SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass Driving Experience

- 1. Please report <u>correctly</u> 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 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/07/2018 16:46
Date Of Accident	03/07/2018 09:50
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT6957C
Insured/Policyholder	
Name Of Registered Owner	YAP BENG GEOK DOROTHY
NRIC No	S6804723D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96415584
Alternative Phone No	Others-97554930
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ASX-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO THE DOCTOR
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1700074417
Cover Note Number	
Driver	
Name of Driver	DONOVAN CHEONG JUN HUNG
NRIC No	S9836279G
Date Of Birth	14/10/1998

INDOOR 03/10/2017

0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96415584

Fax Number

Contact Number

EMail Address NOEMAIL

Address 40 JALAN SELASEH

Postcode 808454
Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

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 WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : CH00 ZHI KAI

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST

YES

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?

If Yes, against whom?

NO

NO

Circumstances of Accident

Circuitistances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5706D

Vehicle Make/Model/Colour RED TAXI

Details Of Properties

Vehicle Category TAXI
Name of Driver MR TEO

NRIC/Passport Number

Contact Number 98151829

Address Postcode

Insurance Company Name

Nature Of Damage RIGHT REAR BUMPER SCRATCH & SLIGHTLY DAMAGED

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

JACTOR PLAN	Pasir Ris Di	ive 8
	BA	
Refer to police		
refer to point	· · · · · · · ·	
ECLARATION		
We declare the foregoing pa	rticulars are true in every respect.	Den.
olicyholder' Signuture ate & Time/ 3/7/2018	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT





1 of 4 Report No. T/20180703/2075

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108

- Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 14:59	Nade:	Vide Report No.:	Station Diary No.: 10	
Informa	nt's Partice	ulars			
1.3.340.535.50	Informant: AN CHEON	IG JUN HUNG	Address: 40 JALAN SELASEH SINGA	PORE 808454	
	/ ID No.: 0 / S98362	79G	Contact No.: Home/Office: Mobile: 96415584		
National SINGAP	ity: ORE CITIZ	EN	Email:	W. A. A. S. C.	
Sex: Male			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: National Service Full Time		II Time	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2018 09:50	Type of Location SLIP ROAD	
	XPRESSWAY ROAD ENTERING F	PASIR RIS DRIVE 8 Road Surface: Wet	F	load Speed Limit:	
Traffic Flow: One Way	c Flow: Traffic Control:			Traffic Volume: Light	
Type of Collis Between Mov	ion: ring Vehicles - Head 1	To Rear		nyone conveyed by mbulance:	

Details of V	ehicle Invo	lved	She was to be		F14264449.0	Ship with East.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC5706D	TAXI				Slightly Damaged	2
SLT6957C	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian involved: No	
No. of Pedestrians Injured; NIL	Use of Pedestrian Crossing: NA

POLICE REPORT





2 of 4

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

Report No. T/20180703/2075

CONTINUATION OF REPORT

Driver						
Name	MR TEO		ID No.		NIL	
Related Vehicle	SHC5706D (TAXI)			Contact No.		98151829
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL Degree		Degree of	Injury	NIL		
Driver				8 6 10		
Name	DONOVAN CHEONG JUN HUNG		ID No		S9836279G	
Related Vehicle	SLT6957C (Car)		Contact No.		96415584	
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		

Brief Details.

On 03/07/2018 at about 0950hrs, I was driving my vehicle (SLT6957C) along TPE. I wish to state to state that at the point of time, the weather was clear however the road was wet.

As I was heading towards Pasir Ris Drive 8, I took the slip road on the left to the direction of Pasir Ris Drive 8. I wish to state that when I entered the slip road, there was a TransCab (Registration Plate: SHC5706D) Taxi in front of my vehicle.

As I was approaching the end of the slip road, preparing to enter Pasir Ris Drive 8, I slowed down to check for incoming vehicles before entering the main road. However, I did not notice that the TransCab in front of me has yet to move off to enter the main road, and as a result, my vehicle collided into the rear right side of the said taxl.

Subsequently, both of us moved our vehicles to make a check on the damages to our respective vehicles. I wish to state that for my vehicle, there was a crack on the left headlight and the left bumper slightly came off. There were some scratches as well. As for the taxi, the right rear bumper slightly came off as well and had some scratches. There was some paint transferred as well.

I then made a check with the taxi driver and he informed that he did not sustain any injuries. I wish to state that both of our vehicles had passengers when the accident occurred and from what I had assess, none of them were injured from the accident.

Both of us then made an exchange of particulars. The taxi driver then told me that he will get his taxi company to get in contact with me.

POLICE REPORT





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 - Tel No: 1800-2849999 3 of 4 Report No. T/20180703/2075

CONTINUATION OF REPORT

I wish to state that I have an in-car camera and it has captured the process of the accident.

POLICE REPORT





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108

Report No. T/20180703/2075

4 of 4

Tel No: 1800-2849999

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 TAN WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2018 14:59
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP166 Signature Singapore Police F	7VI

Identification Card





Identification Card







































