

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 | 27/06/2019 15:20 |
| Date Of Accident | 26/06/2019 17:30 |
| Exact Location Of Accident | AIRPORT RD TWDS KPE(ECP) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLN1999X |
| Insured/Policyholder | |
| Name Of Registered Owner | BKW RENT A CAR PTE LTD |
| Co Reg No | 200106276D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-99999999 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994355/100806847-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YANG TEO TECK TONY |
| NRIC No | S1647584Z |
| Date Of Birth | 17/08/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/04/1985 |
| Driving Experience | 34 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98254086 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 411 PASIR RIS DR 6 #05-393 |
| Postcode | 510411 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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) | 2 |
| Passenger 1 | NAME: : HANNAH BARNABAS YANG GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190627/7003

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 | SGJ2914P |
| 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 YANG TEO TECK TONY
Approximate Age
Injuries Sustain NECK,BACK & SHOULDER
Injured person in which vehicle? SLN1999X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name HANNAH BARNABAS YANG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLN1999X
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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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:

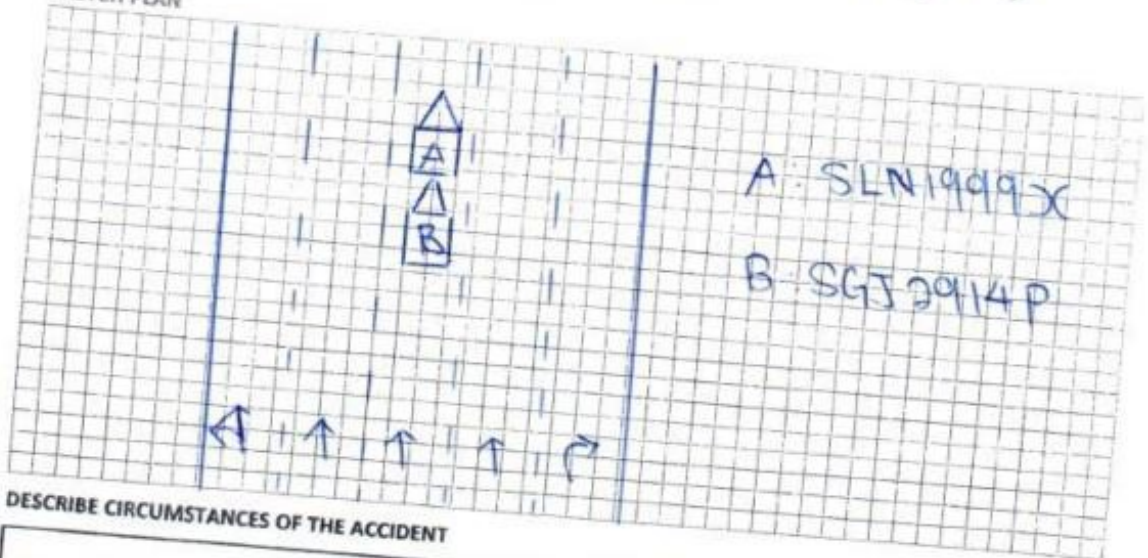

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 27/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

AIRPORT RD TWDS KPE (ECP)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the started time & date, I was driving my vehicle 'A' on the said location. When the traffic light turn amber, I slowed down & stop. Suddenly, I felt a huge impact from the rear. It was vehicle 'B' that collided onto my rear portion, causing damages to my vehicle 'A'.

A: SLN 1999X

B: SGJ 2914P

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:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190627/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190627/7003

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|------------------|---|
| Passenger | | | |
| Name | HANNAH BARNABAS YANG | | ID No. T1330384Z |
| Related Vehicle | SLN1999X (Car) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 27/06/2019 | Date Discharge | 27/06/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | YANG TEO TECK TONY | | ID No. S1647584Z |
| Related Vehicle | SLN1999X (Car) | | Contact No. 98254086 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 27/06/2019 | Date Discharge | 27/06/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

ON THE STATED TIME, DATE AND LOCATION, I WAS DRIVING MY CAR BEARING THE REGISTRATION PLATE SLN1999X ON THE CENTRE LANE.

I WAS HEADING STRAIGHT TOWARDS MACPHERSON ROAD TO PICK UP MY WIFE.

AT THE TRAFFIC LIGHT OF UBI ROAD 2 AND AIRPORT ROAD, THE TRAFFIC LIGHT TURNED AMBER, HENCE I APPLIED MY BRAKES GRADUALLY AND CAME TO A COMPLETE STOP.

MOMENTS LATER, I FELT A HUGE IMPACT FROM THE REAR.

I MADE SURE IT WAS SAFE TO ALIGHT AND I ALIGHTED TO MAKE A CHECK.

IT WAS ANOTHER CAR BEARING THE REGISTRATION PLATE SGJ2914P THAT COLLIDED ONTO MY REAR PORTION OF MY VEHICLE, CAUSING DAMAGES TO MY VEHICLE.

FOLLOWING, I WENT TO MY WORKSHOP TO MAKE A ACCIDENT REPORT AND THEN CONTINUED MY JOURNEY HOME.

THE NEXT DAY, I FELT PAIN ON MY NECK, BACK AND SHOULDER AREA HENCE I WENT TO INTEMEDICAL 24 HOUR CLINIC AT ANG MO KIO TO CONSULT A DOCTOR.

BOTH ME AND MY GRANDDAUGHTER WAS GIVEN 5 DAYS OF MC FROM THE DOCTOR.

I WISH TO STATE THAT I WAS FETCHING MY GRANDDAUGHTER AT THE POINT OF TIME OF ACCIDENT.

I AM MAKING THIS REPORT FOR INSURANCE AND RECORD PURPOSES.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190627/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 406855
Tel No: 65470000

1 of 4

Report No: T/20190627/7003

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 27/08/2019 11:03 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: YANG TEO TECK TONY | | | Address: APT BLK 411 PASIR RIS DRIVE 6 #05-393 SINGAPORE 510411 | | |
| ID Type / ID No.: NRIC NO / S1647584Z | | | Contact No.: Home/Office: Mobile: 98254086 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: kameetony@gmail.com | | |
| Sex: Male | Age: 54 | Date of Birth: 17/08/1964 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Retiree | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No. | Date/Time of Accident: 26/06/2019 17:30 | Type of Location: X-Junction |
| Location: AIRPORT ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | 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 |
|-------------|------|------------|--------|-------|-------------------|-----------------|
| SGJ2914P | Car | MITSUBISHI | LANCER | | Seriously Damaged | 0 |
| SLN1899X | Car | HYUNDAI | | Grey | Slightly Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190627/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No: T/20190627/7003

CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408985
Tel No: 65470000



T/20190627/7003

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Report No. T/20190627/7003

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 406865
Tel No. 65470000



T/20190627/7003

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Report No. T/20190627/7003

CONTINUATION OF REPORT

Sketch Plan:

Informant is not able to provide sketch plan

| | |
|--|---|
| 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: 27/06/2019 11:03 |
| Officer In Charge Of Case: TP / TPID / KOH CHEE SENG, KEVIN Contact No.: 65472073 | Classification Of Case: |
| Authentication Stamp NP108 | |

Identification Card

