SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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

aforesaid.					
	ACCIDENT STATEMENT				
Date Of Report	11/03/2019 15:15				
Date Of Accident	08/03/2019 07:15				
Exact Location Of Accident	KPE TUNNEL NEAR TO SIMS AVENUE EXIT				
Country/State of Loss	SINGAPORE				
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGX2419D				
Insured/Policyholder					
Name Of Registered Owner	TAN JOO LUAN				
NRIC No	S1295684C				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-93261094				
Alternative Phone No	OTHERS-93261094				
Vehicle Particulars					
Manufacturer	HONDA				
Model	STREAM				
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE				
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	2100308751-06				
Cover Note Number					
Driver					
Name of Driver	TAN WEI LI, WILLIE				
NRIC No	S8710835Z				
Date Of Birth	19/04/1987				
Occupation	INDOOR				

31/01/2008

MALE

NOEMAIL

11 YEARS AND 1 MONTH

(LOCAL) +65-93261094

OTHERS-93261094

BLK 842G TAMPINES STREET 82 Address

#14-94

Postcode 527842

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **RELATIVE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190308/2061

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 SJM9238K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SLT9549C Vehicle Registration Number

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)

DETAILS OF INJURED PERSON 1

Name TAN WEI LI, WILLIE

Approximate Age

Injuries Sustain SLIGHT INJURY SGX2419D Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.

Policybolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Parsonnel's Signatur

MOST/EIN No.

Accident Sketch Plan

		A: 54x2419D
		B: 91m9238K
SCRIBE CIRCUMSTANCES	to polin regard T!	20190308/2061
Z would 1	ile to add that my ke	nce bit the good box causing
+ la cracle.	-	
of la crowde.		
t so crack.		
t so crock.		
t so crowde.		
CLARATION	ticulars are true in every respect.	Reporting Centre Personnel's Signature Mame: NRIC/FIN No.: Rof L. Worth

POLICE REPORT



Police Station Of Origin:

Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20190308/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 11:36			Vide Report No.:	Station Diary No.: 66		
Informa	nt's Partice	ulars				
Name of Informant: TAN WEI LI, WILLIE			Address: APT BLK 842G TAMPINES STREET 82 #14-94 SINGAPORE 527842			
ID Type / ID No.: NRIC NO / S8710835Z			Contact No.: Home/Office: Mobile: 93261094			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth; Male 31 19/04/1987			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: CUSTOMER RENEWALS MANAGER			Driving Licence Information Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2019 07:15	Type of Location Tunnel	
	YA LEBAR EXPRE				
Weather. Clear	our to only overing	Road Surface: Dry	1	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	1.0	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGX2419D	Car	HONDA	STREAM	Silver	Seriously Damaged	and the second s
SJM9238K	Car					1
SLT9549C	Car					0

POLICE REPORT



T/20190308/2061

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190308/2061

2 of 3

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver	Charles Andrews				NEW A	ASSESSMENT OF THE PARTY OF THE
Name	TAN WEI LI, WILLIE			ID No.		S8710835Z
Related Vehicle	SGX2419D (Car)			Contact No.		93261094
Hospital/Clinic	RAFFLES MEDICAL @ OUR TAMPINES HUB			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2019 Date Disc			harge	08/03	/2019
No. of Days gran	ed Medical Leave 01 Degree o			Injury	Slight	
Driver	de Respublication		明治解决不管的			MOST 电影响 电电影电影
Name	MOHAMED YUNOS BIN SAID			ID No		S0045305F
Related Vehicle	SJM9238K (Car)			Conta	ct No.	94743907
Hospital/Clinic	NIL			Class Drivin Licent Expir	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL.	Degree of	Injury	NIL.	

Brief Details

On 08/03/2019 at 7.15am, my car involve in a accident in KPE tunnel near to SIMS avenue exit. I wish to state while travelling on lane 2 of 3 lane suddenly there is a car infront(SLT9549C) jam break and I manage to break using my defensive driving skills and came to a stop. My car completely stop and did not contact the front car (SLT9549C). However there is a car hit my car rear. I did exchange particulars with the car behind.

I also went to clinic and was given 1 days of MC due to pain on my neck, lower back, wrist and left knee. Headache after the accident.

I will also lodge insurance report.

POLICE REPORT





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20190308/2061

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 Tr G / Staff Sgt MUHAMMAD ZAMRIN E RAHMAN		Signature Of Informant:
Signature Of Interpreter: Not applicable	V	Date/Time: 08/03/2019 11:36
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA		Classification Of Case:
Contact No.: 65476404	SINGAPON POLICE FO	
Authentication Stamp NP168		GNATURE





















