRIC No

S8377465G

Date Of Birth

Occupation

Date Of Driving Pass

TAN SZUE HAN

S8377465G

31/01/1983

INDOOR

01/04/2010

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98434209

Fax Number

Contact Number OFFICE-98434209

EMail Address SZUEHANN@GMAIL.COM

Address 1 ESSEX ROAD #02-01

Postcode 309329

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 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

jed? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

1

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE DIV HQ

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

#### **Details of Witness 1**

Name THOMAS

Phone Number 85226962

**Email Address** 

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJM8140P

Vehicle Make/Model/Colour HONDA STREAM GREY SILVER

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

UNKNOWN AS DRIVER IGNORED MY REQ FOR DETAILS & WAS

SUBSEQUENTLY BROUGHT TO THE AMBULANCE

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name TAN SZUE HANN

Approximate Age 35

Injuries Sustain ABRASION

Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address AS ABOVE

Postcode

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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. 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.

Policyholder's Signatu

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN SMA318 (my GREEN LIGHT MOTFIND TA DESCRIBE CIRCUMSTANCES OF THE ACCIDENT KINDLY REPORT. no T/20180607/7009 REFER To ACTACHED POLICE DECLARATION I/We declare the foregoing particulars are true in every respect. Policy/gder's Signature Driver's Signature
Date & Time: 07/06/18 (5.32/M) te & Iime: Reporting Centi erzonivel's Signature

Name: NRIC/FIN No.:





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20180607/7009

Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2018 15:51		ade:	Vide Report No.: E/20180606/0198		Station Diary No.:		
Informant	s Particul	ars					
Name of In			Address: 1 ESSEX ROAD #02-01 SINGAPORE 309329				
ID Type / ID No.: NRIC NO / S8377465G			Contact No.: Home/Office:	Mobile: 98434209			
Nationality: MALAYSIAN			Email: szuehann@gmail.com				
Sex: Male	Age: 35	Date of Birth: 31/01/1983	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Na English		School Name:		
Occupation: Building architect			Driving Licence Information: Class: 3	Date of Exp	oiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2018 23:25	Type of Location: X-Junction
Location:				
Upper Thoms	on Road			
	ot map on the webpage, so oper Thomson Road and M			mson Road. Lane 3.
		Road Surface:		l —
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear	1	Road Surface: Dry		Road Speed Limit:
	I			Road Speed Limit:  Traffic Volume:
Clear	-	Dry	rking	,

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM8140P	Car	HONDA	Stream	Grey	Seriously Damaged	i
SMA31B	Car	BMW	318I LED NAV SHAD. LIGHT	White	Seriously Damaged	ł.

Details of Vehicle Insurance		
Vehicle No. Insurance Company Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 2 of 3 Report No. T/20180607/7009

Tel No: 65470000

#### **CONTINUATION OF REPORT**

<b>Details of V</b>	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA31B	AXA INSURANCE SINGAPORE PTE	GA344477	28/03/2018	27/03/2019
SIVIASTE	I TD	O/O44411	20/00/2010	2770072010

Details of Perso	n involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of Pe			Use of Pe	edestrian Crossing: NA		
Driver						
Name	TAN SZUE HANN			ID No		S8377465G
Related Vehicle	SMA31B (Car)			Conta	ct No.	98434209
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	07/06/2018		Date Disc	harge	07/06	/2018
No. of Days granted Medical Leave 04 D			Degree of	Injury	Slight	

#### Brief Details.

At approximately 2325hrs on 6 June 2018, I was driving my vehicle, SMA31B, a white BMW 318i, on the 3rd lane of Upper Thomson Road towards Thomson Road at about 60 km/h, passing the Marymount Road junction. The traffic lights were green in my favour.

As I was midway through the junction box, vehicle number SJM8140P, a grey Honda Stream, came towards my vehicle at speed from the right hand side. SJM8140P was turning right at that point, while I was going straight.

I could not brake in time and our vehicles collided. The impact deployed the driver's, front passenger's and rear right passenger's airbags. Thereafter, I could not open the driver's door. I was assisted out of the vehicle by the driver of the car behind me (who was unaffected by the accident), as well as the passengers of SJM8140P.

The SCDF and Traffic Police soon came, and I shared the above with the Traffic Police officers. At about 110am, the tow truck came. Subsequently, I went to Mount Elizabeth Novena A&E, and was diagnosed with abrasions and given a 4-day MC.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180607/7009

**CONTINUATION OF REPORT** 

#### Sketch Plan

**Authentication Stamp** 

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2018 15:51
Officer In Charge Of Case: TP / TPHQ / SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:















































































