

## 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	18/03/2019 07:12
Date Of Accident	17/02/2019 12:05
Exact Location Of Accident	TELOK BLANGAH ROAD AFTER EXIT FROM VIVOCITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9364A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEE MEI LING (DAI MEILIN)
NRIC No	S7325417E
Email Address	SHIRLEYTEML@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92991683
Alternative Phone No	Office-92991683

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-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	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	2100425892-03
Cover Note Number	

### Driver

Name of Driver	TEE MEI LING (DAI MEILIN)
NRIC No	S7325417E
Date Of Birth	18/07/1973
Occupation	INDOOR
Date Of Driving Pass	30/06/2009
Driving Experience	9 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92991683
Fax Number	
Contact Number	OFFICE-92991683
E-Mail Address	SHIRLEYTEML@HOTMAIL.COM
Address	50A TOH TUCK ROAD #03-05 SINGAPORE
Postcode	596742
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 - MAJOR/MINOR RD
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?	NO
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: : CHANG LU LONG GRAHAM 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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACH

#### 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	SMF964H
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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)

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

Vehicle No: SKU9364A

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5. **Any false reporting 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.



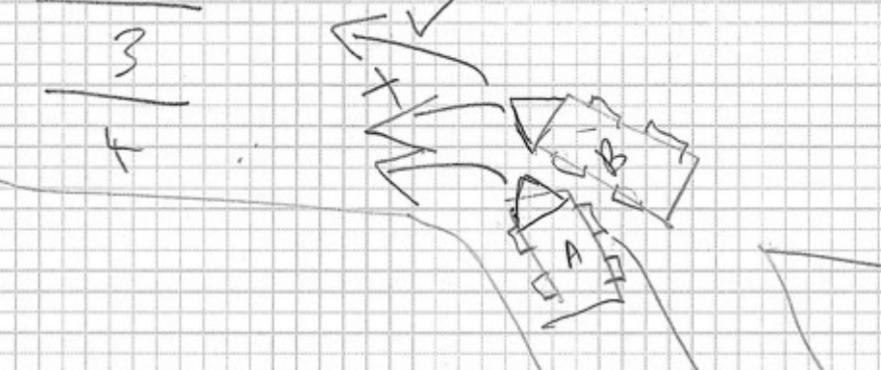
Policyholder's Signature  
Date & Time:

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



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

2  
3  
f



SENT

My Vehicle No (A): SKU9364A

Accident Date:	
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Time:

am / pm

- B r i e f   D e t a i l s   O f   A c c i d e n t -

Refer police  
T/20190304/7002

- O t h e r   V e h i c l e   I n v o l v e   D e t a i l s -

(B) Veh No: SMF964H Hp: Pax: Driver Name:

(C)	Veh No:	Hp:	Pax:	Driver Name:
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I/We declare the foregoing particulars are true in every respect.

GIARMC SketchPlanForm\_V3

Date &amp; Time:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20190304/7002

1 of 3

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

Report No. T/20190304/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 08:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEE MEI LING			Address: 50A TOH TUCK ROAD #03-05 SINGAPORE 596742		
ID Type / ID No.: NRIC NO / S7325417E			Contact No.: Home/Office:		Mobile: 92991683
Nationality: SINGAPORE CITIZEN			Email: shirleyteeml@hotmail.com		
Sex: Female	Age: 45	Date of Birth: 18/07/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Education methods adviser			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 17/02/2019 12:05	Type of Location: Bend
Location:  HARBOURFRONT WALK				
Weather: Clear		Road Surface: Uneven		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU9364A	Car	NISSAN	SYLPHY+1.6+CVT+ABS+D/AIRBAG+2WD+4DR	Grey		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU9364A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100425892-03	24/08/2018	23/08/2019



**SINGAPORE  
POLICE FORCE**



T/20190304/7002

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

2 of 3  
Report No. T/20190304/7002

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Graham Chang Lu Long	ID No.	S1658467C
Related Vehicle	SKU9364A (Car)	Contact No.	96300953
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
Driver			
Name	TEE MEI LING	ID No.	S7325417E
Related Vehicle	SKU9364A (Car)	Contact No.	92991683
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

**Brief Details.**

With reference to TP/IP/10815/2019 report, my account as follows:

- I was driving out of Vivocity carpark via sentosa gateway exit.
- The exit has 2 lanes and there was a silver car on my right.
- We were both preparing to exit to the main road into respective lanes i.e. i will take the inner lane and the silver car will take the outer lane.
- The oncoming traffic is on our right. As we move out, the silver car veered into my lane and I had to steer my car to my left and applied brakes momentarily.
- At the main road, the lady in silver car stopped me on my right and I drew down my car window to talk to her. She was seem fumbling to find how to wind down her window. It seems to me she is not familiar with the car. In any case, she finally wound down the window and asked me if everything is ok. I replied everything is ok because I did not feel any collision. I thought she was going to apologise to me. With that, we drove off. None of us came out of our cars.
- Subsequently at my next destination, I noticed my driver's side bumper had scratches, likely to be the scrapping of her car onto my car bumper.
- From my car marks, it shows that the silver car had drove past and scrapped my car bumper while my car was stationary.
- I would like now to obtain information of the other vehicle to claim my damages.



**SINGAPORE  
POLICE FORCE**

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



T/20190304/7002

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Report No. T/20190304/7002

**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 / TPHQ /  
SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Authentication Stamp  
NP168

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

Date/Time:  
04/03/2019 08:49

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

