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 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 STATEMENT
Date Of Report	08/03/2019 16:50
Date Of Accident	07/03/2019 18:10
Exact Location Of Accident	PIE (TUAS) NEAR STEVEN RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG4730H
Insured/Policyholder	
Name Of Registered Owner	PANG JIUNN YI ANDERSON
NRIC No	S8114678J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96389754
Alternative Phone No	OFFICE-96389754
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(M)
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800097713
Cover Note Number	
Driver	

Name of Driver TAY AI WEI NRIC No S8040118C Date Of Birth 26/12/1980 Occupation **INDOOR** Date Of Driving Pass 25/09/2003

Driving Experience 15 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-93376978

Fax Number

Contact Number OFFICE-93376978

EMail Address NOEMAIL Address BLK 249 TAMPINES STREET 21

#02-546

Postcode 520249

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JKU7107 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO

YES

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261, POSTCODE: 521109,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-7819999 - **FAX NO**: 67832722

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190307/2136.

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 FBK1972G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JKU7107

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)

Accident Sketch Plan

SKETCH PLAN

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
- 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:
 - 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 Personne's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	PIE	Joveny) War Steven Rd 2xit -
	72	
	O4	A A A A
		E .
		E
		Veh A SEK4730 H Veh BFBK 1972 Veh C JKU 7107
Man davis		n the right of AIE (Juvery).
		I was during straight and
		four my left hand portion
		my vehicle and went
en to collide	ruso the vehicle cahead	of me. After the acident
		colleded into my whole left
hand portion of	Com the year to the for	t and collided into velville C
ahead of me	- I did not collide in	to voluite C. Heare I was
involve in an	accident of 3 vehicles.	
	V	Un A - 66K 4730 H
		16 8 - 78K 1972A
		vih C - JKU 7107.
ECLARATION		
We declare the foregoing pa	rticulars are true in every respect.	
05-1	03/	
	Driver's Signature	Reporting Centre Personnel's Signature
olicyholder's Signature	Driver y Sticheture	





Date of Expiry:

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 1 of 3 Report No. T/20190307/2136

Tel No: 1800-7819999

Occupation:

Self employed

Date/Time Report Made: 07/03/2019 19:58			Vide Report No.:	Station Di 21	iary No.:
Informar	nt's Partic	ulars	275 200 200		-
Name of TAY AI W	Informant /EI		Address: APT BLK 249 TAMPINE 520249	S STREET 21 #02-546 SING	APORE
ID Type / NRIC NO	ID No.: / S80401	18C	Contact No.: Home/Office: Mobile: 93376978		
Nationality SINGAPO	y: ORE CITIZ	EN	Email:	18 81	. 1
Sex: Female	Age: 38	Date of Birth: 26/12/1980	Type of Informant: Driver		
Race: Chinese			Language: Institution / Scho-		ame:

Driving Licence Information:

Class: 3

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 18:10	Type of Location Straight Road	
Towards Juro	EXPRESSWAY			- Ja 	
Weather: Road Clear Dry		Road Surface: Dry	Re	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate	
Type of Collisi Between Movi		wipe - Same Direction	Ar ar	nyone conveyed by mbulance:	

Details of V	ehicle Involve	d		DESCRIPTION OF THE PARTY OF THE		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK1972G	Motorcycle				Slightly Damaged	0
SKG4730H	Car				Slightly Damaged	0

MATERIAL STATE OF THE STATE OF
Use of Pedestrian Crossing: NA

Police Report



T/20190307/2136

Report No. T/20190307/2136

2 of 3

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SIN GAPORE 521109 Tal No: 1800-7819999

CONTINUATION OF REPORT

Name	TAY AI WEI	THE PARTY NAMED IN COLUMN			
	TAT AL WEI		ID No		S8040118C
Related Vehicle	SKG4730H (Car)		Conta	ct No.	93376978
Hospital/Clinic	100				00010010
	NIL		Class Drivin Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Data Diag		-	
No. of Days gran	ted Medical Leave NIL	Date Disci	narge	NIL	
	THE	Degree of	injury	NIL	

Brief Details.

On the above date, time and location, I was driving along PIE (Pan Island expressway) lane 1, when I saw a motorcycle FBK1972G passed by and knocked onto another vehicle in front of me. The front car brake to a stop and I also stopped my car. I came out and realized that the left side of the rear bumper had scratches and a crack on the rear light cover. My front car bumper was dislodged from the left and scratches and left mirror was also damaged. During the point when the motorcycle passed by, I heard scretching but I did not know that it was the sound of the motorcycle hit onto my car. We exchange particulars and took photo of the damages to my car.





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

3 of 3 Report No. T/20190307/2136

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: G / Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2019 19:58
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LU Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Scanned with CamScanner































