

AC1813292
 21/12/2018
 No. 19-9007198-R
 0256 4315
 All Park, Singapore 408933
 ants Pte Ltd

18013373 / Allswell Motor Traders - HQ
 ENTRY DATE & TIME: 28/01/2019 17:24
 SUBMITTED BY: Tang Chai Yee

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 willful 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 28/01/2019 17:24
 Date Of Accident 26/01/2019 14:30
 Exact Location Of Accident CTE TOWARDS MOULMEIN ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV8563G
Insured/Policyholder
 Name Of Registered Owner ALLSWELL MOTOR TRADERS
 Co Reg No 53192889J
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-64625405

Vehicle Particulars

Manufacturer TOYOTA
 Model VOXY HYBRID-1.8 X CVT (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 999994368
 Cover Note Number 19 DEC 2018 TO 05 NOV 2019

Driver

Name of Driver CHAI WAI TENG
 NRIC No S7488099A
 Date Of Birth 31/08/1974
 Occupation OUTDOOR
 Date Of Driving Pass 29/03/2011
 Driving Experience 7 YEARS AND 9 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-90821373
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 124 MCNAIR ROAD #10-23
 Postcode 320124
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER & LEASEE
 Vehicle Registration Number of Driver's Own Vehicle -
 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? 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) 2
 Passenger 1 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
 Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20190128/2074

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 SHA3157L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver YUSOFF BIN YAHYA
 NRIC/Passport Number S0211651J
 Contact Number
 Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAI WAI TENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLV8563G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

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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:

Chai
28/01/19

Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]

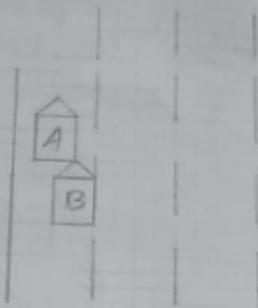


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]

SKETCH PLAN

Sketch Plan #2



A - CLV8563G
 B - S1A3157L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190128/2074.

DECLARATION

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



Chen

Policyholder's Signature

Date & Time: 28/01/19.

[Handwritten signature]

Driver's Signature

(if driver is not the policyholder)

Date & Time:



Chen

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190128/2074

1 of 3

Report No. T/20190128/2074

Police Station Of Origin:
Rochor N.P.C
11 Kempong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2019 14:36		Vide Report No.:	Station Diary No.: 94
Informant's Particulars			
Name of Informant: CHAI WAI TENG		Address: APT BLK 124 MCNAIR ROAD #10-23 SINGAPORE 320124	
ID Type / ID No.: NRIC NO / S7488099A		Contact No.:	Mobile: 90821373
Nationality: MALAYSIAN		Home/Office:	
		Email:	
Sex: Female	Age: 44	Date of Birth: 31/08/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	
		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3157L	Car					0
SLV8583G	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



1/20190125/2074

Police Station Of Origin:
Roohor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3
Report No. T/20190125/2074

CONTINUATION OF REPORT

Driver			
Name	CHAI WAI TENG	ID No.	S7488099A
Related Vehicle	NIL	Contact No.	90821373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/01/19 at about between 1400 hrs and 1500 hrs, I was driving my car, bearing plate number SLV8563G, along CTE towards Moulmain Rd. The traffic was heavy and the vehicles on the road were going quite slow. When the traffic was moving slowly, the car in front of me suddenly jam-braked, causing me to do the same. This resulted the ComfortDelgro taxi behind my car, bearing plate number SHAS157L, to collide with the rear of my car. The bumper of my car was seriously damaged.

No ambulance was at scene and no one was conveyed to the hospital. I did go to the doctor after the accident for a check. Both the taxi driver and I exchanged particulars with each other.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapar Road SINGAPORE
208678
Tel No: 1800-2949999



1/20190128/2074

3 of 3

Report No: T/20190128/2074

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 NUR MAISYIRAH BINTE KASIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/01/2019 14:36

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168