

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	10/09/2018 17:48
Date Of Accident	08/09/2018 20:05
Exact Location Of Accident	ALONG SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ3646J
Insured/Policyholder	
Name Of Registered Owner	TANG KOK THYE
NRIC No	S6876873Z
Email Address	KOTTHYE@ADDP.SG
Mobile Phone No	(LOCAL) +65-96675360
Alternative Phone No	OFFICE-96675360

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8 TFSI
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	TANG KOK THYE
NRIC No	S6876873Z
Date Of Birth	03/02/1960
Occupation	INDOOR
Date Of Driving Pass	10/07/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96675360
Fax Number	
Contact Number	OFFICE-96675360
EMail Address	KOTTHYE@ADDP.SG

Address	26 TAMAN MAS MERAH
Postcode	128155
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	W9951W (BUS)
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : CHAM SIM YUE GENDER: : FEMALE
Passenger 2	NAME: : TANG KAR KOR GENDER: : MALE
Passenger 3	NAME: : TANG KAR CYE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NPP
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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

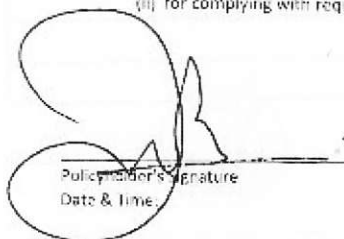
SKETCH PLAN

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 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)

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

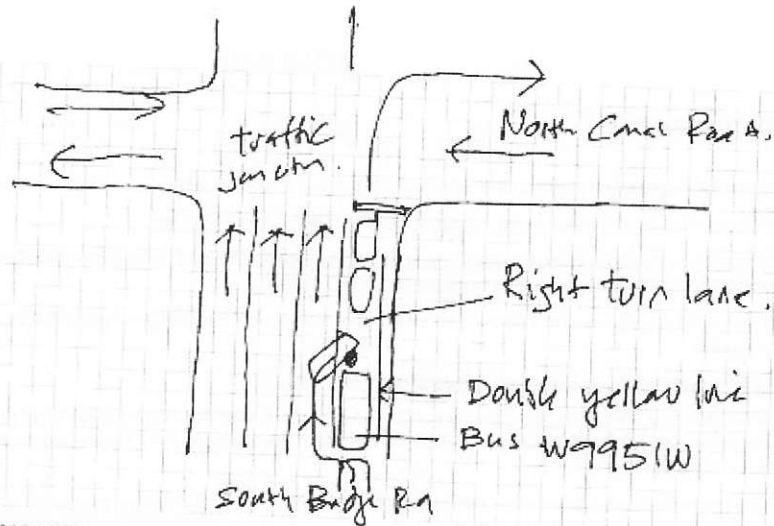

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: Angela Lim
NRIC/HIM No.: Limboe Siong

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report -

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

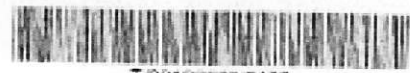
Name: Lum Koo Sang

NRIC/FIN No: 9855154m

Police Report



**SINGAPORE
POLICE FORCE**



T20180908/2166

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059262
Tel No: 1800-5359999

1 of 4

Report No: T20180908/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 21:27		Vide Report No: A/20180908/0148		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: TANG KOK THYE			Address: 25 TAMAN MAS MERAH SINGAPORE 128155		
ID Type / ID No.: NRIC NO / S6876873Z			Contact No.: Home/Office: Mobile: 96675360		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 03/02/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ARCHITECT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	08/09/2018 20:05	Type of Location:	X-Junction
Location: Along Road 1 SOUTH BRIDGE ROAD NORTH BRIDGE ROAD Along South Bridge Road turning right into North Canal Road. Three lanes going straight and one lane turning right.							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy			
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SFZ3646J	Car	AUDI	A4 1.8 TFSI MU (EL6)	Black	Seriously Damaged	3
W9951W	Bus/Coach/Minibus				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFZ3646J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100377176-04	28/06/2018	25/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180908/2186

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

2 of 4

Report No: T/20180908/2186

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TANG KAH WYE	ID No.	S9904965I
Related Vehicle	SFZ3646J (Car)	Contact No.	81817535
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
Driver			
Name	TANG KOK THYE	ID No.	S6876873Z
Related Vehicle	SFZ3646J (Car)	Contact No.	96675360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHAN SUM YUE	ID No.	AS8972227Z
Related Vehicle	SFZ3646J (Car)	Contact No.	97502486
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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180908/2165

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 4

Report No. T/20180908/2165

CONTINUATION OF REPORT

Passenger			
Name	TANG KAH KIT	ID No.	S9871372G
Related Vehicle	SFZ3846J (Car)	Contact No	92204977
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 08 September 2018 at around 2015hrs, I was driving along South Bridge Road. I wanted to make a right turn into North Canal Road however a bus bearing plate number W9951W was parked stationery in the lane. The said bus has been stationery for a couple of minutes and it even missed two green lights. I could not recall if the said bus switched on its hazard light or not. As such I decided to over take the said vehicle.

As I was about to go back into the right lane, the said bus suddenly moved which resulted in it colliding with my car. My family members in my car did not suffer any injuries however my car was seriously damaged. As such, I proceeded to Kreta Ayer NPP and was advised by the officer to make a '999' call. As such I called and waited for the arrival of the Traffic Police, I proceeded to Kreta Ayer NPP which was located nearby.

The traffic police conducted their investigations and provided me with a case card, A/20180908/0146 and informed me to make a police report afterwards. As such, I am making this report for my own insurance claims.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180900/2166

4 of 4

Report No. T/20180900/2166

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

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:

A /

RIKY ERWAN SHAH BIN MOHAMAD JUFRI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

08/09/2018 21:27

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

