#### 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/12/2018 14:50
Date Of Accident	18/12/2018 10:50
Exact Location Of Accident	YISHUN AVE 1 NEAR YISHUN DAM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3292Z
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN HUA
NRIC No	S1644973C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92771172
Alternative Phone No	OFFICE-92771172
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LEXUS ES250 LUXURY A/T S/R
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	2100501641-01
Cover Note Number	

#### **Driver**

Name of Driver TAN KIAN HUA
NRIC No S1644973C
Date Of Birth 12/04/1964
Occupation INDOOR
Date Of Driving Pass 31/10/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92771172

Fax Number

Contact Number OFFICE-92771172

EMail Address NOEMAIL

1 YISHUN STREET 51 Address

#07-02

Postcode 767996

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** 

HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1 NAME:

> GENDER: : FEMALE

**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 - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20181218/7012.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

XE2315T Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 26

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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:
  - 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:
  - 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

NRIC/FIN No.:

#### **Accident Sketch Plan**

ETCH PLAN	1		
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COURT CIRC	INACTANCES	OF THE ACCIDENT	
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10-12-	51 0000		
		/	
CLARATION			
	oregoing partic	culars are true in every respect.	
	oregoing partic	culars are true in every respect.	1
	oregoing partic	culars are true in every respect.	Tha
CLARATION /e declare the fi	,	Oriver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

#### Police Report





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

1 of 3 Report No. T/20181218/7012

REPORT	OF A TRAFFI	C ACCIDENT				
Date/Time Report Made: 18/12/2018 14:34			Vide Report No.: Station Diag			
informa	nt's Partic	ulara				
Name of Informant TAN KIAN HUA			Address: 1 YISHUN STREET 51 #07-02 SINGAPORE 767996			
ID Type / ID No.; NRIC NO / S1644973C			Contact No.: Home/Office: Mobile: 92771172			
National SINGAP	ity: ORE CITIZ	'EN	Email: khfreddy@gmail.com			
Sex: Male	Age: 54	Date of Birth: 12/04/1964	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drive: Accid	Time of ent: /2018 10:50	Type of Location Bridge
Location: Yishun Ave 1	(Yishun Dam)			
Weather:		Road Surface:	Ros	
		Dry	1	ad Speed Limit:
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	Tra	ad Speed Limit:  ffic Volume: derate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL3292Z	Car	LEXUS	ES250	Grey		0
XE2315T	Trailer	-			-	0

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

#### **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181218/7012

#### CONTINUATION OF REPORT

Vehicle Owner	200	E CORE	a life and the	2/4 <u>-10/4</u>	Lists	
Name	TAN KIAN HUA			ID No.		S1644973C
Related Vehicle	NIL			Contac	t No.	92771172
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e&	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	Contract of the second
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

I was driving along Yishun Ave 1 (Yishun Dam) towards Seletar North Link at the abovementioned timing when suddenly a flying object flew from the vehicle in front and hit my vehicle front bonnet, windscreen and side fender. I have video footage as evidence

#### Police Report





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

3 of 3 Report No. T/20181218/7012

CONTINUATION OF REPORT

Sketch Plan informant is not able to provide sketch plan

NP1466

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant: The identity of the person making this report habeen authenticated by SingPass. No signature required.			
Signature Of Interpreter. Not applicable	Date/Time: 18/12/2018 14:34			
Officer In Charge Of Case: TP / TPIB / ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:			
Authentication Stamp				





































