

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 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. 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	30/03/2019 12:19
Date Of Accident	16/09/2018 15:00
Exact Location Of Accident	ALONG ROAD LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2497X
Insured/Policyholder	
Name Of Registered Owner	WONG SOKE WAI
NRIC No	S1813310E
Email Address	SLEEPYLOG.KEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98555182
Alternative Phone No	Office-91739465

Vehicle Particulars

Manufacturer	MAZDA
Model	3-2.0 SPORTS SKYACTIV (A)
Exact Purpose for which vehicle was being used at time of accident	
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	1700087479
Cover Note Number	

Driver

Name of Driver	TAN YI GE, KEN
NRIC No	S9704497Z
Date Of Birth	21/01/1997
Occupation	INDOOR
Date Of Driving Pass	10/05/2018
Driving Experience	0 YEAR AND 4 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91739465
Fax Number	
Contact Number	
E-Mail Address	SLEEPYLOG.KEN@GMAIL.COM
Address	BLK 56 GEYLANG BAHRU #25-3587
Postcode	3300056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NEPHEW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	3
Passenger 1	Name: : WONG SOKE WAH Gender: : Female
Passenger 2	Name: : TAN HUI YING Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT . PHOTOS TAKEN VEHICLE HAS BEEN REPAIRED

Attachment(s)

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

Vehicle Registration Number	SHB1947G
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMMAD KHALIL BIN KAMRI
NRIC/Passport Number	S7821961J
Contact Number	94766576
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:
NRIC/FIN No.:



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181220/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 13:41	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: TAN YI GE, KEN		Address: APT BLK 56 GEYLANG BAHRU #25-3587 SINGAPORE 330056	
ID Type / ID No.: NRIC NO / S9704497Z		Contact No.: Home/Office: Mobile: 91739465	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 21/01/1997	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHB1947G	TAXI				Slightly Damaged	3
SLU2467X	Car				Slightly Damaged	2

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



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181220/2063

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD KHALIL BIN KAMARI		ID No. S7821961J
Related Vehicle	SHB1947G (TAXI)		Contact No. 94766576
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	TAN YI GE, KEN		ID No. S9704497Z
Related Vehicle	SLU2467X (Car)		Contact No. 91739465
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

Brief Details.

On the 16/09/18 at about 1500hrs, I was driving my car (SLU 2467X) along Lavender Street and was approaching a traffic light junction. I was along the inner most lane and there was a taxi (SHB 1947G) in front of me. As he was moving off, I followed behind however he stopped and as I got distracted, I am unable to stop in time and my car front bumper hit onto the taxi rear bumper. We exchange particulars and all of us were unhurt at that time. Traffic Police and ambulance came but we left the scene after exchanging particulars. On the 14/12/18 at about 1800hrs, I received as SMS from a Traffic Police by the name of Stephanie who asked me to file a Traffic Accident report as the taxi driver passengers was given 3 days medical leave.



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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 / Staff Sgt CHEN YUCHENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2018 13:41
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : WONG SOKE WAI
 Period of Insurance : 27 Nov 2017 To 26 Nov 2018
 Engine No. : PE10532834
 Chassis No. : JM6CW1071H0127081

Vehicle No. : SL124974
 Policy No. : 137095AT174
 Endorsement No. :
 Issued Date : 27 Oct 2017

ABOUT THE COVER

Make/Model : MAZDA 6 2.0 SKYACTIV
 Engine Capacity/Tonnage : 1998 cc CC
 Sum Insured : Market Value
 Vehicle Registration : Off Road Car
 No. of Insured Persons : 2
 Insured Persons : WONG SOKE WAI, WONG SOKE WAI

Maximum of Classes of Persons Entitled to Drive

1. The insured is licensed to drive the vehicle.
 2. The insured is licensed to drive the vehicle.
 3. The insured is licensed to drive the vehicle.

Age Condition : All Age Drivers

Limitation on Use :
 1. The vehicle is not to be used for hire or reward.
 2. The vehicle is not to be used for any illegal purpose.
 3. The vehicle is not to be used for any purpose which is prohibited by law.

EXCESS

Section 1 :
 1. The insured is liable for the excess of the sum insured.

Section 2 :
 1. The insured is liable for the excess of the sum insured.

Section 3 :
 1. The insured is liable for the excess of the sum insured.

Section 4 :
 1. The insured is liable for the excess of the sum insured.

VEHICLE REPAIRS (OR REPAIRS AUTHORIZED REPAIRERS) (FOR CLAIMS RELATED REPAIRS)

REPAIRS INTERPOLISE

Mank

AIG 44.3 Pacific Insurance Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

