

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	08/08/2018 11:38
Date Of Accident	07/08/2018 11:05
Exact Location Of Accident	BUKIT TIMAH ROAD BEFORE BALMORAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX359J
Insured/Policyholder	
Name Of Registered Owner	TAN SOON WEE
NRIC No	S7838898F
Email Address	ERICTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82222515
Alternative Phone No	OTHERS-82222515

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING FOR WORK PURPOSES
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	2100440475-02
Cover Note Number	

Driver

Name of Driver	TAN SOON WEE
NRIC No	S7838898F
Date Of Birth	12/12/1978
Occupation	INDOOR
Date Of Driving Pass	08/08/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82222515
Fax Number	
Contact Number	OTHERS-82222515
Email Address	ERICTAN@GMAIL.COM

Address	BLK 62A STRATHMORE AVENUE #22-44
Postcode	142062
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	CHAIN COLLISION
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF5420H
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHEAH YIP WAH
NRIC/Passport Number	S6878153A
Contact Number	97654802
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFY1080J
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Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOCELYN TANG
NRIC/Passport Number	
Contact Number	93801284
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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' 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: 080818
0928 AM

Driver's Signature

(If driver is not the policyholder)
Date & Time:

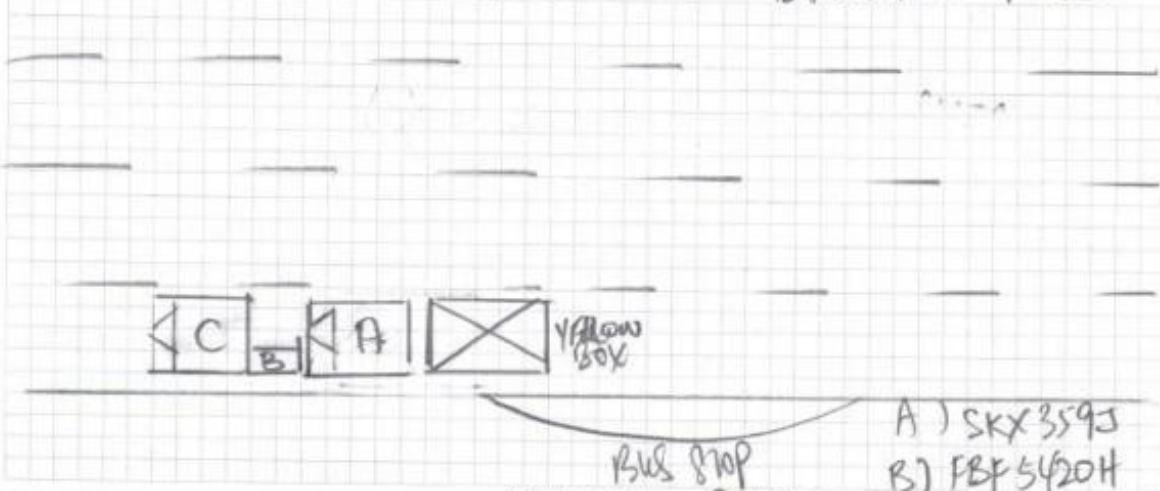
Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No: [Signature]

Sketch Plan #2

SKETCH PLAN

BUKIT TIMAH ROAD BEFORE BALMORAL ROAD.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BALMORAL PLAZA

A) SKX359J
B) FBP5420H
C) SFY10804

I WAS TRAVELLING ALONG BUKIT TIMAH ROAD TOWARDS WORKAWAY DIRECTION AND ATUR ABOUT 1105 AM, ALONG THE VICINITY OF BALMORAL PLAZA BYSTEP, A MOTORBIKE FFB520H ROOF BY MR CHEAN APPEARED FROM MY BLIND SPOT AREA IN THE LEFT VIA THE BUS LANE AND MADE A STOP IN FRONT OF ME.

I ATTEMPTED TO STOP AS IT WAS GREEN LIGHT AND I WAS MOVING OFF BUT WHEN I STOPPED BY THE SUDDEN APPEARANCE OF THE MOTORBIKE, I WAS UNABLE TO STOP AND RESULT IN TIME. THE COLLISION WITH THE BIKE ALSO CAUSED THE BIKE TO MOVE FORWARD AND HIT THE VEHICLE IN FRONT, A BLACK AUDI SFY10804.

NO ONE WAS INJURED IN THE ACCIDENT. A SCOF AMBULANCE OX986C (A151) WAS CALLED TO THE SCENE AND THE MOTORCYCLIST DECLINED ANY TRIP TO THE HOSPITAL.

THAT IS ALL I HAVE TO REPORT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 080818

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

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

GP/Police Sketch Plan Form 2/1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



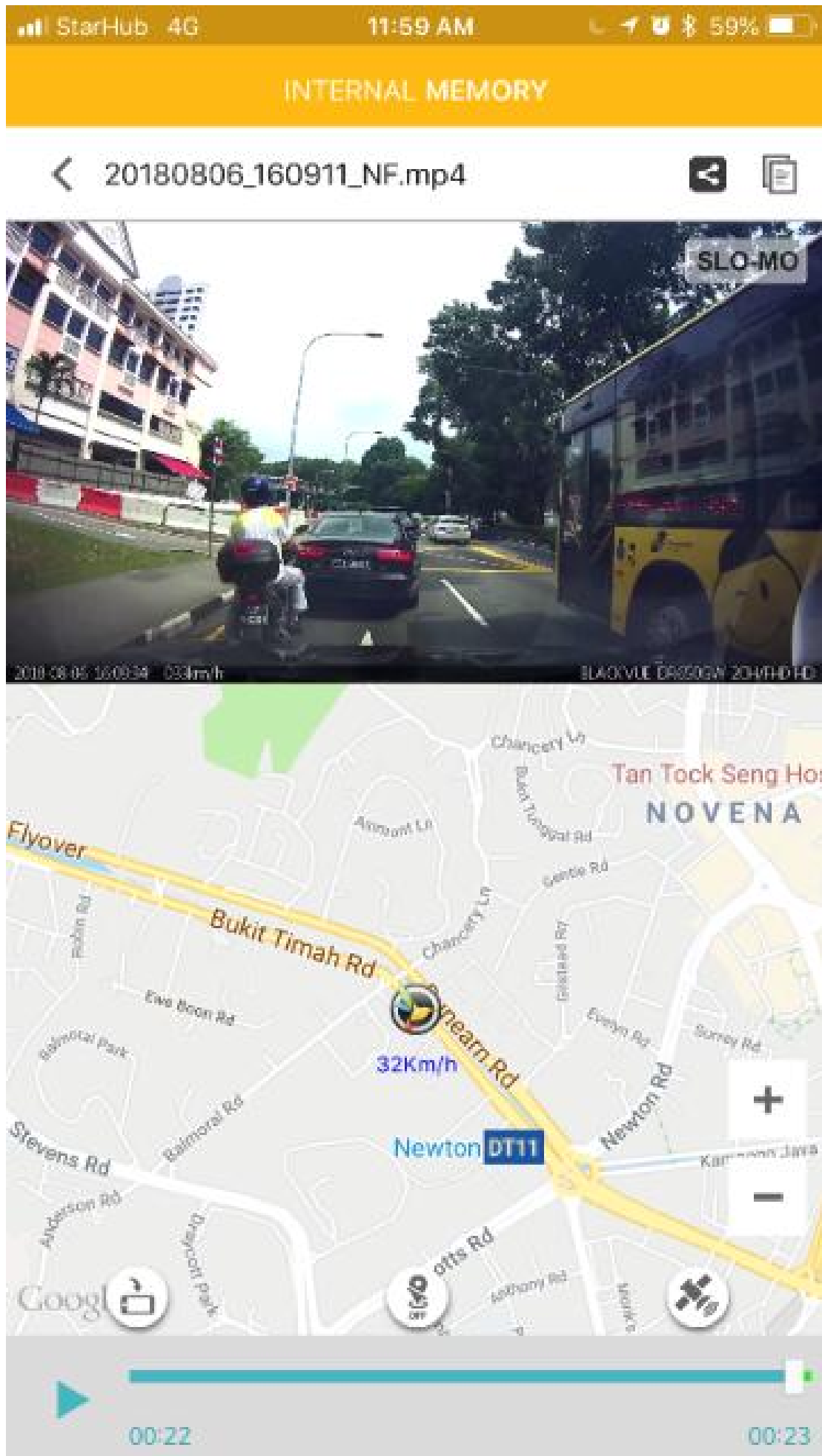
Accident Photo



Accident Photo

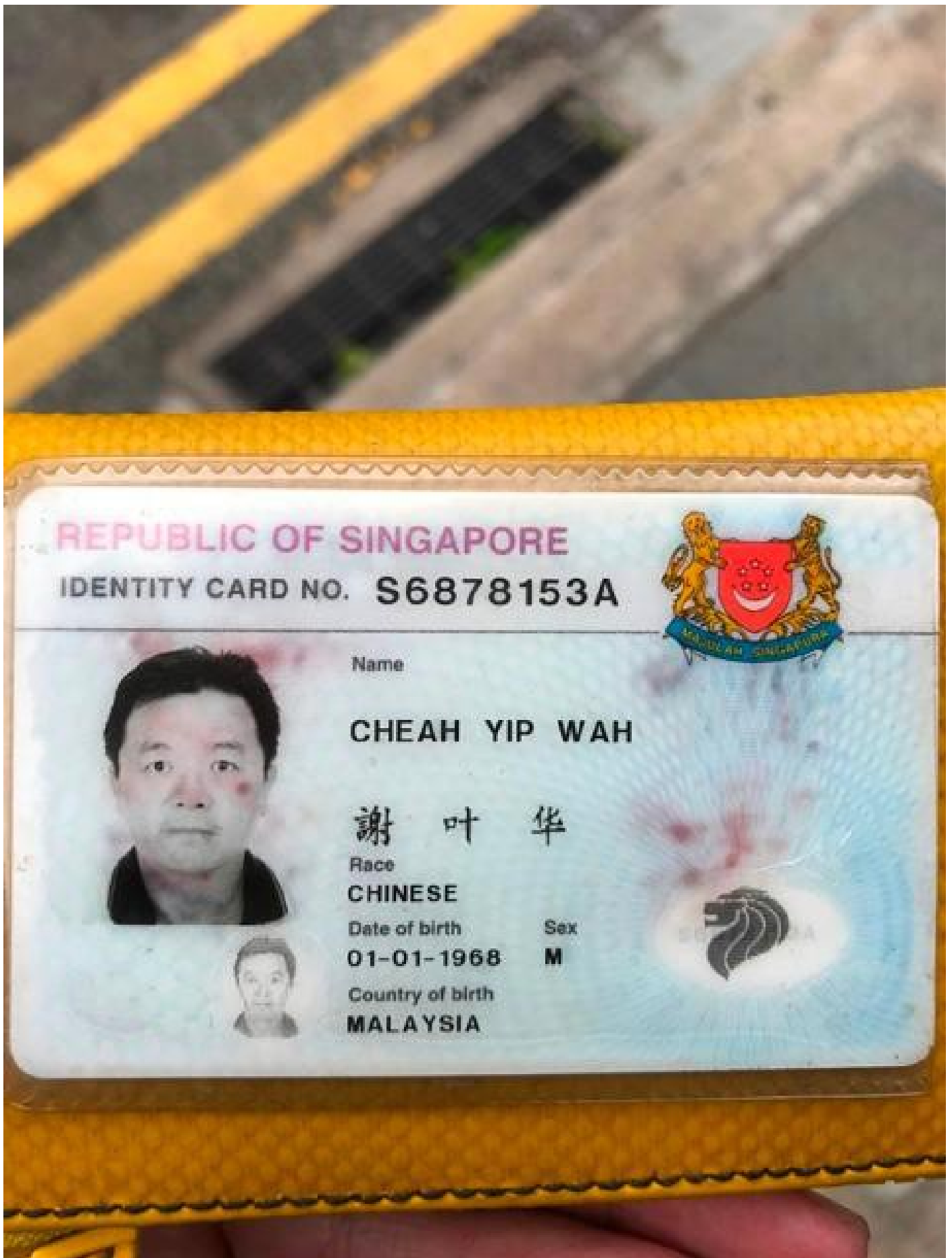


Accident Photo



Accident Photo





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ACCIDENT PRIVATE SETTLEMENT

DATE: 07 April 2016

ACCIDENT involving vehicle number F8F5420H & 5M259J. This letter serves as a proof of private settlement for the car accident for the vehicles mentioned above.

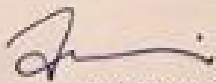
I, 5M259J, TAN ROW WEE (driver of vehicle number 5M259J)
agree to pay for \$150/- (full settlement) the repair cost for
vehicle number F8F5420H.



NAME: TAN ROW WEE

IC NUMBER: 368781539

MOBILE NUMBER: 97654802



NAME: TAN ROW WEE

IC NUMBER: 378389181

MOBILE NUMBER: 82722515

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S96550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMAY18102460 Vehicle Registration No: SKX 359J
Name (as shown in NRIC) : Tom Soon Waa NRIC/FIN/Passport No : S783 8898 F
(*Vehicle Driver / ~~Vehicle Owner~~) () Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82222515
Email Address : _____
Date of Accident : 07/08/2018 Time of Accident : 11:05
Place of Accident : BUKIT TIMAH ROAD BEFORE BALMORAL ROAD
Insurance Company : AIQ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

insurance should be AIQ & NOT msig

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Posti aww3
NRIC/FIN No: 08/08/2018
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418102460-01 Vehicle Registration No: SKX359J
Name (as shown in NRIC) : TAN SOON WEE NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8223375
Email Address : _____
Date of Accident : 07/08/2018 Time of Accident : 11:05
Place of Accident : BUKIT TIMAH ROAD BEFORE BALMORAL ROAD
Insurance Company : AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number to 2100440475-02

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Devi Nataraj
NRIC/FIN No.: _____
Date: 13/08/2018