

TP (IN) INDIAN

## 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	20/06/2018 13:54
Date Of Accident	20/06/2018 04:15
Exact Location Of Accident	CHAI CHEE STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ6325D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN TECK HENG
NRIC No	S7408730B
Date Of Birth	21/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/01/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87480090
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NOADDRESS  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PAID DRIVER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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 SENGKANG NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

REFER TO SKETCH PLAN & POLICE REPORT

### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: VIDEO OVERWRITTEN  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3225H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 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 HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### SKETCH PLAN

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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' law yers/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;

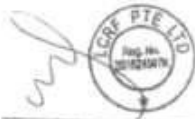
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(b) collectively the "Purposes")

(c) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(d) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

A = 5LJ63291

$\beta = 5403225$

Chai Chee  
Street

## Sketch Plan #2

### Describe Circumstances of the Accident

On 20/6/18 at 4-15 am I was travelling at Chai Chee Street and traffic light is green and driving within my lane. Suddenly a m/taxi SH103225H on the slip road at left side dashed without stopping and hit into my left side portion. I feel unwell and consult doctor later.

### Declaration

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

Witnessed by Reporting Centre Personnel

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T201806200071

1/1/3

Report No. T201806200071

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 14:18	Video Report No.:	Station Diary No.: 74
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### Informant's Particulars:

Name of Informant: TAN TECK HENG		Address: APT BLK 44 CHAI CHEE STREET #05-106 SINGAPORE 461044	
ID Type / ID No.: NRIC NO / S7408730B		Contact No.: Home/Office: Mobile: 87480090	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 21/03/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2018 04:15	Type of Location:
Location: Junction of Road 1 and Road 2 CHAI CHEE ROAD CHAI CHEE STREET after the junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	Notes/Remarks
SHD3225H	Car	HYUNDAI	I40 1.7 CRD FL AT ABS AIRBAG 4DR	Blue		0
SLJ63250	Car	HONDA	SHUTTLE HYBRID 1.8 AUTO	Silver	Seriously Damaged	0

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20180620/2021

2 of 3

Report No: T/20180620/2021

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver:		Use of Pedestrian Crossing: NA	
Name	LOW GA BOH	ID No.	S1489824G
Related Vehicle	SHD3225H (Car)	Contact No.	NIL
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
Driver:			
Name	TAN TECK HENG	ID No.	S7408730B
Related Vehicle	SLJ6325D (Car)	Contact No.	87480090
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 20/06/2018 at about 0415hrs, I exited my carpark driving vehicle SLJ6325D at the junction of Chai Chee Road and Chai Street going towards Chai Chee Road. The traffic light is green and I was driving within my lane. Suddenly a taxi SHD3225H on the slip road on my left dashed out without stopping into my left side portion of my vehicle. We both exchange our particulars. My rear left door was damaged due to the accident and causing it unable to be open. I felt unwell as such I went to make a check at Mount Alvernia Hospital and given 5 days of medical leave.

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
645025  
Tel No: 1800-343 8999



T201806202071

Report No. T201806202071

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 ABDUL YAZID BIN SAMSI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/06/2018 14:18

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65475430

Classification Of Case:

Authentication Stamp

NP158



Signature

Singapore Police Force