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 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.

alorocaid.	
	ACCIDENT STATEMENT
Date Of Report	21/01/2019 12:46
Date Of Accident	19/01/2019 12:20
Exact Location Of Accident	ALONG FARRER ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW6144R
Insured/Policyholder	
Name Of Registered Owner	TAN TUCK YONG
NRIC No	S1755750E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81116471
Alternative Phone No	OTHERS-81116471
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (A)
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	1800027300
Cover Note Number	
Driver	

Name of Driver CHELSEA CHEN XI NRIC No S9348652H

Date Of Birth 23/12/1993 Occupation **INDOOR** 21/07/2012 **Date Of Driving Pass**

Driving Experience 6 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81116471

Fax Number

Contact Number OTHERS-81116471

EMail Address NOEMAIL Address BLK 326 BUKIT BATOK STREET 33

#03-53

Postcode 650326

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CINDY LEE XIN TING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190119/7005

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 FBJ7193D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver KNAGESVARAN S/O THRUNAVAKARASU

NRIC/Passport Number S8516484H
Contact Number 93882097

Address

Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

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)

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:
 - 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.:

Accident Sketch Plan

ETCH PLAN				
Alone Freehold	loen I	A	SLW 6144R B (FBJ 7193D)	
Please rafer	The state of the s	r (Repart	No.7/20190119/	7005)
	-			
CLARATION /e declare the foregoing particulars a	ere true in every resp	ect.		hola
icyholder's Signature le & Time:	Driver's Signature (If driver is not the po Date & Time:	alicyholder)	Reporting Centre Personnel Name: NRIC/FIN No.:	Signatur Wort

POLICE REPORT





Date of Expiry:

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Research and development manager

Tel No: 65470000

Occupation:

1 of 3 Report No. T/20190119/7005

REPORT O	F A TRAFFI	C ACCIDENT			
Date/Time Report Made: 19/01/2019 14:21		Vide Report No.; E/20190119/0079	Station Diary No.:		
Informan	t's Partic	ulars			
Name of Informant: CHELSEA CHEN XI		Address: APT BLK 326 BUKIT BATOK STREET 33 #03-53 SINGAPOR 650326			
ID Type / ID No.: NRIC NO / S9348652H		Contact No.: Home/Office:	Mobile: 81116471		
Nationality: SINGAPORE CITIZEN		Email: 13r.dwi@gmail.com			
Sex: Female	Age: 25	Date of Birth: 23/12/1993	Type of Informant: Driver		
Race:		Language:	Institution / School Name:		

Driving Licence Information:

Class:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident; 19/01/2019 12:20	Type of Location: Straight Road
Location: FARRER RO. Weather:	AD	Road Surface:		Road Speed Limit:
The state of the s				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		70 Km/h Traffic Volume: Moderate

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7193D	Motorcycle	SUZUKI		Red	Slightly Damaged	0
SLW6144R	Car					0

Details of Person Involved	
Any Pedestrian 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/20190119/7005

CONTINUATION OF REPORT

dar	TO STATE OF THE ST	ARASU	10 No.	4	S8516484H	
eme	MAGESVARAN S/O THRUNAVAKARASU		-			
			Contact No.		93882097	
alated Vahicle	FBJ7193D (Motorcycle)					
			Class of		Class: NiL Date of Expiry: NIL	
ospital/Clinic	NIL	NIL				
			Licence & Expiry Date			
- 1	NIL I	Date Disc	harge	Slight		
ate Treatment	ted Medical Leave NIL E	Degree of	Injury	Signi		
	ited inderest in the		1 100 100	-	S9348652H	
)river	CMELSEA CHEN XI		ID No	· j	28040000	
iame	CARLOCA CHAIN		1	2.510	81116471	
	SLW6144R (Car)		Contact No.		81110471	
Palgrad Vehicle	SLVVOT441C (Car)		101 115		Class: NIL Date of Expiry: NIL	
	MIL		Class of Driving Licence & Expiry Date			
Hospital/Clinic						
				NIL		
	NIL	Date Dis	SOLIDIA			
Date Treatment	wind Medical Leave NIL	Degree	of Injury	MIL		
	inted Medical Leave NIL				9036271B	
Passenger	CINDY LEE XIN TING		ID N	0.	90302110	
Name CINDY LEE ANY THY					98755531	
	DI MICAAAD (Car)		Contact No.), 98/55531	
Related Vehicle SLW6144R (Car)					A AIII	
		Class of			Class; NIL	
Hospital/Clinic	NIL		Driving		Date of Expiry: NIL	
The second second			Licence & Expiry Date			
	N. I. K.III		ischarge			
Date Treatmen			of Injur	y NIL		

AT 19/01/2019, TRAFFIC WAS MODERATE AND WEATHER WAS CLEAR. I WAS DRIVING MY VEHICLE (SLW6144R) TRAVELLING ALONG LANE 2 OF FARRER ROAD TOWARD BARTLEY ROAD. OUT OF A SUDDEN, I FELT A IMPACT ON THE REAR. I ALIGHTED AND REALISED THAT THE MOTOR BIKE (FBJ7193D) HAD COLLIDED ONTO THE REAR OF MY VEHICLE. HE WAS THEN CONVEYED TO THE HOSPITAL.

POLICE REPORT



Police Station Of Origin:

Authentication Stamp

NP168

T/20190119/7005

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20190119/7005

3 of 3

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2019 14:21
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476138	Classification Of Case:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 2 Motor Cars >< 3000kg with +<7 pessengers, exclusive 21 Jul 201 of the driver; and other motor vehicles

NP 425A



One of tensor 23-12-2008

APT BLK 326 BURIT BATOK STREET 33 403-53
SINGAPORE 850329
NHIC No. S8348652H Center 24/06/2018 (E)













