

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	22/01/2019 13:53
Date Of Accident	20/01/2019 20:40
Exact Location Of Accident	YISHUN AVE 11 TWDS YISHUN RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3479H
Insured/Policyholder	
Name Of Registered Owner	TAY HSIAO WEN (ZHENG XIAOWEN)
NRIC No	S7734695C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84818204
Alternative Phone No	OFFICE-84818204

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	1800001886
Cover Note Number	

Driver

Name of Driver	TAY HSIAO WEN (ZHENG XIAOWEN)
NRIC No	S7734695C
Date Of Birth	18/11/1977
Occupation	INDOOR
Date Of Driving Pass	27/04/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84818204
Fax Number	
Contact Number	OFFICE-84818204
Email Address	NOEMAIL

Address	BLK 407 YISHUN AVENUE 6 #07-1288
Postcode	760407
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 - CHANGE/CROSS LANE
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?	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)	4
Passenger 1	NAME: : JEREMY LIP SHENG KIAT GENDER: : MALE
Passenger 2	NAME: : JEFFERSON LIP SHENG WEI GENDER: : MALE
Passenger 3	NAME: : NICK TAN GENDER: : MALE

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
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

REFER TO POLICE REPORT - T/20190121/7026.

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

Vehicle Registration Number	SFT8380Z
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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 TAY HSIAO WEN (ZHENG XIAOWEN)
 Approximate Age
 Injuries Sustain NECK & BACK
 Injured person in which vehicle? SKR3479H
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 2

Name JEREMY LIP SHENG KIAT
 Approximate Age
 Injuries Sustain NECK & BACK
 Injured person in which vehicle? SKR3479H
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 3

Name JEFFERSON LIP SHENG WEI
 Approximate Age
 Injuries Sustain NECK & BACK
 Injured person in which vehicle? SKR3479H
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

Accident Sketch Plan


SKETCH PLAN

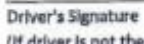
IMPORTANT NOTICE

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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 revoke 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 fines imposed 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) 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.:

Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.


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 Report



**SINGAPORE
POLICE FORCE**



T/20190121/7026

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

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Report No. T/20190121/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2019 22:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY HSIAO WEN			Address: APT BLK 72 JALAN MATA AYER #03-26 SINGAPORE 757489		
ID Type / ID No.: NRIC NO / S7734695C			Contact No.: Home/Office: Mobile: 84818204		
Nationality: SINGAPORE CITIZEN			Email: stumpy2878@gmail.com		
Sex: Female	Age: 41	Date of Birth: 18/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2019 20:40	Type of Location: X-Junction
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFT8380Z	Car	FORD		Silver	Seriously Damaged	0
SKR3479H	Car	TOYOTA	WISH 1.8 AUTO	White	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR3479H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800001886	12/01/2018	15/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190121/7026

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

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Report No. T/20190121/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANTHONY CHAN COK SENG	ID No.	S0545269D
Related Vehicle	SFT8380Z (Car)	Contact No.	97986183
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
Passenger			
Name	JEFFERSON LIP SHENG WEI	ID No.	T1416622F
Related Vehicle	SKR3479H (Car)	Contact No.	84818204
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY HSIAO WEN	ID No.	S7734695C
Related Vehicle	SKR3479H (Car)	Contact No.	84818204
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20190121/7026

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

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Report No. T/20190121/7026

CONTINUATION OF REPORT

Passenger			
Name	JEREMEY LIP SHENG KIAT	ID No.	T1229283F
Related Vehicle	SKR3479H (Car)	Contact No.	84818204
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 20TH JANUARY 2019 AT ABOUT 2040HRS , I WAS DRIVING VEHICLE SKR3479H AT THE JUNCTION OF YISHUN AVE 11 TOWARDS YISHUN RING ROAD. WHILE I WAS AWAITING FOR THE TRAFFIC TO BE IN MY FAVOUR , GREEN ARROW APPEAR AND I PROCCED TO TURN RIGHT. WHILE TURNING RIGHT , I FELT AN HUGE IMPACT ON MY CAR AND HEARD A LOUD BANG ON THE FRONT LEFT SIDE OF MY CAR.

I THEN NOTICE THAT THERE WAS A VEHICLE THAT HAS CRASHED UPON ME. WE BOTH STOP AT THE SIDE. I NOTED HIS CARPLATE NUMBER TO BE SFT8380Z. WE CAME DOWN FROM OUR CARS AND EXCHANGED OUR PARTICULARS.

DUE TO THIS ACCIDENT, MY TWO KIDS AND I WERE FEELING UNWELL AND WE PROCEEDED TO SEEK MEDICAL ATTENTION AT OUR NEARBY CLINIC.

EACH OF US WAS GIVEN 3 DAYS MC

Police Report



**SINGAPORE
POLICE FORCE**



T/20190121/7026

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

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Report No. T/20190121/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP108

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
21/01/2019 22:37

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

