Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/08/2019 08:45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 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 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

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/08/2019 08:23
Date Of Accident	29/07/2019 15:15
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ1793G
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631987
Alternative Phone No	Office-96631987
Vehicle Particulars	
Manufacturer	OPEL
Model	INSIGNIA-1.6 TURBO (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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	TAN PECK SIONG
NRIC No	S8926912A
Date Of Birth	05/08/1989
Occupation	INDOOR
Date Of Driving Pass	20/04/2012

7 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-87514359

Fax Number

Contact Number

EMail Address TANPECKSIONG89@GMAIL.COM

Address 727 JURONG WEST AVENUE 5 #03-194

Postcode 640727

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

2

YES

NO

NO

2

YES

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 Name: : MUHAMMAD FAUD BIN ZULKIFLI

> Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN AND TP REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: **FILE TO LARGE**

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX8109L

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

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 TAN PECK SIONG

Approximate Age Injuries Sustain

Injured person in which vehicle? SMJ1793G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

PRIVATE CAR

NO

Sketch Plan

SKETCH PLAN	uns)	
	91911	
	1	
	The same of the sa	
	E/ 1/6/	
	*\ A	200
	E/ P.	and the same
	30	
DESCRIBE CIRCUMSTANCE		
VEHICLE NO 3M	3 17939	
	NT BUKIT TIMAH RD FILTER	PLANE TO PIE (TUAS)
	TIME: 1516HES	
3RP PARTY VEH	TICLE : SKX 8109L	
	The state of the s	-1209M3012009
PLEMSE	REFER TO POULE REPOR	1 1/30110130 17001
		The state of the s
-		
DECLARATION		
DECLARATION /We desiare the foregoing parti	culars are true in every respect.	//
		87514359 Vonf
	NO NO	315115
		No Flanch wa
olicyholder's Signature	Driver Signature [If driver is not the policyholder]	Reporting Centre Personnel's Signature Name: VIKHESWARAN MAIDU

IMPORTANT NOTICE

- 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.
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- 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
- 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
- ny 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

Driver's Signature (If driver's not the policyholder) Reporting Centre Personnel's Signature Name: VIKNESWARAN MAIDY NRIC/FIN No.:

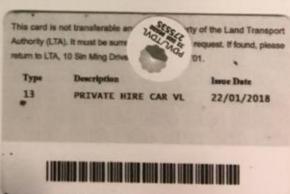
















1 of 3 Report No. T/20190730/7009

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

REPORT	F A TRAFFIC	CACCIDENT		THE RESERVE OF THE PARTY OF THE		
Date/Time Report Made: 30/07/2019 11:02			Vide Report No.:	Station Diary No.		
Informa	nt's Partice	ulars				
	Informant: CK SIONG		Address: 727 JURONG WEST AVENUE 5 #03-194 SINGAPORE 640727			
ID Type NRIC N	/ ID No.: O / S89269	12A	Contact No.: Home/Office:	Mobile: 87514359		
National SINGAP	ity: ORE CITIZ	EN	Email: tanpecksiong89@gmail.com			
Sex: Male	Age: 29	Date of Birth: 05/08/1989	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:		ARDITA .	Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2019 15:15	Type of Location: Bend	
BUKIT TIMAL	ROAD	Road Surface:			
Weather: Clear		The state of the s		Road Speed Limit:	
The state of the s		Dry Traffic Control: Not Controlled		Road Speed Limit: 60 Km/h Traffic Volume: Light	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKX8109L	Car	MAZDA	3	Blue	Slightly Damaged	0
SMJ1793G	Car	OPEL	insignia	Silver	Seriously Damaged	4

ehicle Insurance	NAME OF TAXABLE PARTY.	The Real Property lies	
AIG ASIA PACIFIC INSURANCE PTE.	Insurance No 999994322	Effective 25/02/2019	Expiry Date 25/12/2019
	Insurance Company	Insurance Company Insurance No AIG ASIA PACIFIC INSURANCE PTE. 999994322	Insurance Company Insurance No Effective AIG ASIA PACIFIC INSURANCE PTE. 999994322 25/02/2019



2 of 3 Report No. T/20190730/7009

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

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No						
No. of Pedestrian			Use of Pe	Use of Pedestrian Crossing: NA			
Passenger							
Name	MUHAMMAD FAUD BIN ZULKIFLI			ID No		S9529447B	
Related Vehicle	SMJ1793G (Car)			Conta	ict No.	86836370	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Di			charge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL		
Driver							
Name	TAN PECK SIONG			ID No		S8926912A	
Related Vehicle	SMJ1793G (Car)			Conta	ct No.	87514359	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	29/07/2019	Date Disc	charge	29/07	/2019		
No. of Days gran	ted Medical Leave	03	Degree o		Serio		

on the filter lane off bukit timah road turning into PIE tuas near ngee ann poly is a 2 left turn lane. SKX8109L(third party) was taking the inner left lane while I (SMJ1793G) was taking the outer lane. however after passing thru, SKX8109L swivel out into my lane and bang onto my rear left door while i have 4 passengers onboard.

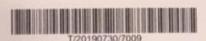
because we didnt have any pen at the moment we took photo of each others details (driving licenses and phone number) with my mobile phone.

while SKX8019L have agree to pay of the damages by insurance verbally.

and i visited Sengkang hospital later the evening because there is a pain at my lower back after the accident the doctor gave me with a MC of 3 days



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



Report No. T/20190730/7009

CONTINUATION OF REPORT

	tc		

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Authentication Stamp NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 30/07/2019 11:02

Classification Of Case:



















