

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	25/06/2019 16:49
Date Of Accident	25/06/2019 12:55
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5236E
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Insured/Policyholder

Name Of Registered Owner	TAN SENG CHONG
NRIC No	S1693082B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96438309
Alternative Phone No	Office-96438309

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

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
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100168521
Cover Note Number	

Driver

Name of Driver	TAN SENG CHONG
NRIC No	S1693082B
Date Of Birth	31/10/1965
Occupation	INDOOR
Date Of Driving Pass	25/01/1984
Driving Experience	35 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96438309
Fax Number	
Contact Number	OFFICE-96438309
EMail Address	NOEMAIL
Address	205 ONAN ROAD
Postcode	424588
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?	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?	YES
If Yes,Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190625/2067. JOO CHIAT NPP.

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	SHA1881S
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)

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.



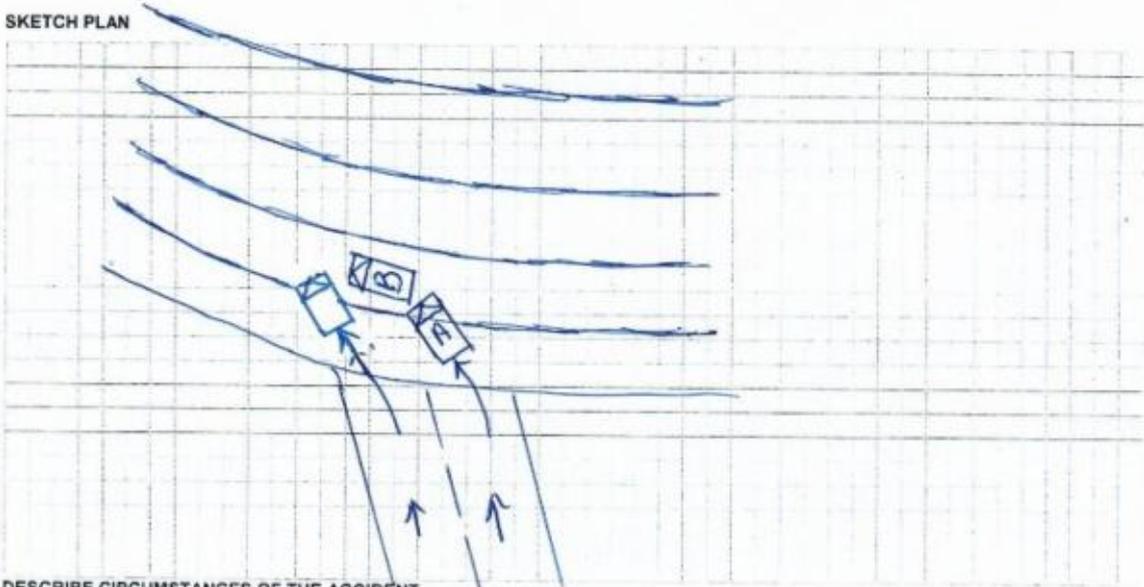
Policyholder's Signature
Date & Time

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

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1276
Email: chanhwey@yicocarrriage.com.sg

Reporting Centre Personnel's
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.
1/20190625/2067.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4253 HP: 9186 5169 Fax: 6872 1272
Email: ehh@yichan.com.sg

Reporting Centre Personnel's
Name:



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY KWANG HWEE	ID No.	S1657164D
Related Vehicle	SHA1881S (Car)	Contact No.	98623831
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 SENG CHONG	ID No.	S1693082B
Related Vehicle	SJT5236E (Car)	Contact No.	96438309
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/06/2019, at around 1256hrs, I was driving along Cairnhill Road and approached the Newton Circle Roundabout. While I was waiting to merge into the roundabout, there was another vehicle on my left.

Before moving off, I have checked that the road was cleared for me to merge into the roundabout, and as I was merging into lane 3 of the roundabout, and there was a taxi on the lane 3 of the roundabout and had drove past my vehicle. I have checked that the taxi has moved on and I turned my head to my right to ensure that there are no on-coming traffic nearby and is cleared to merge into lane 3. However, the vehicle on my left, instead of merging into lane 4, had merged into the lane 3 of the roundabout too and cut right in front of the taxi. As a result, the taxi had applied emergency brake and my vehicle collided with the taxi as I was unable to brake in time. The other vehicle had then left the accident site and I did not take note of the license plate number of that vehicle.

After the collision, I came out of my vehicle and exchanged particulars with the taxi driver who had informed me that both his passenger and himself were not injured. I would like to inform that I do not have any injuries or felt any pain following the accident.

As a result of the collision, the left headlight of my vehicle had cracked, and there were also dents below the left headlight. On the other hand, the left rear bumper of the taxi was partially detached. I would like to inform that I have yet to report the matter to my insurance company, as such I do not know the estimate repair cost. I would like to inform that I do not have any in-car camera installed, but I am informed by the

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190625/2067

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20190625/2067

CONTINUATION OF REPORT

taxi driver that he has a in-car camera installed in his vehicle and to contact Comfort for the video.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190625/2067

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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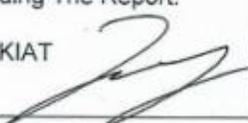
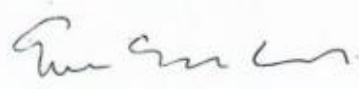
Report No. T/20190625/2067

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: G / Sgt 2 JEREMY GOH ZEN KIAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2019 14:32
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUJ Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	  SIGNATURE

Accident Sketch Plan

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1693082 B**
 Name: **TAN SENG CHONG**

Birth Date: **31 Oct 1965**
 Issue Date: **21 Nov 2003**

001012040B

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jan 1984

FOR C&C USE ONLY

Licence No: S1693082B

NP 428A

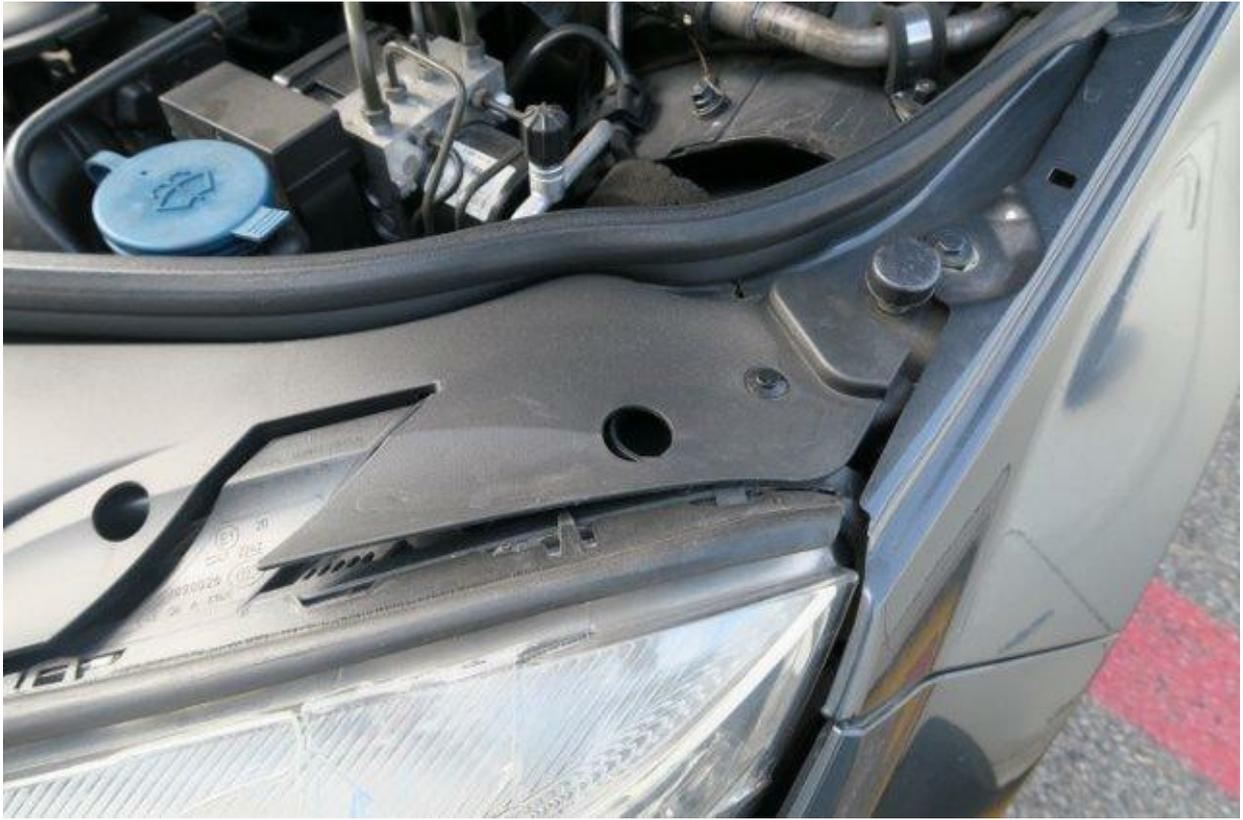
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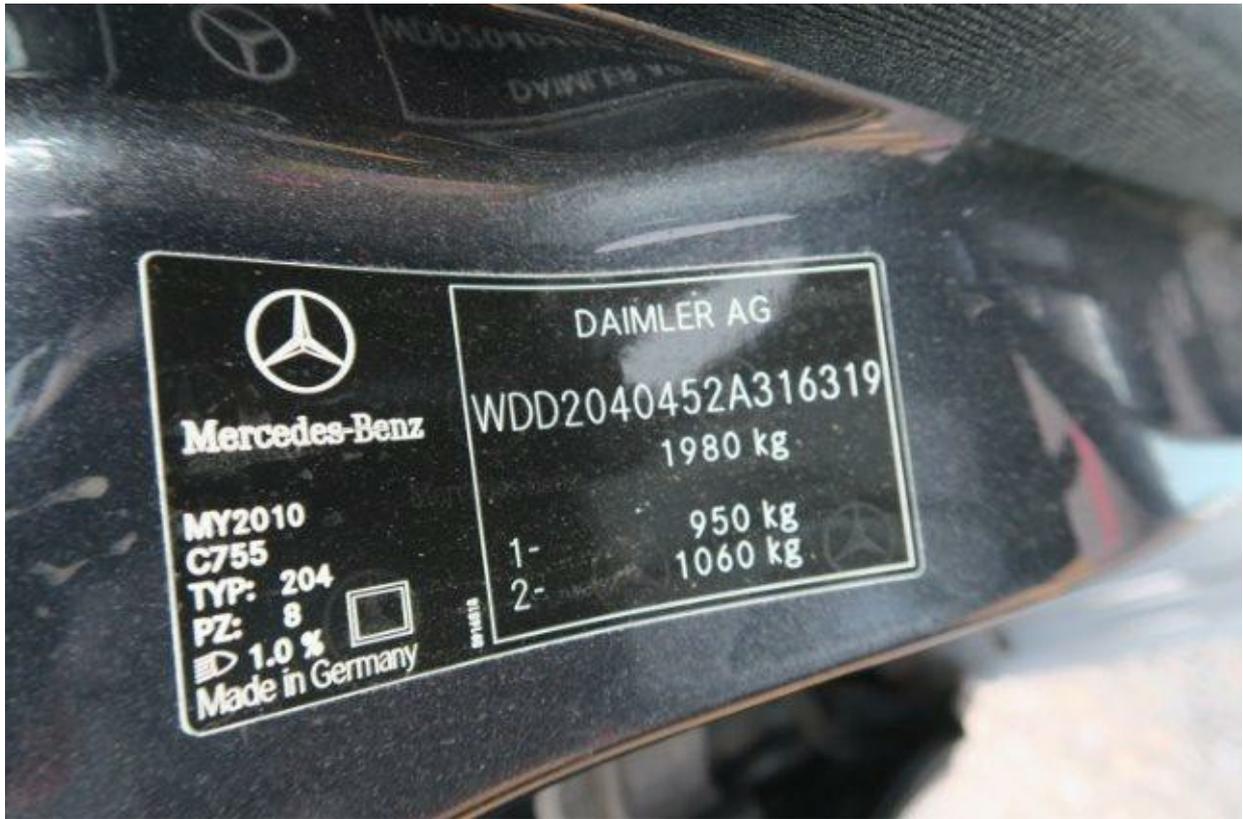
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Accident Photo



Accident Photo



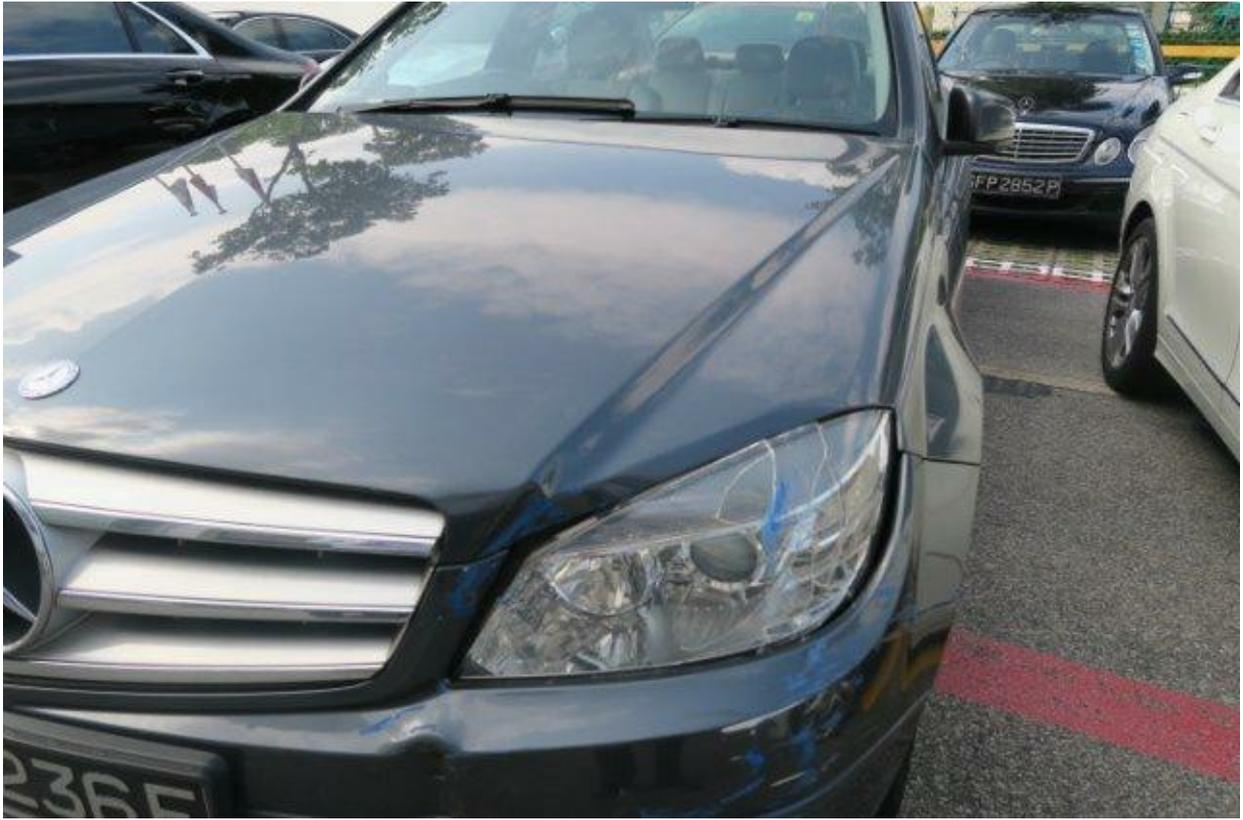
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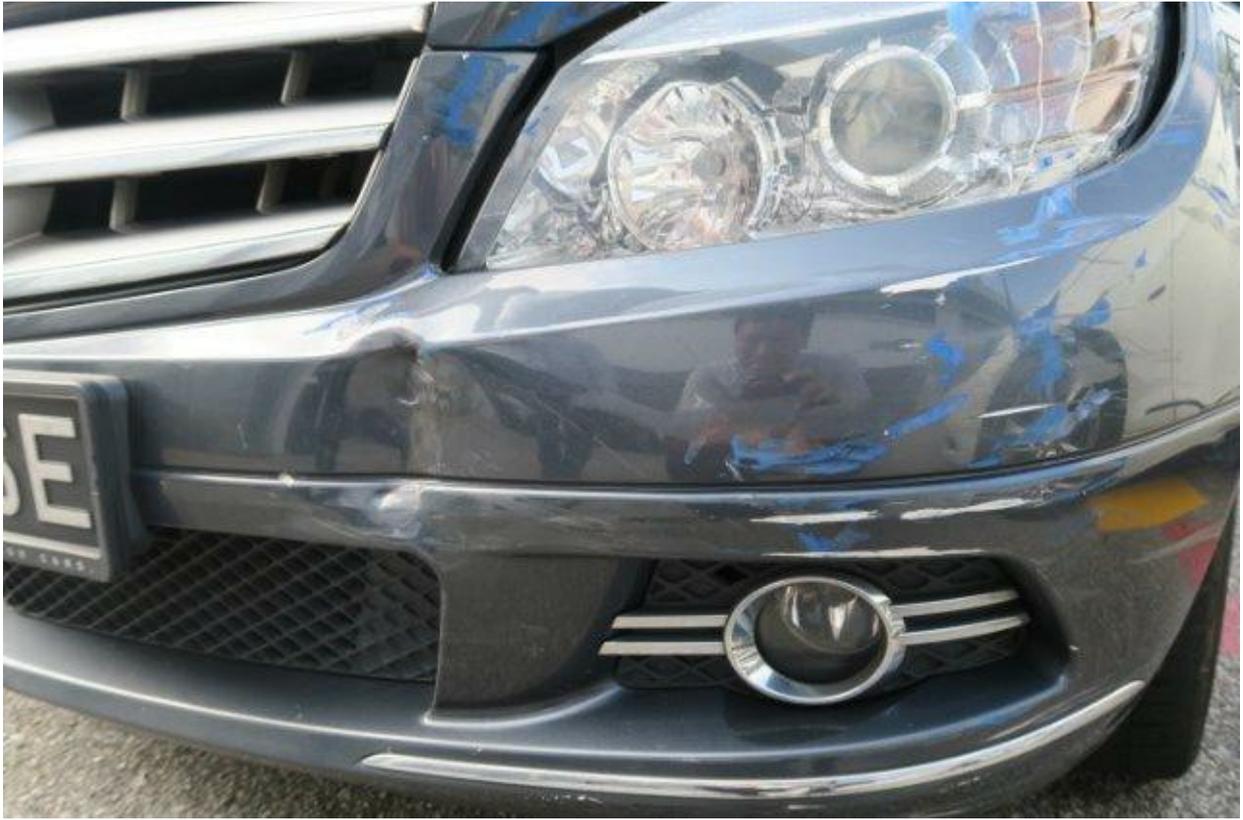
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