

China Taipei

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	26/11/2018 10:53
Date Of Accident	26/11/2018 07:10
Exact Location Of Accident	PIE & CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2990T
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995110
Cover Note Number	

Driver

Name of Driver	TAN SWEE HONG
NRIC No	S1487490I
Date Of Birth	27/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93883571
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	RAINING
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?	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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

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	SLC1762U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SWEE HONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



10278115001114

1 of 3

Report No. 10278115001114

Police Station Of Origin
Banyang N.P.C.
2 Jettong Road, Avenue 5 SINGAPORE
645442
Tel No. 1800-7250729

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made

26/1/2018 16:16

Video Report No.:

Station Query No.

159

Informant's Particulars

Name of Informant

TAN SWEI HONG

Address:
APT BLK 275C, ALICHO W/ ST STREET 28 #04-07
SINGAPORE 640275

ID Type / ID No.

NRIC NO / S1487490

Contact No.:

Mobile 930810571

Nationality

SINGAPORE CITIZEN

Email

Sex

Male

Age

57

Date of Birth

27/02/1961

Type of Informant

Driver

Language

English

Education / School Name

Race

Chinese

Occupation

GROUP DRIVER

Driving Licence Information

CHIN

Date of Expiry

General Information of the Accident

Type of Accident

Others

Drive

Drive

Date/Time of Accident

26/1/2018 07:10

Type of Location

Streight Road

Location

Along Road 1

PAN ISLAND EXPRESSWAY

Along PLE, SWORTH, CHONG 20.7km

Road Surface

Wet

Traffic Control

Road Speed Limit

Traffic Volume

Heavy

Anyone conveyed by ambulance

No

Type of Collision

Along various signs stationary vehicle

Details of Vehicles Involved

Vehicle No.

Type

Make

Model

Color

Condition

No of Passengers

Vehicle No.

Type

Make

Model

Color

Condition

No of Passengers

Vehicle No.

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No of Passengers

Vehicle No.

Type

Make

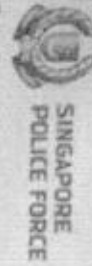
Model

Color

Condition

No of Passengers

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

Police Station (Of Origin)
Nanyang N.P.C.
2, Jooong Wee Avenue 5 SINGAPORE
649482
Tel No: 1800-7509989



120718120718
2 of 3
Report No: 30081120718

CONTINUATION OF REPORT

Driver	TAN SYEE HONG		ID No.	S14874901
Related Vehicle	SUM2990T (Car)	Contact No.	89553571	
Hospital/Clinic	NO TENG FONG HOSPITAL	Class of Driving License & Expiry Date	Class 3,4,5 Date of Expiry NIL	
Date of Incident	26/11/2018	Date Discharge	26/11/2018	
No. of Days granted Medical Leave	07	Degree of Injury	Slight	
Passenger				
Name	EMILY ANG LILONG	ID No.	S733718491	
Related Vehicle	SUM2990T (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving License & Expiry Date	Class NIL Date of Expiry NIL	
Date of Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details

On 26/11/2018 at about 7:10am, I was travelling on the first lane along PLE towards Chang when my car, 01 Honda Shuttle with registration plate no. SUM2990T came to a stop. All of a sudden, another vehicle, 01 dark blue Nissan Skyline with registration plate no. SLG1782U collided in to the rear of my vehicle. The impact caused my vehicle to jerk forward but fortunately, I had stepped on the brakes thus my vehicle did not collide into the front vehicle.

When it was safe to do so, my passenger and I got down from the vehicle and I exchanged particulars with the other driver. We did not call for assistance as no one was injured during the accident. I went to a police station to report the accident. I went to No. 11 Police Station on the same day at 11:11am as my driver and black was acting. I was given 7 days of treatment each however, 32766412011 with to state that my car has no car camera.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hawking N.P.C.
2 Jooong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7829966



23011205116

Report No: 12011705116

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 65474055 stating the report number as reference.

Signature Of Officer Recording The Report

J /
Sgt Sgt MOHAMMAD KHABUL ADEL BIN
MOHAMMAD ROSLI

Signature Of Informant
Not applicable

Signature Of Informant

Date/Time
25/11/2018 15:18

Classification Of Case

Officer in Charge Of Case

TP / AET /
Sgt 2 SHAHRIFAH NOR FAKZAN BINTI SYED
MOHYD SAID
Control No. 65473117
Authentication Stamp

Singapore Police Force

Sketch Plan #6

