

## 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	12/02/2019 11:30
Date Of Accident	06/02/2019 11:00
Exact Location Of Accident	TPE TOWARDS TAMPINES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG941T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	201224734R
Email Address	RINA@MKMCARLEASING.COM.SG
Mobile Phone No	
Alternative Phone No	Office-67476880

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (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	REPORTING ONLY
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	999994421
Cover Note Number	

### Driver

Name of Driver	TAN TENG THIAM
NRIC No	S7121979H
Date Of Birth	01/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1993
Driving Experience	25 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91816816
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 636 WOODLANDS RING ROAD
Postcode	S730636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	Name: : UNKNOW Gender: : Female
Passenger 2	Name: : UNKNOW Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE 10 UBI AVENUE 3 S408865
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Name	TAN TENG THIAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMG941T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:



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



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

# SKETCH PLAN

TPC - TAMPINES

veh A - SAGI 941T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached 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.:

**Accident Photo**



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Police Report

SINGAPORE POLICE FORCE		T/20190209/2095				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		1 of 3 Report No: T/20190209/2095				
<b>REPORT OF A TRAFFIC ACCIDENT</b>						
Date/Time Report Made: 09/02/2019 12:44		Vide Report No.: F/20190206/0091	Station Diary No.:			
<b>Informant's Particulars</b>						
Name of Informant: TAN TENG THIAM		Address: 636 WOODLANDS RING ROAD #01-79 SINGAPORE 730636				
ID Type / ID No.: NRIC NO / S7121979H		Contact No.: Home/Office:	Mobile: 91816816			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 47	Date of Birth: 01/07/1971	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:			
<b>General Information of the Accident</b>						
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2019 12:00			
Type of Location: Straight Road						
Location: Along Road 1 TAMPINES EXPRESSWAY						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate			
Type of Collision: UNABLE TO RECALL		Anyone conveyed by ambulance: Yes				
<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG941T	Car	KIA	CERATO 1.6(A) LX	Black	Seriously Damaged	0
<b>Details of Person Involved</b>						
Any Pedestrian Involved: No				Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL						

# Police Report



SINGAPORE  
POLICE FORCE



T/20190209/2065

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 40865  
Tel No: 65470000

Report No. T/20190209/2065

## CONTINUATION OF REPORT

Driver			
Name	TAN TENG THIAM	ID No.	S7121979H
Related Vehicle	SMG941T (Car)	Contact No.	91816816
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/02/2019	Date Discharge	09/02/2019
No. of Days granted Medical Leave	16	Degree of Injury	Serious

### Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION  
I WAS TRAVELLING ALONG TPE TOWARDS TAMPINES. I WAS INVOLVED IN AN ACCIDENT  
HOWEVER, I AM UNABLE TO RECALL HOW THIS ACCIDENT HAPPENED. I WAS DISCHARGED  
FROM SENG KANG GENERAL HOSPITAL TODAY



T/20190209/2005

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Report No. 1/20190209/2065

CONTINUATION OF REPORT

Informant is not able to provide sketch plan

SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_