

## 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	06/07/2018 11:58
Date Of Accident	05/07/2018 15:45
Exact Location Of Accident	ALONG TAMPINES AVE 5 L/P:572
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8908L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH SENG TECK
NRIC No	S1638612Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96689882
Alternative Phone No	OFFICE-96689882

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XJ 3.0S/C TSS LWB SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700063341
Cover Note Number	

### Driver

Name of Driver	TOH SENG TECK
NRIC No	S1638612Z
Date Of Birth	10/05/1964
Occupation	INDOOR
Date Of Driving Pass	28/03/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96689882
Fax Number	
Contact Number	OFFICE-96689882
Email Address	NOEMAIL

Address	82 BAYSHORE ROAD #09-31
Postcode	469993
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 - 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 263 TAMPINES STREET 21 #01-128 , <b>POSTCODE:</b> 520263 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7839999 - <b>FAX NO:</b> 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER SO POLICE REPORT - T/20180705/2122.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FC7271B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

## Accident Sketch Plan

### SKETCH PLAN

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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 Signature  
Date & Time:

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

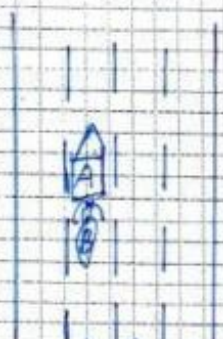
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

ALONG TAMPINES AVES (LAMP POST 572)

VEH. A - SL58908L  
VEH. B - FC7271B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

## DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180705/2122

1 of 3

Report No. T/20180705/2122

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2018 16:45	Vide Report No.: G/20180705/0158	Station Diary No.: 30
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### Informant's Particulars

Name of Informant: TOH SENG TECK		Address: APT BLK 51 SIMEI RISE #09-42 SINGAPORE 528789	
ID Type / ID No.: NRIC NO / S1638612Z		Contact No.: Home/Office:	Mobile: 96689882
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 10/05/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DIRECTOR		Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 5				
Towards Tampines central Lamp Post Number: 572				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
FC7271B	Motorcycle				Slightly Damaged	0
SLS8908L	Car	JAGUAR	XJ 3.0S/C TSS LWB SR	Green	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180705/2122

2 of 3

Report No. T/20180705/2122

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS8908L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700063341	10/10/2017	09/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH SENG TECK	ID No.	S1638612Z
Related Vehicle	SLS8908L (Car)	Contact No.	96689882
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

### Brief Details.

On the 05/07/2018, at about 3.50pm, I was along Tampines avenue 5 towards Tampines central on the third lane of a four lane carriageway. Subsequently, I was slowing down as I was approaching the traffic light and then suddenly I felt a vehicle hit me at my rear bumper. I then discovered that it was a motorbike that had hit my vehicle at the rear. The rider was conveyed to hospital. I was not injured from the accident. The rear bumper and exhaust was damaged from the accident.

Police Report



SINGAPORE  
POLICE FORCE



T/20180705/2122

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Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

3 of 3

Report No. T/20180705/2122

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:  
G /  
Sgt 2 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/07/2018 16:45

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

