

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-899999999 |

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? | 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 | NO |
| 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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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. 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 Central 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 Personnel's Signature
Name:
NRIC/PIH 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 |
|--|------------------|---------------------------|

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.: Home/Office: | Mobile: 90032237 |
| Nationality: SINGAPORE CITIZEN | | | 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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POLICE FORCE**



T/20190306/2158

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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



**SINGAPORE
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T/20190306/2158

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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

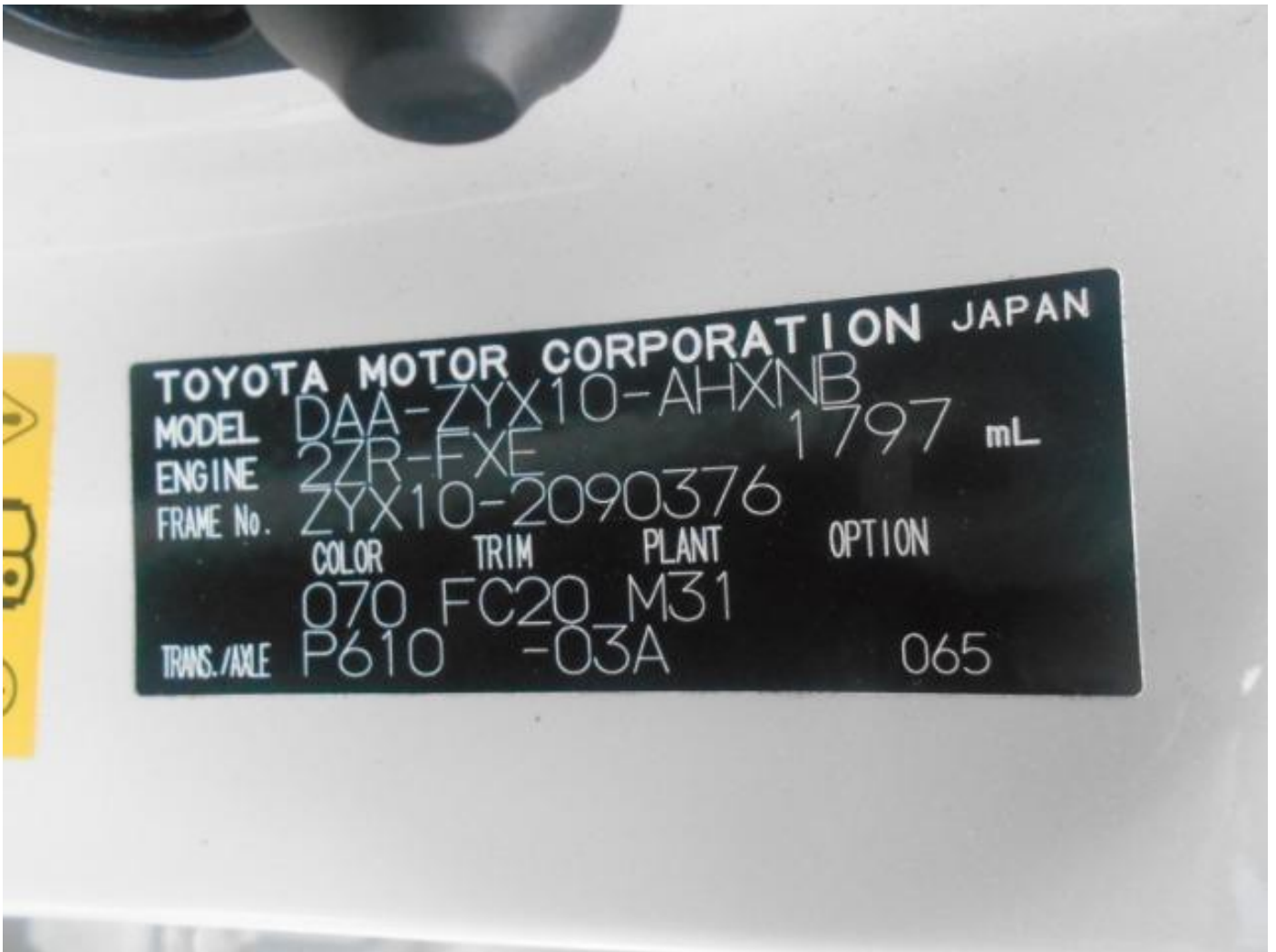


Accident Photo



Accident Photo





Accident Photo

