# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/02/2019 15:39

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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.	ACCIDENT CTATEMENT
	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
Insured/Policyholder	
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

**OUTDOOR** 

18/03/1993

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?

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

YES NO

Number of Passengers (Including Driver) 3

Passenger 1 Name:

> Gender: : Female

: UNKNOW

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?

If Yes, against whom?

NO

#### **Circumstances of Accident**

#### PLEASE REFER TO ATTACHED POLICE REPORT

#### Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Make/Model/Colour Details Of Properties

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)

## **DETAILS OF INJURED PERSON 1**

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

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN		
	TPE - TANY	OLLES
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Veh A- Souls 941T		4
		K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

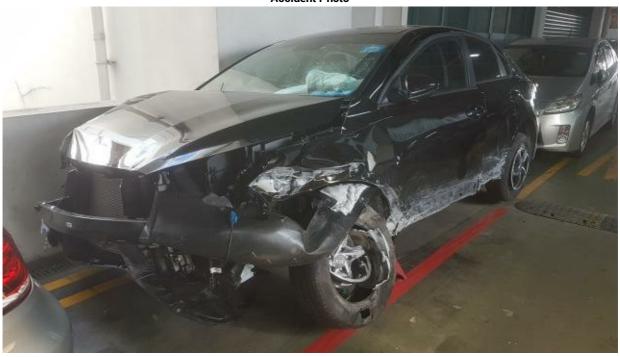
Please refer to attached parice report.

## 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.:

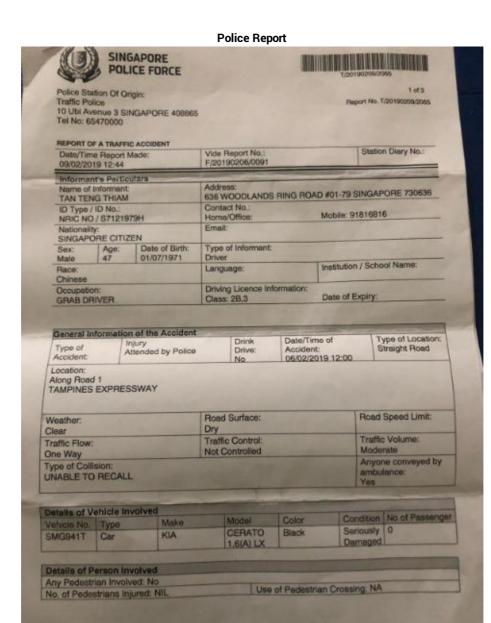












### **Police Report**



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



2 463

Peport No. T/20190209/2005

CONTINUATION OF REPORT

Driver						
Name	TAN TENG THIAM	-		ID No.	-	S7121979H
Related Vehicle	SMG941T (Car)			Conta	ct No.	91816816
Hospital/Clinic	SENGKANG GENELLTD.	RAL HOSE	PITAL PTE.	Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/02/2019	100	Date Dis	charge	09/0	2/2019
No. of Days gran	ted Medical Leave	16	Degree o	of Injury	Serio	ous

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

## Police Report

	Report
SINGAPORE POLICE FORCE  Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 406865 Tel No: 65470000 CONTINU	T/20 19000047006 S of 3 Haport No. 1/2019000047066
Sketch Plan Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your vehicle's the certificate with you now, please tax a copy to 65	474555 stating the report number as reference.
IMPORTANT: Please attach a copy of your vehicle's the certificate with you now, please tax a copy to 65- Signature Of Officer Recording The Report: TP / NG JIN SHENG	insurance Certificate to this report. If you don't have 474885 stating the report number as reference.  Signature Of Informant
the certificate with you now, please tax a copy to 65- Signature Of Officer Recording The Report: TP /	474555 stating the report number as reference.
Signature Of Officer Recording The Report: TP / NG JIN SHENG Signature Of Interpreter: Not applicable Officer in Charge Of Case: TP / G/T /	Signature Of Informant  Date/Time: 09/02/2019 12-44  Classification Of Case:
Signature Of Officer Recording The Report: TP / NG JIN SHENG Signature Of Interpreter: Not applicable  Officer in Charge Of Case: TP / GIT / Staff Sgt NOR HIDAYU BINTE ABOUL SAMAO Contact No.: 65476423	Signature Of Informant  Date/Time: 09/02/2019 12:44
Signature Of Officer Recording The Report:  TP / NG JIN SHENG  Signature Of Interpreter: Not applicable  Officer In Charge Of Case: TP / G/T / Staff Sgt NOR HIDAYU BINTE ABOUL SAMAD	Signature Of Informant  Date/Time: 09/02/2019 12-44  Classification Of Case: