

## 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	19/08/2019 10:15
Date Of Accident	25/07/2019 13:35
Exact Location Of Accident	Along Denham Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6832B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN WEI MIN
NRIC No	SXXXX353Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96637844
Alternative Phone No	Office-96637844

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 D HSE TDV6 (L320) (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	Reporting Only
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100445409-03
Cover Note Number	

### Driver

Name of Driver	TAN WEI MIN
NRIC No	SXXXX353Z
Date Of Birth	26/06/1966
Occupation	Indoor
Date Of Driving Pass	10/01/1995
Driving Experience	24 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-96637844
Fax Number	
Contact Number	Office-96637844
EEmail Address	NOEMAIL

Address	26A TOH YI ROAD
Postcode	596506
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	No 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	2
Was any body injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	No
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	2
Passenger 1	Name: : KERRINE TEO Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Address	<b>ROAD:</b> 700 Corporation Road , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED 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	GZ7293B
Vehicle Make/Model/Colour	
Details Of Properties	NO COLLISION
Vehicle Category	Commercial Vehicle
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

#### 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' law yers/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

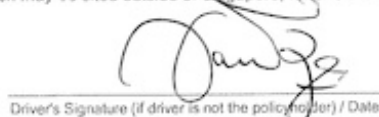
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

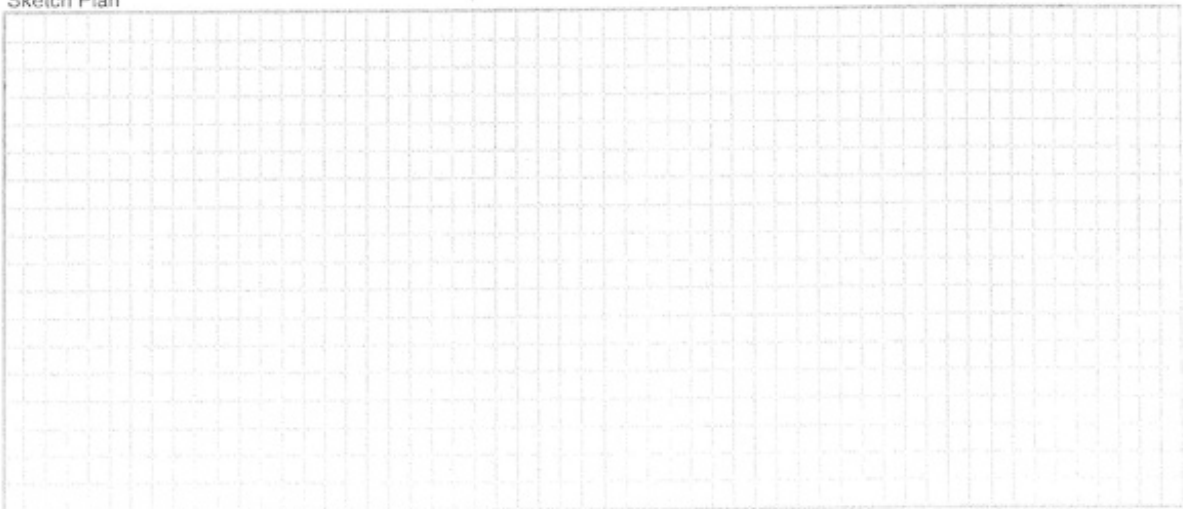
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Accident Sketch Plan

Describe Circumstance of the Accident

Refer to police report attached.

### **IMPORTANT NOTE**


Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

### **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

Witnessed by Reporting Centre Personnel

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190814/2021

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20190814/2021

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 09:58	Vide Report No.:	Station Diary No.: 59
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Informant's Particulars			
Name of Informant: TAN WEI MIN		Address: 26A TOH YI ROAD SINGAPORE 596506	
ID Type / ID No.: NRIC NO / S1778353Z		Contact No.: Home/Office: Mobile: 96637844	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 26/06/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Self Employed		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/07/2019 13:35	Type of Location:
Location: Along Road 1 DENHAM ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY6832B	Car	LAND ROVER	RANGE ROVER SPORT 3.0D TSS 7S	Black	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY6832B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100445409-03	29/12/2018	28/12/2019

Police Report



SINGAPORE  
POLICE FORCE



T/20190814/2021

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Tel No: 1800-2689999

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Report No. T/20190814/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WEI MIN	ID No.	S1778353Z
Related Vehicle	NIL	Contact No.	96637844
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

**Brief Details.**

On 13/8/2019, I received a message from Traffic Police informing me to lodge a report with regards to a hit and run accident that involved my vehicle bearing plate number SJY6832B and GZ7293E. I wish to state that on 25/7/2019 at about 1.35pm, I was driving at Denham Road however I was not aware of being involved in any accident.

Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20190814/2021

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Report No. T/20190814/2021

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:

J /

Sgt 2 NURAQILAH BINTE ABDUL HAMID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
168

Signature Of Informant:

Date/Time:  
14/08/2019 09:58

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**

