

ZUHRI 96450019

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 07/05/2019 08:50
Date Of Accident 06/05/2019 07:15
Exact Location Of Accident WEST COAST HIGHWAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK5681K
Insured/Policyholder
Name Of Registered Owner CHAN YIN JET
NRIC No S7343829B
Email Address JET73@YMAIL.COM
Mobile Phone No (LOCAL) +65-98250539
Alternative Phone No OFFICE-98250539

Vehicle Particulars

Manufacturer NISSAN
Model SYLPHY-1.6 (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? YES

If No, Please state action to be taken

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 2100470214-02
Cover Note Number

Driver

Name of Driver CHAN YIN JET
NRIC No S7343829B
Date Of Birth 28/11/1973
Occupation INDOOR
Date Of Driving Pass 11/09/1996
Driving Experience 22 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98250539
Fax Number
Contact Number OFFICE-98250539

Address	612 SENJA ROAD #09-34
Postcode	670612
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 - CHANGE/CROSS LANE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7836M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH HOON PENG STEVE
NRIC/Passport Number	S0025394D
Contact Number	96923390
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4



LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☐ TC Autoclinic Pte Ltd, 25, Leng kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☐ Third Party (Direct Settlement)
☒ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SGK 5681K AND SMH 7836M
ON 6.5.2019 AT West Coast Highway

- I, the owner of vehicle no. SGK 5681K hereby instruct you and authorise you to act for me with respect to the following: -
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - To sign discharge voucher on my behalf.
- I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
- In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
- In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
- If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
- I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
- I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
- In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name	<u>Chan Yon Jet</u>	Company Name	<u>TAN CHONG MOTOR SALES PTE LTD</u>
Address	<u>612 Sengkang Rd # 09-34</u>	Claim Officer's Name	<u>913 BUKIT TIMAH ROAD</u>
Telephone No	<u>98550539</u>		<u>SINGAPORE 589623</u>
Date	<u>7.5.2019</u>	Telephone No	<u>6466 7711 FAX : 6469 7472</u>
Company Stamp		Date	<u>7/5/2019</u>
	Authorized Signature	Claim Officer Signature	<u>[Signature]</u>

SKETCH PLAN

West Coast Link



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle No (A): SGK5681K

Accident Location: West Coast Highway (near West Coast Park / West Coast Link)
 Accident Date: 060519 Time: 7.16 am / pm

- Brief Details Of Accident -

I was driving on West Coast Highway 2nd rightmost lane filtering to the 3rd rightmost lane. I signalled left and when filtering to the 3rd rightmost lane, I got hit by another car (SMH 7836M) who is also filtering from the 2nd rightmost lane to the 3rd rightmost lane.

- Other Vehicle Involve Details -

(B) Veh No: SMH 7836M Hp: 96923390 Pax: Driver Name: Toh Hoon Peng Steve
 (C) Veh No: Hp: Pax: Driver Name:

DECLARATION

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

Policyholder's Signature

Date & Time: 070519
0859

SIAT/AC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Vehicle No: SGK 5681K

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. 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.
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: 070519
0848

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

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



**SINGAPORE
POLICE FORCE**



J/20190508/7036

1 of 2

POLICE REPORT (NP299)

Report No. J/20190508/7036

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 08/05/2019 15:29	Vide Report No.	Station Diary No.
Name Of Informant CHAN YIN JET	Address 612 SENJA ROAD #9-34 SINGAPORE 670612	
ID Type / ID No. NRIC NO / S7343829B	Contact No. Home/Office: Mobile: 98250539	
Nationality SINGAPORE CITIZEN	Email Address jet73@ymail.com	
Occupation Information technology project manager	Sex Male	Age 45
Institution/School Name	Date of Birth 28/11/1973	Race Chinese
Date/Time Of Incident 06/05/2019 15:01 - 06/05/2019 15:01	Location Of Incident WEST COAST HIGHWAY	

Brief details.

I was driving my car (SGK5681K) on the West Coast Highway 2nd rightmost lane filtering to the 3rd rightmost lane. After checking on my left side mirror, that it is clear, I filter into the 3rd rightmost lane and got hit by another car (SMH7836M) also filtering from the 2nd rightmost lane to the 3rd rightmost lane. I did not have any witness to contact, but have video capture of the incident from my rear view camera.

The time of the incident is around 7.15pm

I have been having shoulder and neck discomfort since that night.

*the timing option is not working properly in this statement report, I cannot key in the right timing

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: 08/05/2019 15:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20190508/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190508/7036

Subjects Involved			
Suspect			
Person Name	Toh Hoon Peng Steve		
ID Type	NRIC NO	ID No	S0025394D
Gender	Male	Age	66
Race	Chinese	Language	English
Occupation	rental car driver	Address	254 SERANGOON CENTRAL DRIVE #2-201 HDB- SERANGOON ESTATE SINGAPORE 550254
Mobile No	96923390	Relation To Informant	a stranger
Victim			
Person Name	CHAN YIN JET		
ID Type	NRIC NO	ID No	S7343829B
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Information technology project manager	Address	612 SENJA ROAD #9-34 SINGAPORE 670612
Mobile No	98250539	Is Informant A Victim?	Yes
Person Name	CHAN YIN JET (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

08/05/2019 15:29

Classification Of Case:

Authentication Stamp

Passenger 1

NAME: : UNKNOWN

GENDER: :

Passenger 2

NAME: : UNKNOWN

GENDER: :

Passenger 3

NAME: : UNKNOWN

GENDER: :