

## 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	28/07/2018 12:04
Date Of Accident	27/07/2018 17:00
Exact Location Of Accident	PIE(TUAS) AFT PAYA LEBAR RD EXIT L/P 505F
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW434T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEE HUANG(CHEN LIFANG)
NRIC No	S8219192E
Email Address	MANGASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81448119
Alternative Phone No	OTHERS-81448119

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
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	1800007939
Cover Note Number	

### Driver

Name of Driver	TAN LEE HUANG(CHEN LIFANG)
NRIC No	S8219192E
Date Of Birth	18/06/1982
Occupation	INDOOR
Date Of Driving Pass	25/01/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81448119
Fax Number	
Contact Number	OTHERS-81448119
Email Address	MANGASING@GMAIL.COM

Address	BLK 296C BUKIT BATOK ST 22 #15-92
Postcode	653296
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	
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)	2
Passenger 1	NAME: : TAN WEIZHONG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180727/7017

#### 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	SJQ1373J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD HAZIQ BIN MOHAMAD NASIR JURI
NRIC/Passport Number	
Contact Number	97663577
Address	

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

DETAILS OF INJURED PERSON 1

Name TAN LEE HUANG(CHEN LIFANG)  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLW434T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name TAN WEIZHONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLW434T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

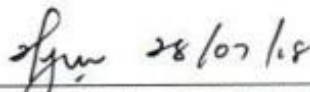
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.

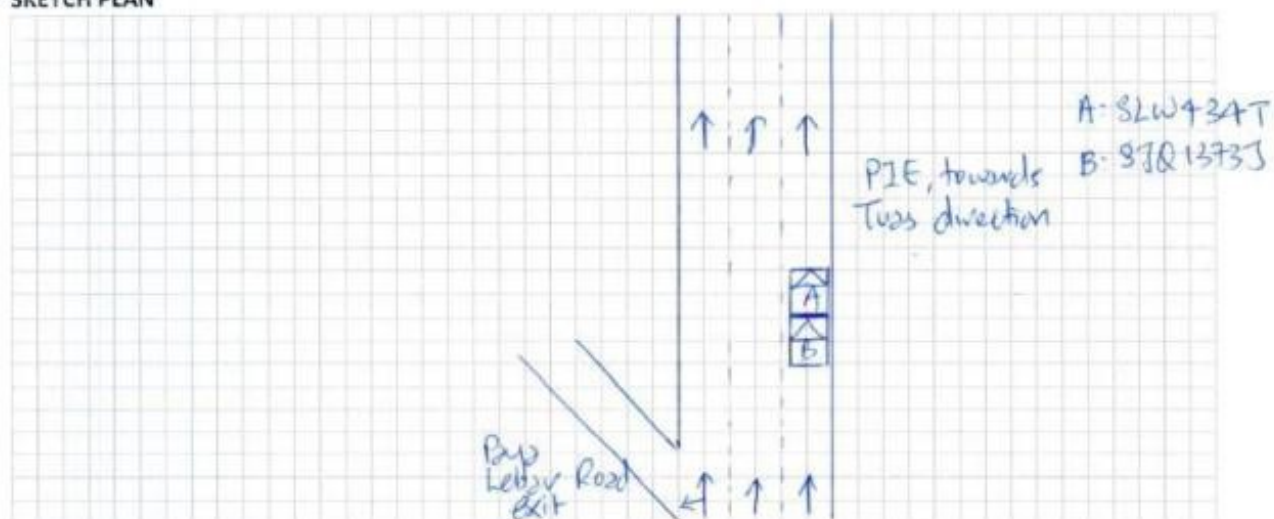
  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. : T/20180727/7017

## 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.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180727/7017

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180727/7017

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW434T	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TAN WEIZHONG		ID No.	S8320983F
Related Vehicle	SLW434T (Car)		Contact No.	98297508
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/07/2018		Date Discharge	27/07/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Tan Lee Huang		ID No.	S8219192E
Related Vehicle	SLW434T (Car)		Contact No.	81448119
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/07/2018		Date Discharge	27/07/2018
No. of Days granted Medical Leave	02		Degree of Injury	Slight

### Brief Details.

On 27th July 2018, at around 5pm, my wife was driving our car, bearing vehicle no. plate SLW434T, on the first lane of PIE(towards Tuas) after Paya Lebar Road exit. As the traffic was building up before us, she stopped our car gradually behind the car in front of us. After being stationary for one to two seconds, suddenly we felt an impact from the rear of our car. We got down and realised that another car, bearing no. plate SJQ1373J, has rear-ended our car. That very night, we felt discomfort on our neck and shoulder, hence, we went over to Mount Alvernia Hospital to seek medical attention. I am awarded with 3 days of medical leave while my wife is awarded with 2 days of medical leave.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180727/7017

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180727/7017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2018 21:16			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: TAN WEIZHONG			Address: APT BLK 296C BUKIT BATOK STREET 22 #15-92 SINGAPORE 653296		
ID Type / ID No.: NRIC NO / S8320983F			Contact No.: Home/Office: Mobile: 98297508		
Nationality: SINGAPORE CITIZEN			Email: tweizhong@hotmail.com		
Sex: Male	Age: 35	Date of Birth: 30/06/1983	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2018 17:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJQ1373J	Car	TOYOTA	Altis	Black	Slightly Damaged	0
SLW434T	Car	MITSUBISHI	Attrage	Blue	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ1373J	NTUC Income Insurance Co-Operative Limited			



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180727/7017

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2 of 3

Report No: T/20180727/7017

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLW434T	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TAN WEIZHONG		ID No.	S8320983F
Related Vehicle	SLW434T (Car)		Contact No.	98297508
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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POLICE FORCE**



T/20180727/7017

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3 of 3

Report No. T/20180727/7017

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
DZUL HAIRIE BIN RAMLI  
Contact No.: 65476220

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
27/07/2018 21:16

Classification Of Case: