SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.	3
	ACCIDENT STATEMENT
Date Of Report	15/06/2019 10:02
Date Of Accident	14/06/2019 08:50
Exact Location Of Accident	TURF CLUB RD TURNING TO DUNEARN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ161L
Insured/Policyholder	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Reg No	_
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97669737
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994248
Cover Note Number	-
Driver	
Name of Driver	TAN HIAN HOCK (CHEN XIANFU)
NRIC No	S7815157I
Date Of Birth	01/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1999

20 YEARS AND 4 MONTHS

(LOCAL) +65-97669737

MALE

NOEMAIL

Address BLK 43 BEDOK SOUTH RD #10-779

Postcode 460043

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 SIDE SWIPE
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

NO

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

PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address

Police Station Name

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, **POSTCODE**: 530114,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2899999 - **FAX NO**: 62815961

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SLH3074H

Vehicle Make/Model/Colour

3L11307411

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name TAN HIAN HOCK (CHEN XIANFU)

NO

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLQ161L
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 23

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability 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 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and concent that:

- (ii) 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 verticle(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
- (b) all insureris) 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
- 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.
- (ii) 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

g with requirements under any regulations, laws or court orders.

rt's Signatu (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

Venue Fort Club Rel turing mlo Dureum Rel SKETCH PLAN Dunewn Rd Vehicle A' SLQ 161L B'SLH 3074H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT which A was taxelling along time I year function of Rinforn Rel Stopped or coming traffic I moved felt vehide danges left. rear left portion on my vehicle DECLARATION Policyfiolder's Signature 's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 1 of 3 Report No. T/20190614/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2019 14:22		lade:	Vide Report No.:	Station Diary No.: 25		
Informa	nt's Partice	ulars				
Name of Informant: TAN HIAN HOCK ID Type / ID No.: NRIC NO / S7815157I			Address: APT BLK 43 BEDOK SOUTH ROAD #10-779 SINGAPORE 460043			
			Contact No.: Home/Office: Mobile: 97669737			
National	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 01/06/1978	Type of Informant: Driver			
Race: Chinese		=-K	Language:	Institution / School Name:		
Occupation: Housing Agent			Driving Licence Information: Class: 2B.3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2019 08:50	Type of Location	
Location: TURF CLUB					
towards the main road Weather: Road Surface: Clear Dry		F	Road Speed Limit:		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
One Way					

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLH3074H	Car	ТОУОТА		Grey	Slightly Damaged	0
SLQ161L	Car	HONDA		Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20190614/2093

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20190614/2093

CONTINUATION OF REPORT

Driver	DOWNERS HEREIGH		^	and the	1000000	THE RESERVE OF THE PARTY OF THE
Name	TAN HIAN HOCK		ID No		S7815157I	
Related Vehicle	SLQ161L (Car)			Conta	ct No.	97669737
Hospital/Clinic	Internedical 24 Hr Clinic			Class Drivin Licend Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/06/2019 Date Dis			harge	14/06	5/2019
No. of Days granted Medical Leave 05		Degree of		Sligh		

Brief Details.

On at 14/06/2019 at about 0850hrs, I was driving along the single lane of Turf Club Road towards the main road. I then stopped at the stop line. Once the traffic was cleared, I proceed to make a left turn. While turning left, I felt and impact on the left side of the vehicle. I then alighted from my vehicle to make a check and saw a car had knocked on to the left side of my car. I believed that the car had tried to squeeze through from behind and made the left turn concurrently with me. No traffic police or ambulance came down to scene.

On the same day at about 1245hrs, I went to Intermedical Clinic to see the doctor and was given 5days MC. I would like to add that I have an in-car camera in my car however it did not record the incident.

POLICE REPORT





- 3 of 3

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

Report No. T/20190614/2093

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.

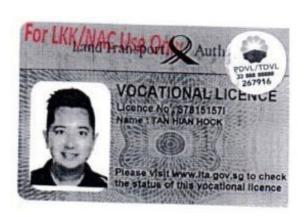
Signature Of Officer Recording The Report: F / Sgt 2 GABRIEL LEE BO WENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 14:22
Officer In Charge Of Case: TP / AEIT / Sgt 3 KOH CHEE SENG, KEVIN Contact No.: 65472073	Classification Of Case:
Authentication Stamp	

DRIVING DOC





DRIVING DOC



DRIVING DOC

This card is not transferable and is the property of the Land Transpor Authority (LTA). It must be surrendered to LTA on request. If found, pleasreturn to LTA, 10 Sin Ming Drive, Singapore 575701.

 Type
 Description
 Issue Date

 12
 TAXI VL
 05/11/2018













