

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	12/09/2018 19:14
Date Of Accident	03/02/2018 14:15
Exact Location Of Accident	140 JOO CHIAT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7484K
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	HUP KEE TRADING COMPANY
Co Reg No	05453100D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100502161
Cover Note Number	

Driver

Name of Driver	TAN HWA LAM @LAU SANG
NRIC No	S2551929I
Date Of Birth	08/05/1934
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1975
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94899318
Fax Number	
Contact Number	OFFICE-94899318
Email Address	NOEMAIL

Address	140 JOO CHIAT ROAD
Postcode	427421
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	
Was any other material or property damaged?	NO
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180312/2097.

Attachment(s)

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

SKETCH PLAN

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 liability**.
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. 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)**

(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.



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

No sketch plan provide


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180312/2097.

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/20180312/2097

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No: T/20180312/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2018 16:26	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN HWA LAM			Address: 140 JOO CHIAT ROAD SINGAPORE 427421		
ID Type / ID No.: NRIC NO / S25519291			Contact No.: Home/Office: Mobile: 94899318		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 83	Date of Birth: 08/05/1934	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: REFRIDGERATOR REPAIRMAN			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: 03/02/2018 14:15	Type of Location: Straight Road
Location: Along Road 1 JOO CHIAT ROAD				
Parallel parking lots in front of 140 Joo Chiat Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7484K	Lorry	NISSAN				0
SKH6730P	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180312/2097

2 of 3

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20180312/2097

CONTINUATION OF REPORT

Driver			
Name	TAN HWA LAM	ID No.	S2551929I
Related Vehicle	NIL	Contact No.	94899318
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 03/02/2018 at about 1415hrs, I was reversing my lorry to park into the parallel parking lot in front of my shop at 140 Joo Chiat Road. There was another car (Mercedes) parked at the parking lot behind my lot.

After I had parked the lorry, the driver of the Mercedes came out of the car and told me that I had hit his car. I told him that it cannot be as I did not feel any impact. I then came out of the lorry to make a check on his car and my lorry. I told the Mercedes driver that there was no damage on the front part of his car. There were no scratches or dents that could be made by my lorry. The Mercedes driver then pointed out a scratch that was above the level that my lorry could have hit his car. He also said that my lorry had hit his front number plate. However I told him that there was no damage to his number plate also so my lorry could not have hit his car.

The Mercedes driver then just stood there with an angry face as if he was not happy with me. He did not ask me for anything else. After that I received a call from one of my customers to repair her fridge urgently. I then went back into the lorry and drove off.

Recently I was hospitalized for 2 weeks and just got discharged. One of my neighbours then gave me a letter from the Traffic Police ref: TP/IP/09049/2018 to inform me to lodge a report regarding the incident.

Police Report



SINGAPORE
POLICE FORCE



T/20180312/2097

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20180312/2097

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 /
Staff Sgt SYED FAIZ BIN SYED SHAMSHUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/03/2018 16:26

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

