### 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	27/03/2019 16:23
Date Of Accident	14/03/2019 22:00
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDU45M
Insured/Policyholder	
Name Of Registered Owner	TAN LEE HOON
NRIC No	S1660100D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98623804
Alternative Phone No	OTHERS-98623804
Vehicle Particulars	
Manufacturer	BMW
Model	535I GT-3.0 D/AB 2WD GAS/D TC HUD SR (A)
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	2100405031-03
Cover Note Number	
Driver	
Name of Driver	TAN LEE HOON
NRIC No	S1660100D
Date Of Birth	19/11/1964
Occupation	INDOOR
Date Of Driving Page	23/03/1003

23/03/1993

**FEMALE** 

**NOEMAIL** 

25 YEARS AND 11 MONTHS

(LOCAL) +65-98623804

OTHERS-98623804

Address 24 PARADISE ISLAND

Postcode 098489

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

\_

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

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?

Passenger 1

NO

NO

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)

2

NAME: : TAN EE KHENG

GENDER: : MALE

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

adaress SINGAPORE

Police Station Contact **TEL NO**: 1800-7359999 - **FAX NO**: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20190314/2179

#### 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 SDL1318S

Vehicle Make/Model/Colour PEUGEOT 3008

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LIM SUI MAY PETRINA

NRIC/Passport Number S7429893A Contact Number 98283839

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name TAN LEE HOON

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SDU45M Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name TAN EE KHENG

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SDU45M Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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 šability on the part of the insurance companies.
- 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 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.
- 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' law yers/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
- (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' law yers/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 lifermation may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder a Signature / Date & Time

Driver's Synature (# driver is not the policyholder) / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnel

VECHA: SDU4SM VECHB: SDL1318S

### **Accident Sketch Plan**

45	SIMED	111	POLICE	Refer	1.	7/2018/2179
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						4

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

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

1 of 4 Report No. T/20190314/2179

Date/Time Report Made: 14/03/2019 23:34			Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars		143		
TAN LEE	the state of the s		Address: 24 PARADISE ISLAND SING	APORE 098489		
ID Type / ID No.: NRIC NO / \$1660100D			Contact No.:			
Nationality SINGAPO		EN	Home/Office: Mobile: 98623804 Email:			
Sex: Female	Age:	Date of Birth: 19/11/1964	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: NVESTOR			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2019 22:00	Type of Location X-Junction
ORCHARD R		.00		Road Speed Limit:
Traffic Flow: Two Way		Dry Traffic Control: Traffic Light - Wor	defe .	Traffic Volume:
Type of Collisi		To Rear	King	Light Anyone conveyed by

Details of V		lved	H. C. P. D. Salan and P.	SERVICE STATE	Mark as enter	F. P. School St. Sec.
Vehicle No.	7	Make	Model	Color	Condition	No of Passenge
SDL1318S	Car	PEUGEOT	3008	Black	Containe	0
SDU45M	Car	BMW	535I GT 3.0 AT D/AB 2WD GAS/D TC HUD SR	Red	45.00	1

Details of V	ehicle Insurance	1157	_	
Vehicle No.	Insurance Company	Insurance No	Citie etima	16 . 6 .
		insurance ivo	Effective	Expiry Date





Police Station Of Origin: Orchard N.P.C 51 Killinev Road SINGAPORE 239572

2 of 4 Report No. T/20190314/2179

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Date Treatment NIL

No. of Days granted Medical Leave

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company	nce No		Effective	Expiry Date	
SDU45M		G ASIA PACIFIC INSURANCE PTE.		05031-0	)3	20/03/2018	19/03/2019
Details of Po	erso	n Involved	Salar M	- December 1			
Any Pedestri	an li	nvolved: No					
No. of Pedes	triar	s Injured: NIL	Use of Pe	edestria	n Cros	sing: NA	
Driver	1000	The state of the s	CONTRACTOR	a do di na	0103	31119-1471	March Total
Name		LIM SUI MAY PETRINA		ID No	),	S7429893A	
Related Vehi	cle	SDL1318S (Car)		Conta	act No.	98283839	
Hospital/Clini						Class: NIL Date of Expiry: NIL	
Date Treatme		NIL	Date Disc		NIL		
No. of Days g	rant		Degree o				
Driver	14		and the de-	EL FOUNDI	10000	TO STATE OF THE ST	nos/s.v
Name		TAN LEE HOON		ID No		S1660100D	
Related Vehic	cle	SDU45M (Car)		Contact No.		98623804	
Hospital/Clinic	C	NIL		Class Drivin Licent	g	Class: NIL Date of Exp	ry: NIL
Date Treatme	nt	NIL	Date Disc				
			Degree o				
Passenger	4.400		San Back		Table 1	Service Real	0.00
Name		TAN EE KHENG	and the second of	ID No		S1695961H	27.41.45
Related Vehic	le	SDU45M (Car)		Conta	ct No.	91991899	
Hospital/Clinic		NIL		Class Driving Licens Expiry	g ce &	Class: NIL Date of Expi	ry: NIL
Data Trantas		Nu I		Pyhli	Date		

NIL

Date Discharge NIL
Degree of Injury NIL



T/20190314/2179

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

3 of 4 Report No. T/20190314/2179

CONTINUATION OF REPORT

### Brief Details.

On 14/03/19 at about 10pm, I was driving my car SDU45M along Scotts Rd towards Orchard Rd direction along the 3rd iane from the left. I had stopped at the traffic light in front of Goodwood Park hotel due to Red light. When the traffic light turned Green, I was moving off slowly when I felt a sudden collision coming from the rear of my car. I then got out of the car and saw another car SDL1318S behind mine to have hit onto the rear of my car. I then exchanged particulars with the driver. I later overheard her telling her father over the phone that she was not concentrating earlier on before the collision.

I wish to state that I had felt headache, pain on the back of the neck, backache, pain on my fingers joints and slight difficulty in breathing after the collision. My passenger who was sitting on the rear seat had felt pain on the back of the neck as well. The driver did not complain of any injury or pain when we were exchanging particulars. I did not notice any passenger inside the other car. We will be seeing a doctor at a later time for our pain.





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

4 of 4 Report No. T/20190314/2179

Tel No. 1800-7309999

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 Signature Of Informant: Sr Staff Sgt CHAN CHEE SENG Signature Of Interpreter: Date/Time: Not applicable 14/03/2019 23:34 Officer In Charge Of Case: Classification Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 SHEAPORE SN 172 Authentication Stamp NP168 SIGNATURE





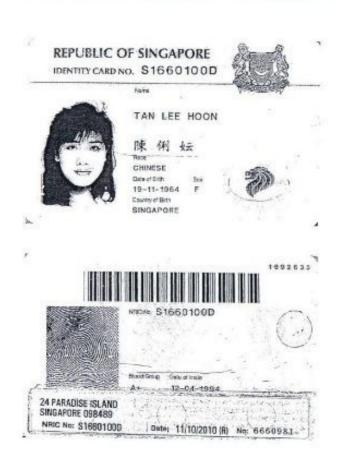








### **Identification Card**







1 of 1

Report No. D/20170412/2010

# POLICE REPORT (NP322)

Police Station Of Origin Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Date/Time Report Made 12/04/2017 02:54	Vide Rep	Vide Report No.					
Name Of Informant	Address	Address					
TAN LEE HOON	24 PARA	DISE ISLA	AND SINGAPORE	098499			
ID Type / ID No. NRIC NO / S1660100D	100000000000000000000000000000000000000	Contact No. Home/Office Mobile 91813106					
Nationality SINGAPORE CITIZEN	Email Ad	Email Address					
Occupation	Sex	Age	Date of Birth	Race			
PROPERTY AGENT	Female	52	19/11/1964	Chinese			
Institution/School Name	Language English	Language					
Date/Time Of Incident 08/04/2017 03:15	A REAL PROPERTY AND ADDRESS OF THE A	Location Of Incident Vicinity of Paradise Island					
Brief details.			reconstruction and the second				

On the above mentioned date, place and time, I discovered the loss of the belowmentioned item. Searched has been make but to no avail.

Signature Of Officer Recording The Report

D / Staff Sgt SiTi MAZRINEE BINTE ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clamenti Police Divisional Investigation Branch /
CANDICE CHUA SHUMIN
Contact No.: 67740000

Authentication Stamp

Singapore Police Force

Signature Of Informant

Date/Time:
12/04/2017 02:54

Classification Of Case:

FUPO hotline number: 68429645

### **Driving License**



Case Summary Form (CSF)

1 of 1

Report No.D/20170412/2011

Manual Form Serial No.

0

Report Number

D/20170412/2011

Vide Report Number

D/20170412/2010

Date/Time of Report Made

12/04/2017 02:59

Place Report Lodged

Clementi N.P.C

Name of Informant

Tan Lee Hoon

ID Type / ID No.

NRIC NO / \$1660100D

Home/Office

Mobile

91813108

Email

Somula

Date/Time of Incident From 08/04/2017 05:15

Date/Time of Incident To

Incident Location

24 PARADISE ISLAND PARADISE ISLAND SINGAPORE 098489

Vicinity of Paradise Island

## Brief Facts

Reference to D/20170412/2010, the below mentioned item is not reflected.

S/N - Item	Туре		Serial No./ IMEI/ Acet No.	Quantity	Value	Description
1 Driving License	Lost		S1660100 D	1		One driving ficense belongs to Tan Lee Hoo

Case Sensitivity

Ma

Officer-in-Charge of Case

D / Clementi Police Divisional Investigation Branch /

CANDICE CHUA SHUMIN

Contact No.

67740000

Classification of Case

I) NO OFFENCE DISCLOSED

OF DRIVING EXPERIENCE.

FUPO hadine number: 68429645