## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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

ıforesaid.	ACCIDENT STATEMENT
Date Of Report	18/03/2019 14:29
Date Of Accident	18/03/2019 07:15
Exact Location Of Accident	ALONG ANG MO KIO AVE 3 CTE L/P 108
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFQ588K
Insured/Policyholder	
Name Of Registered Owner	TAN HSIAO LENG
NRIC No	S7233880D
Email Address	MARCUSTANHL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98213678
Alternative Phone No	Office-98213678
Vehicle Particulars	
Manufacturer	BMW
Model	730LI-3.0 (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
lf No, Please state action to be taken	REPORTING ONLY
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	
Cover Note Number	
Driver	
Name of Driver	TAN HSIAO LENG
NRIC No	S7233880D
Date Of Birth	24/09/1972

02/04/1994

24 YEARS AND 11 MONTHS

**INDOOR** 

Gender MALE

Mobile Number (LOCAL) +65-98213678

Fax Number

Contact Number OFFICE-98213678

EMail Address MARCUSTANHL@YAHOO.COM

Address 35 CHUAN VIEW

Postcode 554764
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

0 (0: 10 )

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?

Number of vehicles (including own vehicle)

involved in the accident

,

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

NO

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1 Name:

Gender: : Male

: PASENGER 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SERANGOON GARDENS NEIGHBOURHOOD POLICE POST

NO

YES

Police Station Address

ROAD: 51 SERANGOON GARDEN WAY, POSTCODE: 555947, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2879999 - **FAX NO**: 62815969

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

## REFER TO POLICE REPORT ATTACHED

#### 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

FBG617K

## Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

#### Sketch Plan

#### SKETCH PLAN

## IP-PORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

lunderstand, 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.
- (a) 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.

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

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

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DECLARATION		// // 9
	ticulars are true in every respect.	( ( - 18/3/11.
Poliniboldade Signatura	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Name:
race of 1800gs	Date & Time:	NRIC/FIN No.:





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947 1 of 3 Report No. T/20190318/2060

Tel No: 1800-2879999

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## REPORT OF A TRAFFIC ACCIDENT

	ne Report Ma 19 12:25	ide:	Vide Report No.: F/20190318/0049	Station Diary No.: 8
Informar	nt's Particul	ars		
	Informant: AO LENG	5.7	Address: 35 CHUAN VIEW SINGAPOR	RE 554764
ID Type / NRIC NO	/ ID No.: ) / S7233880	)D	Contact No.: Home/Office:	Mobile: 98213678
Nationali SINGAP	ty: ORE CITIZE	N	Email:	
Sex: Male	Age:	Date of Birth: 24/09/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: sales director			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulanc	Drink Drive: No	Date/Time of Accident: 18/03/2019 00:00	Type of Location: Straight Road	
	AVENUE 3 kio avenue 3 CTE L/P 108	0	Si Si		
Weather: Road Clear Dry		ad Surface:		Road Speed Limit:	
Traffic Flow: Traffic Cont One Way Traffic Light			rking	Traffic Volume: Light	
Type of Collision Between Movin	on: ng Vehicles - Head To Rear			Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG617K	Motorcycle					0
SFQ588K	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	Grey		1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date







2 of 3

Report No. T/20190318/2060

Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

CONTINUATION OF REPORT

Tel No: 1800-2879999

hicle Insurance			
Insurance Company	Insurance No	Effective	Expiry Date
	2100447697-03	19/01/2019	18/01/2020
AIG ASIA PACIFIC INSURANCE PTE.	2100447037-03	10/01/2010	10.0
	Insurance Company		Insurance Company Insurance No Effective

Details of Person	n Involved				
Any Pedestrian In	volved: No			-	
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Rider					0.1504.4741
Name	AFFANDI BIN ALI		ID No.		S1581174I
Related Vehicle	FBG617K (Motorcycle)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		IIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury   N	IIL .	
Driver				BERNIE .	070000000
Name	TAN HSIAO LENG		ID No.	ļ	S7233880D
Related Vehicle	SFQ588K (Car)		Contact No.		98213678
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	&	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		VIL.	
No. of Dave gran	ted Medical Leave NIL	Degree of	f Injury   1	VIL_	

# Brief Details.

On 18.03.2019 at around 0715hrs, I was travelling along Ang Mo Kio avenue 3 near to CTE LP/108 sending my son to school. The traffic light was red as such all vehicles were stationery. I noticed there was a motorcycle FBG617K in front of me. As soon as the traffic light turns green, all vehicles ware moving off including the motorbike. Hence, I then stepped on my acceleration . However, I was unsure as to why my vehicle accidentally hit onto the bike's rear bumper. Fortunately, the rider did not fall and I alighted from my vehicle to assist him. The rider informed that he felt pain at his back and I assist him by the side to avoid obstruction. I quickly called for ambulance which arrived later. The rider was conveyed and neither me nor my son was injured.







Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

3 of 3 Report No. T/20190318/2060

Tel No: 1800-2879999

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 MUHAMMAD ASYRAF BIN ARIS	
Signature Of Interpreter:	Date/Time:
Not applicable	18/93/2019 12:25
Officer In Charge Of Case:	Classification Of Case: /
TP / GIT /	
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN	
SYED ABDUL WAHID ALHINDUAN	1/
Contact No.: 65476394	
uthentication Stamp	- W
P168	<b>У</b>





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLA

PASS DAT

Class 2B Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 254 0 kilogram

07-06-1993

Date: 01/08/2017



# GERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Hsiao Leng

Period of Insurance : 19 Jan 2019 To 18 Jan 2020 Engine No. : 13307973N52B30AF

Chassis No.

: WBAKB220X0C951474

Vehicle No.

: SFQ588K

Policy No.

: 2100447697-03

Endorsement No.

Issued Date

: 04 Dec 2018

#### ABOUT THE COVER

: BMW 730LI Make/Model

Engine Capacity/Tonnage : 2,996.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2012

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her parentsion. This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hise or reward, driving fullow, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade,

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehiclas (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Section 1 Fire - S0 Own Damage - S800 Theft - S0 Flood Cover - S0

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Hsiao Leng - \$800 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centrest AIS Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the apoident repairs certified out at the Sole Agent's workshop.

For other Approved Repairing CentrestAIG Authorised Repairers, please contact our 24-hour accident energency hotiline at +65 6338 6200, Alternatively, You may refer to AIG website www.alg.com.sg or AIG 3G Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/We heseby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Mataysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504629000

CH AUTO SOLUTION

BLK 17 EUNOS CRESCENT #12-2865

SINGAPORE 400017

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE CHANGE SOLUTION

# **Accident Photo**



# **Accident Photo**







**Accident Photo** 



