

## 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	29/05/2019 14:11
Date Of Accident	28/05/2019 18:20
Exact Location Of Accident	ALONG CHANGI SOUTH AVENUE 1 TOWARDS XILIN AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1588P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64515752

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S 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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994505
Cover Note Number	

### Driver

Name of Driver	TAN SONG TECK
NRIC No	S1757391H
Date Of Birth	04/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92963121
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 290B COMPASSVALE CRESCENT #10-52
Postcode	542290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : UNKNOWN (PASSENGER) GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG N.P.C 2 SENKANG SQUARE #01-02 SINGAPORE 545025
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND POLICE REPORT.

#### 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	SLJ9585A
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC6151Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 SONG TECK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLK1588P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



**SKETCH PLAN**

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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:

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



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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN

Charge South Ave 1 Towards Xilin Ave

Veh A - SLK 1588P

Veh B - SLJ 9585A

Veh C - SHC 61514



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police Report.

## 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 Personnel's Signature  
Name: Bel  
NRIC/FIN No.:

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190529/2034

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20190529/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/05/2019 10:41		Vide Report No.:		Station Diary No.: 161
<b>Informant's Particulars</b>				
Name of Informant: TAN SONG TECK		Address: APT BLK 290B COMPASSVALE CRESCENT #10-52 SINGAPORE 542290		
ID Type / ID No.: NRIC NO / S1757391H		Contact No.: Home/Office: Mobile: 92963121		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 04/05/1966	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2019 18:20	Type of Location: FILTER LANE
Location: Along Road 1 Traveling Toward Road 2 CHANGI SOUTH AVENUE 1 XILIN AVENUE FILTER LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6151Y	Car				Slightly Damaged	0
SLJ9585A	Car				Slightly Damaged	0
SLK1588P	Car				Slightly Damaged	1



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190529/2034

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20190529/2034

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	chua kim sing	ID No.	S7419725F
Related Vehicle	SLJ9585A (Car)	Contact No.	97648480
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN SONG TECK	ID No.	S1757391H
Related Vehicle	SLK1588P (Car)	Contact No.	92963121
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	28/05/2019	Date Discharge	28/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 28/05/19, at about 1820hrs, I was along Changi South ave 1 with a passenger seated in the back seat. My vehicle plate number is SLK1588P. Ahead of me is a silver cab taxi bearing plate number: SHC6151Y. I wish to state that I was at the filter lane towards Xilin ave. As there was a stop line, the taxi ahead of me had gradually stop, as such I did too. Suddenly I felt an impact behind me and discovered a car bearing SLJ9585A hitting into my rear. As such, my car had rolled ahead and collide into the mentioned taxi ahead of me.

The driver of SLJ9585A had then alighted from his vehicle and wanted to settle the matter amicably. However, as I felt pain, I had only exchange particulars with him, advised him to lodge a police report and left. My passenger is not injured. I had dropped my passenger a telok blangah heights after which I then return home to rest.

Subsequently, I had proceeded to Sengkang General hospital for medical assessment as I felt pain on the back of my neck. I was given 5 days MC from 28/05-01/06/2019. I wish to inform that I need to proceed for further review on 07/08/19 at SKGH.

I am lodging a report to assist in the investigation.

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190529/2034

Police Station Of Origin:  
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Report No. T/20190529/2034

CONTINUATION OF REPORT



POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190529/2034

Police Station Of Origin:  
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545025  
Tel No: 1800-343 8999

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Report No. T/20190529/2034

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:  
F /  
Sgt 2 NOR'AISAH BINTE MOHD PERDAUS

Signature Of Informant:

*Jahin*

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/05/2019 10:41

Officer In Charge Of Case:  
TP / AEIT /

Sr Staff Sgt ONG YONG HOCK  
Contact No: 65476436

SN 085

Classification Of Case:

Authentication Stamp  
NP168

Signature:

Singapore Police Force