

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	07/03/2019 17:57
Date Of Accident	06/03/2019 14:50
Exact Location Of Accident	JUNC ARAB ST & ROCHOR CANAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6845L
Insured/Policyholder	
Name Of Registered Owner	MAJULAH CAR LESING PTE LTD
Co Reg No	201209815C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	999994347
Cover Note Number	

Driver

Name of Driver	TAN LAM SENG
NRIC No	S0148142H
Date Of Birth	05/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1976
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90032237
Fax Number	
Contact Number	OFFICE-90032237
Email Address	NOEMAIL

Address	BLK 206 BISHAN STREET 23 #01-405
Postcode	570206
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	COLLISION - CROSS JUNCTION
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190306/2158.

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	SKB2725M
Vehicle Make/Model/Colour	KIA SORENTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM EE TIONG
NRIC/Passport Number	S7241419E

Contact Number 98006870
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN LAM SENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLU6845L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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

SKETCH PLAN

A - SLU684SL
B - SKB 2725M

Rochester Court RD

Arb St

parking

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature
Date & Time:



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

Reporting Centre Person's Signature
Name:
NRIC/ID No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190306/2158

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190306/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2019 21:06	Vide Report No.:	Station Diary No.: 165
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Informant's Particulars

Name of Informant: TAN LAM SENG	Address: APT BLK 206 BISHAN STREET 23 #01-405 SINGAPORE 570206		
ID Type / ID No.: NRIC NO / S0148142H	Contact No.:	Mobile: 90032237	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 64	Date of Birth: 05/07/1954	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Gojek Driver	Driving Licence Information: Class: 3,4,5	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2019 14:50	Type of Location: X-Junction
Location: Along Road 1 ARAB STREET				
junction of Arab Street turning right into Rochor Canal Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SKB2725M	Car	KIA	SORENTO 2.4L EX AT ABS D/AB 2WD 5DR	Blue		0
SLU6845L	Car	TOYOTA	C-HR HYBRID 1.8S CVT	White	Seriously Damaged	1

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Police Report



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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190306/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM EE TIONG (LIN YIZHONG)	ID No.	S7241419E
Related Vehicle	SKB2725M (Car)	Contact No.	98006870
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	TAN LAM SENG	ID No.	S0148142H
Related Vehicle	SLU6845L (Car)	Contact No.	90032237
Hospital/Clinic	Intermedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/03/2019	Date Discharge	06/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	BERNARD	ID No.	NIL
Related Vehicle	SLU6845L (Car)	Contact No.	90101688
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.

On 6/3/19 at about 1450hrs, I was at the junction of Arab Street preparing to turn right into Rochor Canal Rd in a private hirer vehicle (SLU6845L). I wish to state that my vehicle was in a stationary position at that point of time as the traffic light was red. The green arrow to turn right then appeared as such when I was about to move off, a vehicle (SKB2725M) from the opposite direction (Arab St towards Victoria St) had beat the red light and collided onto the front right portion of my vehicle.

I wish to state that the impact was great and the front right portion of my vehicle was badly damaged. The front car plate number dropped off, front right bumper and bonnet damaged, the front right tyre damaged,

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Police Report



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Tel No: 1800-5529999

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Report No. T/20190306/2158

CONTINUATION OF REPORT

the right side mirror broken and the driver's door could not be opened. The tyre shaft was also broken, resulting to oil spill as such I called SCDF to clear it off. Both drivers did exchange particulars and my vehicle was towed away. No Traffic Police or ambulance at scene. No government property damaged and nobody injured at that point of time however later, I felt pains on my back and neck as such I went to the doctor and was given 5 days of MC.

I have an in-built camera in my vehicle which captured the accident. I was also carrying a passenger when the accident happened and he informed he could be my witness to the accident.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190306/2158

Police Station Of Origin:
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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190306/2158

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:

E /

Sgt 3 NUR SAHIDAH BINTE IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2019 21:06

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 061

SIGNA

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

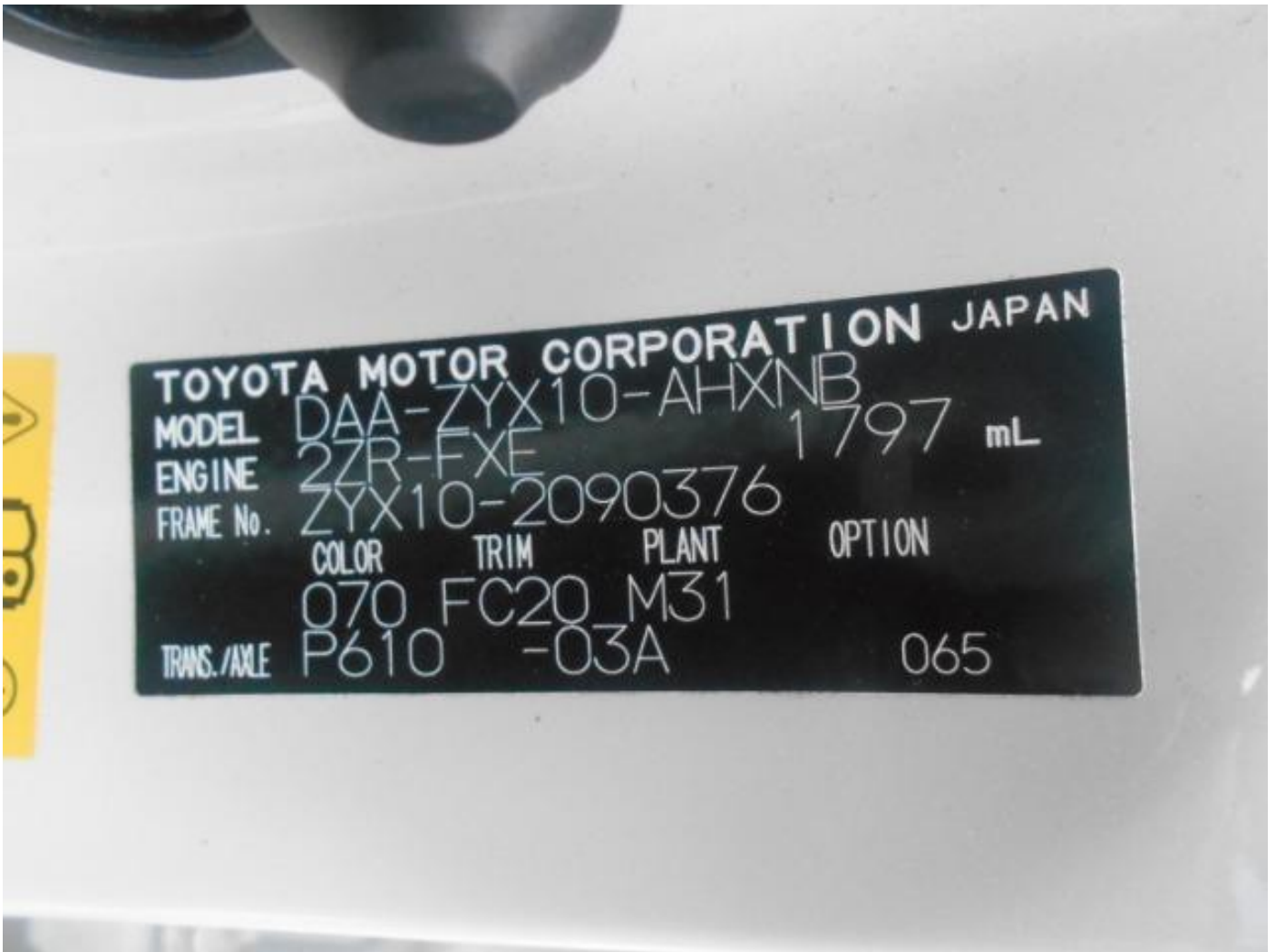


Accident Photo



Accident Photo





Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S463500200 / GST Reg. No.: M400017788

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MNA119031183 Vehicle Registration No. : SLU6845L
Name (as shown in NRIC) : TAN LAM SENG NRIC/FIN/Passport No. : S0148142H
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 206 BISHAN STREET 23 #01-405 Singapore (570206)
Contact (Tel) : _____ Mobile No. : 90032237
Email Address : _____
Date of Accident : 06/03/2019 Time of Accident : 14:50
Place of Accident : JUNC ARAB ST & ROCHOR CANAL RD
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to own damage claim



Policyholder / Driver's Signature
Date: _____

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