SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresalu.					
	ACCIDENT STATEMENT				
Date Of Report	14/12/2018 09:39				
Date Of Accident	13/12/2018 19:50				
Exact Location Of Accident	SIMS WAY TWDS MOUNTBATTEN RD & NATIONAL STADIUM				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SDX6161E				
Insured/Policyholder					
Name Of Registered Owner	TAN WAN SENG				
NRIC No	S1248169A				
Email Address	WANSENG.TAN@HIGHWAY.COM.SG				
Mobile Phone No	(LOCAL) +65-96160028				
Alternative Phone No	OTHERS-96160028				
Vehicle Particulars					
Manufacturer	VOLVO				
Model	XC 40				
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 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	1800069961				
Driver					
Name of Driver	TAN WAN SENG				
NRIC No	S1248169A				
Date Of Birth	29/04/1957				
Occupation	INDOOR				
Date Of Driving Pass	23/09/1983				
Driving Experience	35 YEARS AND 2 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-96160028				
Fax Number					
Contact Number	OTHERS-96160028				

WANSENG.TAN@HIGHWAY.COM.SG

Address 32 COUNTRYSIDE PLACE

Postcode 789903

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JJG9480 (MOTORCYCLE)

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

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) 1

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

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

PLS REFER TO THE POLICE REPORT:T/20181214/2028

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 JJG9480

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MR WANG SOON EET

NRIC/Passport Number 670515045033 Contact Number 81853239

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)
 - (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.
- 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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name

NRIC/FIN No.:

Accident Sketch Plan

	SIMS WAY	
SDX6161E 1149480		
	MADEO	
SCRIBE CIRCUMSTANCES OF THE AG	CCIDENT	
Pls refr to 1	Le police report: 7/3	30181314/30
V		
CLARATION 'e declare the foregoing particulars are tru		Jun 14/12/2

Individual Statement



T/20181214/2028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181214/2028

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 13/12/2018 AT ABOUT 1950HRS, I WAS TRAVELLING ALONG SIMS WAY TOAWARDS MOUNTBATTEN ROAD SECOND LANE OF 4 LANE ROAD. THERE'S A VEHICLE INFRONT OF ME SUDDENLY JAM BRAKE AND FORCE ME TO BRAKE AND THE MSIAN BIKE AT MY REAR BEARING(JJG9480) COLLIDED ONTO MY VEHICLE AND FELL. AFTER THAT, I CAME DOWN TO CHECK THE CONDITION OF THE VEHICLE AND THE OTHER PARTY. AFTER THAT, BOTH OF US EXCHANGED PARTICULARS AND WENT OFF.

Accident Photo













Accident Photo



Police Report





No

Police Station Of Origin: Treffic Police 10 Ubi Avenue 3 SINGAPORE 408866 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT.

Occupation:

GENERAL MANAGER

1 6/3 Report No. T/20181214/2020

Vide Report No.:	Station Diary No.:
THE RESERVE AND STREET	Arms, Alebyo Frontiero consti
Address: C/O 32 COUNTRYSIDE PLACE	E SINGAPORE 789903
	Address:

ID Type / ID No.1 Contact No.: NRIC NO / \$1248169A Home/Office: Mobile: 96160028 Nationality: Email: SINGAPORE CITIZEN Sex Age: Date of Birth: Type of Informant: Male 61 29/04/1957 Driver Rece. Language: Institution / School Name: Chinese English

Class: 3 Date of Explry: General Information of the Accident Non-Injury Drink Date/Time of Type of Type of Location: Foreign Vehicle

Driving Licence Information:

Drive: Accident: Accident: No. 13/12/2018 19:50 Location: Along Road 1 SIMS WAY

SIMS WAY > MOUNTBATTEN FIOAD Weather: Road Surface: Road Speed Limit: Traffic Flow: Traffic Control: Traffic Volume:

Type of Collision: Anyone conveyed by ambulance:

Details of Vehicle Involved Vehicle No. Type Make. Model Color Condition No of Passenger JJG9480 Motoroyale 0 SDX6161E XC40 Tb R-Car VOLVO Silver 0 DESIGN

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDX6161E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800069961	19/06/2018	18/06/2020

Police Report



T.50151214(3028

Police Station Of Origin: Treffic Police 10 Util Avenue 3 SINGAPORE 408865

Report No. T/20181214/2028

2 of 3

CONTINUATION OF REPORT

Brief Details.

Tel No: 85470000

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 13/12/2016 AT ABOUT 1950HRS, I WAS TRAVELLING ALONG SIMS WAY TOAWARDS MOUNTBATTEN ROAD SECOND LANE OF 4 LANE ROAD. THERE'S A VEHICLE INFRONT OF ME SUDDENLY JAM BRAKE AND FORCE ME TO BRAKE AND THE MSIAN BIKE AT MY REAR BEARING(JJG9480) COLLIDED ONTO MY VEHICLE AND FELL. AFTER THAT, I CAME DOWN TO CHECK THE CONDITION OF THE VEHICLE AND THE OTHER PARTY. AFTER THAT, BOTH OF US EXCHANGED PARTICULARS AND WENT OFF.

Police Report





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

3 of 3 Report No. 1/20181314/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please strach 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: TP / TAN KOK RAY	Signature Of Informant: VASSUA.
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2018 10:11
Officer in Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Clessification CossingaPore Police Force
Authentication Stamp sens	Signature:

Identification Card







