

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	13/07/2019 10:33
Date Of Accident	04/07/2019 06:20
Exact Location Of Accident	WOODLANDS AVENUE 9 TOWARDS WOODLANDS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9043Y
Insured/Policyholder	
Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Co Reg No	201736464Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93622139
Alternative Phone No	OFFICE-93622139

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	1800073282-01
Cover Note Number	

Driver

Name of Driver	TAN GIAM SENG
Passport No/FIN	F8024212M
Date Of Birth	06/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93622139
Fax Number	
Contact Number	OTHERS-93622139
EEmail Address	NOEMAIL

Address	2 GAMBAS CRESCENT #03-09 NORDCOM TWO
Postcode	757044
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BLY3153 (PRIVATE CAR)
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

PLEASE REFER TO SKETCH PLAN

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

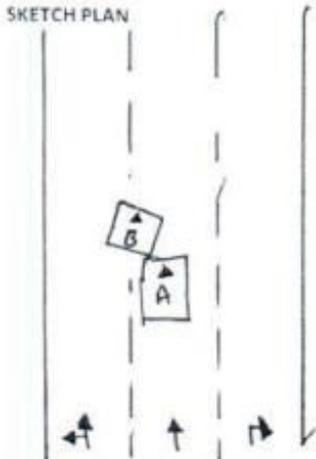
Vehicle Registration Number	BLY3153
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	+60197588962
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan



Woodlands Ave 9 towards
Woodlands Crescent
Vehicle A: GBD 9043Y
Vehicle B: BLY 3153

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report: T/20190705/2155

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.:

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190705/2155

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190705/2155

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	BLY3153 (Lorry)		Contact No. +60-197588962
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 GIAM SENG		ID No. F8024212M
Related Vehicle	GBD9043Y (Van)		Contact No. 93622139
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 04/07/2019 at about 0620hrs, I was driving my company's van GBD9043Y along Woodlands Avenue 9 towards Woodlands Crescent and it was a three lanes road. I was driving straight and the traffic light signal also shown green, so I proceeded to drive straight. Before reaching the said traffic junction, one Malaysian vehicle BLY3153 which travelling on the left side of my vehicle and it suddenly switched lane to the right, entering my lane and both the vehicles collided.

I did not sustain any injuries from this incident. The driver of BLY3153 s a male Malay Malaysian named Rohaimi Bin Ramli (Malaysia IC number: 7402070166545) did not provide me with his mobile number, but another passenger who is a male Chinese in his 40s to 50s, provided me with his mobile number as +60-1957586962. There was a total of 2 passengers onboard and all parties of BLY3153 does not observed to sustain any visible injuries.

No Traffic Police officers and ambulance came to scene. After the incident, my employer informed me to lodge a Police report. There is no vehicle camera installed on my company's van. This is the first time such an incident happened.

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T/20190705/2155

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Tel No: 1800-8529999

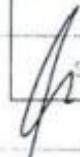
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Report No. T/20190705/2155

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: L / Staff Sgt LAU JIXIANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2019 19:50
Officer In Charge Of Case: TP / AEIT / 65470000 Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:  05/055
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

