

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	06/09/2018 18:36
Date Of Accident	05/09/2018 17:50
Exact Location Of Accident	ALONG JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7981K
Insured/Policyholder	
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Co Reg No	201209815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94756299
Alternative Phone No	OFFICE-94756299

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994638
Cover Note Number	

Driver

Name of Driver	TAN WEE BENG (CHEN WEIMING)
NRIC No	S8437616G
Date Of Birth	16/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86006833
Fax Number	
Contact Number	OFFICE-86006833
Email Address	NOEMAIL

Address	BLK 660A JURONG WEST STREET 64 #05-400
Postcode	641660
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
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: : WU SIXIAN VALERIE GENDER: : FEMALE

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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180906/7006.

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	GY2299C
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TIAN KIN CHONG
NRIC/Passport Number	S7304687D
Contact Number	94235845
Address	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE1836D
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver AIDA BINTE AHMAD ISHAK
NRIC/Passport Number S8536761G
Contact Number 86124721
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN WEE BENG (CHEN WEIMING)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM7981K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WU SIXIAN VALERIE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM7981K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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
Date & Time:



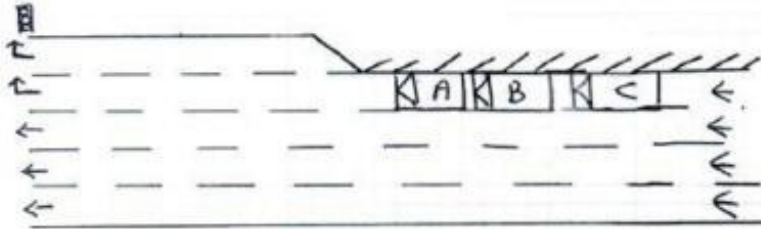
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

VEH A = SJM7981K
 VEH B = GY2299C
 VEH C = SJE1836D



BEFORE JALAN ENANG FLYOVER
 (TOWARDS MONGKAWA)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I, VEHICLE A (SJM 7981K) WAS STATIONERY AT THE STATED VENUE WHEN WE HEARD A LOUD CRASH FROM BEHIND US. SECONDS LATER, VEHICLE B (GY2299C) HIT ONTO MY VEHICLE REAR. OUR VEHICLE WAS STATIONERY DUE TO A SLIGHT JAM AHEAD. I STEPPED OUT AND REALISED THAT IT WAS A CHAIN COLLISION OF 3 VEHICLES. VEHICLE C (SJE1836D) WAS THE LAST VEHICLE.

MY PASSENGER WHICH IS MY WIFE, VALERIE WU SIKIAN (S8809977/2), WAS CONVEYED TO SGH DUE TO SHE WAS PREGNANT AND INJURED.

DECLARATION

I/We declare that the 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/20180906/7006

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

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Report No, T/20180906/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2018 14:20		Vide Report No.: G/20180905/0175		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN WEE BENG			Address: APT BLK 660A JURONG WEST STREET 64 #05-400 SINGAPORE 641660		
ID Type / ID No.: NRIC NO / S8437616G			Contact No.: Home/Office: Mobile: 86006833		
Nationality: SINGAPORE CITIZEN			Email: 24candyval@gmail.com		
Sex: Male	Age: 33	Date of Birth: 16/11/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2018 17:50	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GY2299C	Van	TOYOTA	TOYOTA LITE ACE	Silver	Seriously Damaged	1
SJE1836D	Car	TOYOTA	TOYOTA WISH	Grey	Slightly Damaged	1
SJM7981K	Car	MITSUBISHI	LANCER EX	White	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20180906/7006

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

Report No. T/20180906/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GY2299C	NTUC Income Insurance Co-Operative Limited			
SJM7981K	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	WU SIXIAN VALERIE		ID No.	S8809977Z
Related Vehicle	SJM7981K (Car)		Contact No.	86006123
Hospital/Clinic	SGH SPECIALIST PRACTICE		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2018		Date Discharge	05/09/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	TAN WEE BENG		ID No.	S8437616G
Related Vehicle	SJM7981K (Car)		Contact No.	86006833
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/09/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE, MY VEHICLE (SJM7981K) WAS STATIONERY AT THE STATED VENUE WHEN SUDDENLY WE HEARD A LOUD CRASH BEHIND US. SECONDS LATER, THE VEHICLE BEHIND ME (GY2299C) HIT ONTO MY VEHICLE REAR. IT WAS A BIG IMPACT HENCE MY WIFE, WHOM WAS THE PASSENGER IN FRONT, (VALERIE WU SIXIAN-S8809977Z) WAS INJURED AND CONVEYED TO THE SGH DUE TO HER PREGNANCY. I STEPPED OUT AND REALISED IT WAS A CHAIN COLLISION OF 3 VEHICLES. LAST VEHICLE=SJE1836D)

6/9/2018 MY WIFE (VALERIE WU SIXIAN-S8809977Z) AND I (TAN WEE BENG-S8437616G) WENT TO SEE A PD NEAR OUR HOUSE AS WE WERE FEELING UNCOMFORTABLE AND WERE GIVEN 3 DAYS MC EACH.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180906/7006

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Report No. T/20180906/7006

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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T/20180906/7006

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Report No. T/20180906/7006

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 / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP188

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

Date/Time:
06/09/2018 14:20

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



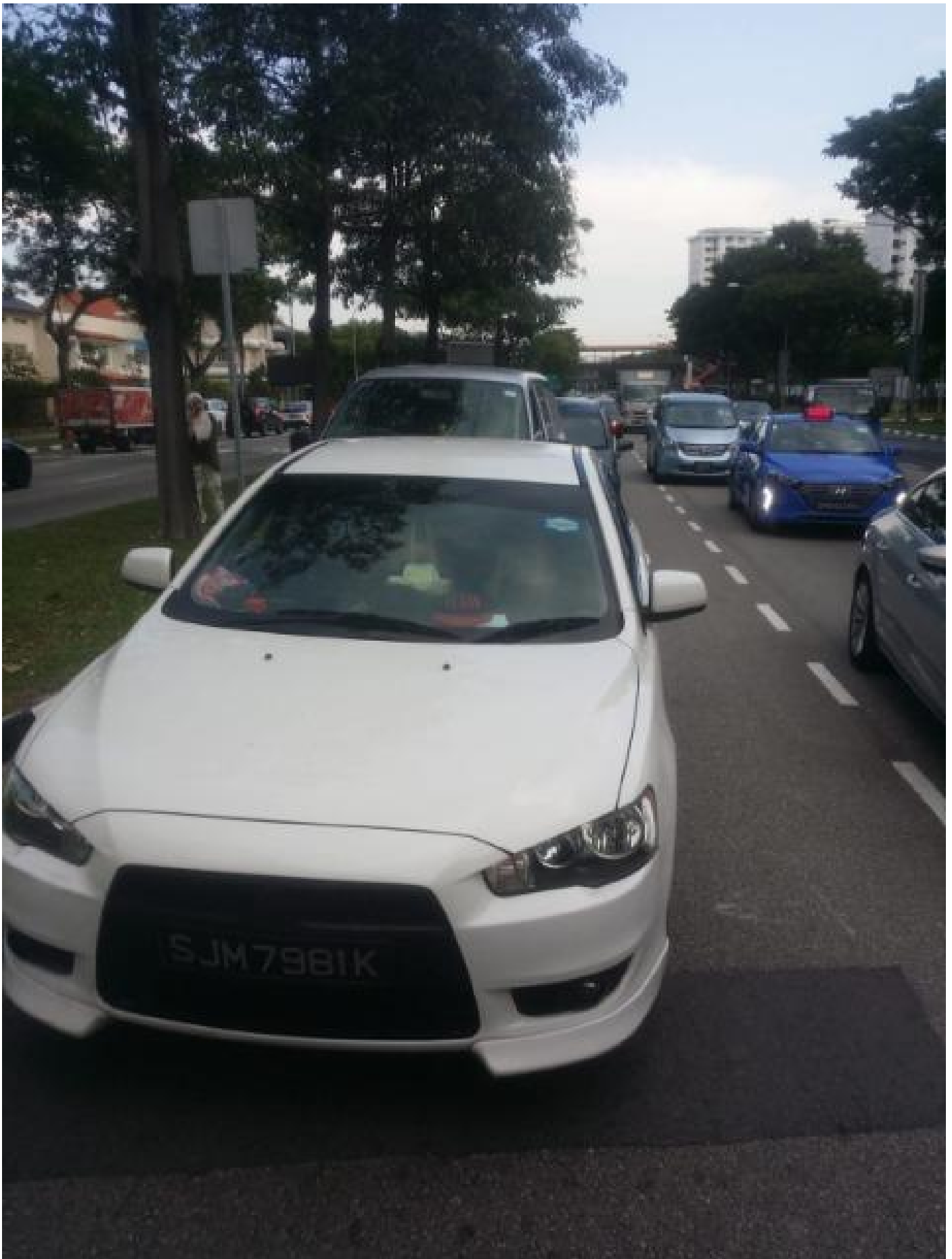
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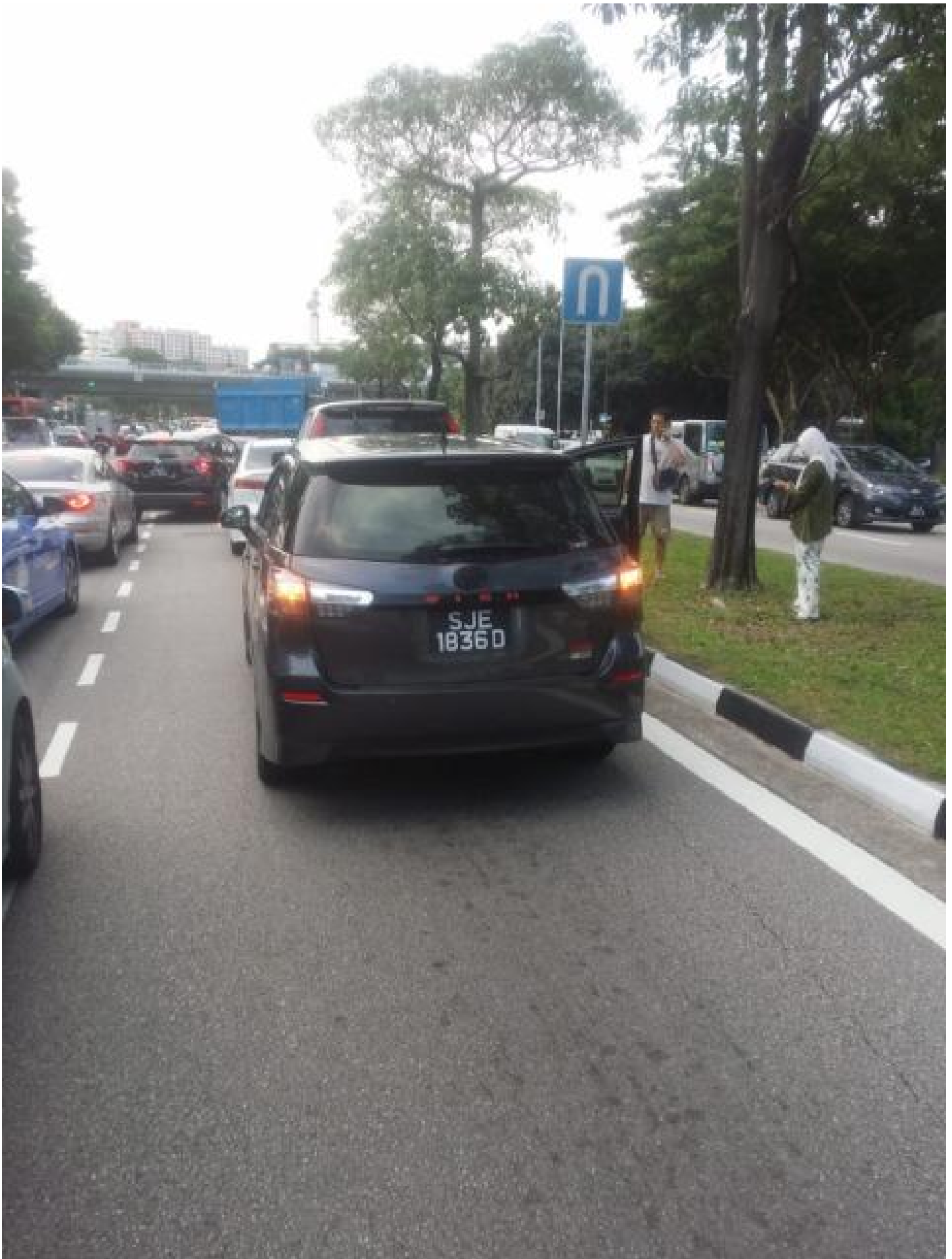
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Accident Photo

