

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	13/08/2018 15:12
Date Of Accident	12/08/2018 23:50
Exact Location Of Accident	CTE EXIT 15A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9520X
Insured/Policyholder	
Name Of Registered Owner	GOH SIOW HWEE JESSICA
NRIC No	S7801133E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96818949
Alternative Phone No	OTHERS-96818949

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120034121800
Cover Note Number	

Driver

Name of Driver	TAN THIAM HUA KEVIN(CHEN TIANHUA KEVIN)
NRIC No	S7540715G
Date Of Birth	24/01/1975
Occupation	INDOOR
Date Of Driving Pass	20/12/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889159
Fax Number	
Contact Number	
Email Address	KEVINCITYHOME@YAHOO.COM.SG

Address	BLK 164 BUKIT MERAH CENTRAL #01-3625
Postcode	150164
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180813/2003

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	GBA2517J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO KEE WEE
NRIC/Passport Number	S7104461J
Contact Number	82991872
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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)

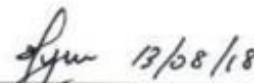
I understand, acknowledge, agree and consent that:

- (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:



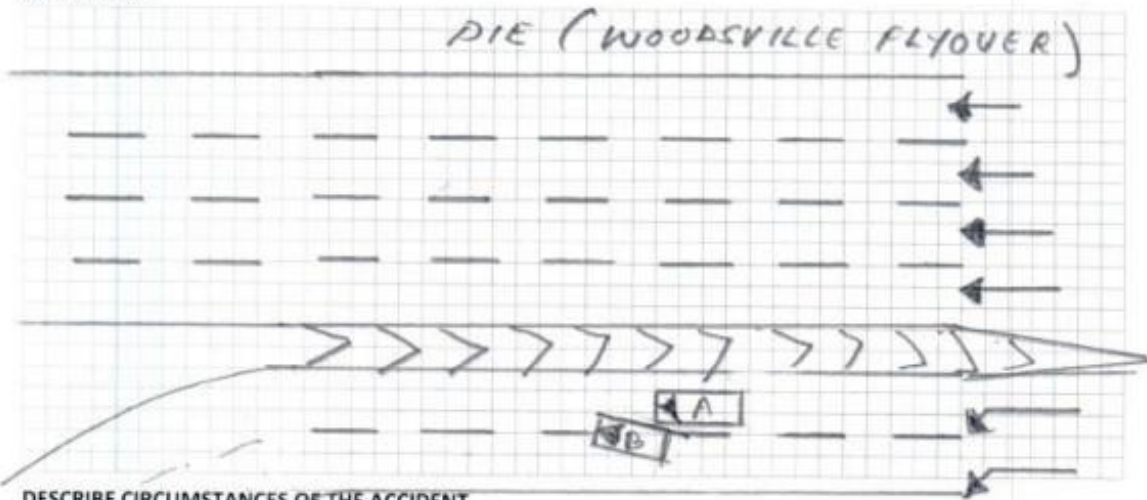
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXIT
15A
CTE
(CITY)

Pls refer to the police report: T/20180813/2003

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 13/08/18

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

GARAGE: [blank]

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180813/2003

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20180813/2003

CONTINUATION OF REPORT

Brief Details.

On 12/08/2018 at about 2350hrs I was driving along the outer right lane at CTE exit 15(A) when all of a sudden one van (GBA2517J) came up from the left lane and suddenly swerved to my lane. As a result the left front side of my vehicle was damaged. The front passenger side of my car door was dented and the left front signal side suffered some scratches due to the accident. I then stopped at the side of the road after alerting the said driver of the accident. Both me and the other driver are not injured. The driver of the van is one Yeo Kee Wee, S7104461J Contact No :82991872. I would like to note that I suspect the driver of said van to be intoxicated. The driver of said van had acknowledged that it was his mistake for the accident. I wish to state that there is no vehicle camera that captured the accident. I'm lodging this report for recording purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



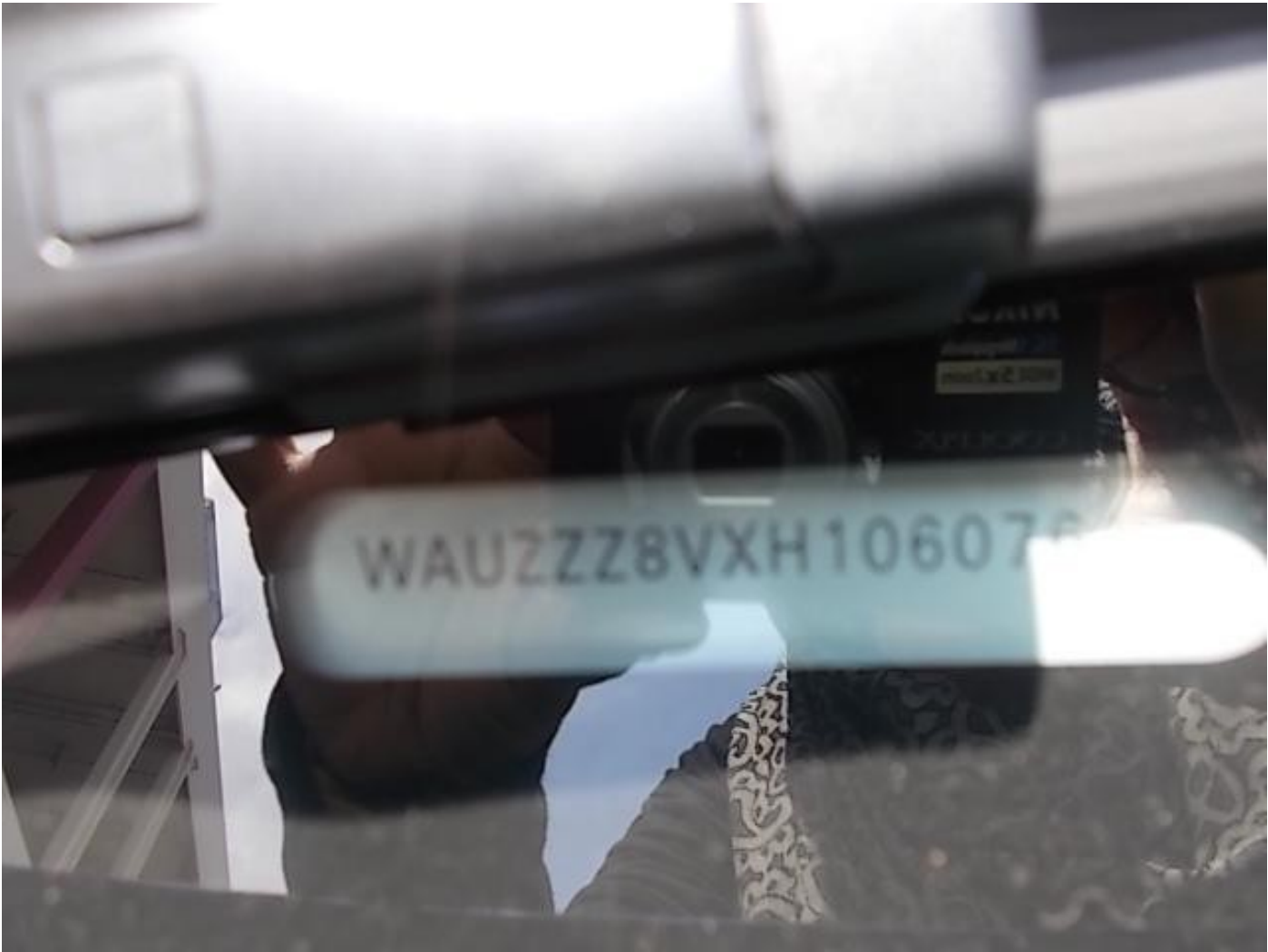
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2003

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No. 1800-7359989

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Report No. T/20180813/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 00:35	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars				
Name of Informant: TAN THIAM HUA KEVIN			Address: APT BLK 164 BUKIT MERAH CENTRAL #01-3625 SINGAPORE 150164	
ID Type / ID No.: NRIC NO / S7540715G			Contact No.: Home/Office: Mobile: 93889159	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 24/01/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/08/2018 23:50	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY before entering exit 15A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA2517J	Van				Slightly Damaged	0
SLM9520X	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM9520X	AIG ASIA PACIFIC INSURANCE PTE LTD.			

Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2003

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359998

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Report No. T/20180813/2003

CONTINUATION OF REPORT

Brief Details.

On 12/08/2018 at about 2350hrs I was driving along the outer right lane at CTE exit 15(A) when all of a sudden one van (GBA2517J) came up from the left lane and suddenly swerved to my lane. As a result the left front side of my vehicle was damaged. The front passenger side of my car door was dented and the left front signal side suffered some scratches due to the accident. I then stopped at the side of the road after alerting the said driver of the accident. Both me and the other driver are not injured. The driver of the van is one Yeo Kee Wee, S7104481J Contact No :82991872. I would like to note that I suspect the driver of said van to be intoxicated. The driver of said van had acknowledged that it was his mistake for the accident. I wish to state that there is no vehicle camera that captured the accident. I'm lodging this report for recording purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2003

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359988

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Report No. T/20180813/2003

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: E / Sgt 2 MUHAMMAD SHAZWI BIN AZMI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 00:35
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP158 SIGNATURE	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URN: S66500206 / GST Reg. No.: M400017795

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: MNA118104J57 Vehicle Registration No: SLM9520X
Name (as shown in NRIC): TAN THIAM HUA KEVIN NRIC/FIN/Passport No: S75407156
CHEN TIANHUA KEVIN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: BLK 164 BURIT MERAH CENTRAL #01-3625 Singapore(150164)
Contact (Tel): _____ Mobile No.: 93889159
Email Address: _____
Date of Accident: 12/08/18 Time of Accident: 23:50
Place of Accident: CTE EXIT 15A
Insurance Company: UOI

(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:

① To AMEND To Own Policy Claim.

Policyholder / Driver's Signature

Date: 14 AUG 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: