

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	15/04/2019 18:11
Date Of Accident	12/04/2019 17:15
Exact Location Of Accident	SLIP RD LOR 2 TOA PAYOH TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2763L
Insured/Policyholder	
Name Of Registered Owner	TAN WAI MIN (CHEN WEIMING)
NRIC No	S8002912H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97805811
Alternative Phone No	OFFICE-97805811

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	1900020518
Cover Note Number	

Driver

Name of Driver	TAN WAI MIN (CHEN WEIMING)
NRIC No	S8002912H
Date Of Birth	13/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97805811
Fax Number	
Contact Number	OFFICE-97805811
EEmail Address	NOEMAIL

Address	BLK 424B YISHUN AVENUE 11 #08-288
Postcode	762424
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20190415/7011.

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	SFZ60T
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 WAI MIN (CHEN WEIMING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMJ2763L
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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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 Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (SMJ2763L) WAS TRAVELLING ALONG THE STATED VENUE. AS I ARRIVED AT THE GIVE-WAY LINE OF THE EXIT OF LOR 2 TOA PAYOH TOWARDS PIE (CHANGI), I CAME TO A COMPLETE STOP TO GIVE WAY TO ONCOMING TRAFFIC. SUDDENLY AFTER A FEW SECONDS, I FELT AN IMPACT FROM MY REAR. I ALIGHTED AND I REALISED THAT (SFZ 60T) HAVE FAILED TO STOP IN TIME AND COLLIDED ONTO MY REAR, CAUSING DAMAGES.

DECLARATION

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:


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

Police Report



**SINGAPORE
POLICE FORCE**



E/20190415/7011

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Report No. E/20190415/7011

Date/Time Report Made 15/04/2019 16:12	Vide Report No.	Station Diary No.
Name Of Informant TAN WEI MIN	Address APT BLK 424B YISHUN AVENUE 11 #08-288 SINGAPORE 762424	
ID Type / ID No. NRIC NO / S8002912H	Contact No. Home/Office: Mobile: 97805811	
Nationality SINGAPORE CITIZEN	Email Address solance1302@gmail.com	
Occupation Property Agent	Sex Male	Age 39
Institution/School Name	Date of Birth 13/02/1980	Race Chinese
Date/Time Of Incident 12/04/2019 17:15 - 12/04/2019 17:45	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated time and date, i(SMJ2763L) was travelling along the stated venue. As I arrived at the give-way line of the exit, I came to a complete stop so as to give way to the oncoming traffic. Suddenly after a few seconds, I felt an impact from my rear and alighted to check. Then I realised that vehicle (SFZ60T) have failed to stop in time and collided onto my rear, causing damages. After the accident, I felt uncomfortable and visited the doctors at Central 24-hrs clinic and was referred to Khoo Teck Phuat Hospital and was given 2 days of mc.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2019 16:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



E/20190415/7011

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190415/7011

Subjects Involved			
Victim			
Person Name	TAN WEI MIN		
ID Type	NRIC NO	ID No	S8002912H
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Property Agent	Address Type	
Address	APT BLK 424B YISHUN AVENUE 11 #08-288 SINGAPORE 762424	Mobile No	97805811
Is Informant A Victim?	Yes		
Person Name TAN WEI MIN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2019 16:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

