

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	14/08/2019 15:06
Date Of Accident	08/08/2019 08:30
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6039U
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96631987

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (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	THIRD PARTY
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	JAKIE CHAN
NRIC No	S1491520F
Date Of Birth	03/09/1961
Occupation	INDOOR
Date Of Driving Pass	15/08/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96391199
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 712 WOODLANDS DRIVE 70#03-97 SINGAPORE
Postcode	730712
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	-
	-
	-

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?	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ROZIYAH GENDER: : FEMALE
Passenger 2	NAME: : YU WENJUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

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 TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD910K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TAN JING JIE, JASON
NRIC/Passport Number	S9231365D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JAKIE CHAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SME6039U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMK 6039U

Accident Date: 8.8.2019 Time: 0835

Accident Place: Yio chu kang Rd

3rd Party: SLD910K

I was driving along the Yio Chu Kang Road toward Lipp Serangoon Road, I'm driving straight suddenly the car SLD910K cut into my lane from right side and hit to front right my car. I have two passenger in my car. They are: 1) Raziyah (Hp: 92708976) 2) Yu Wenjun (Hp: 98737892)

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: Vikneswaran Naidu
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

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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:

Reporting Centre Personnel's Signature
Name: Vikneswaran Naidu
NRIC/FIN No.:

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1491520F**



Name
JAKIE CHAN
曾治麟
Race
CHINESE
Date of Birth
03-09-1961
Country of Birth
SINGAPORE

5897058



MNC No. **S1491520F**

Valid Until: **03-09-1999**

APT BLK 712 WOODLANDS DRIVE 70 #03-87
SINGAPORE 730712
Date: **14/03/2013** No: **7315170**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1491520F**
Name
JAKIE CHAN
Birth Date: **03 Sep 1961**
Issue Date: **07 Aug 2003**

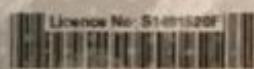


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

Valid Date: **15 Aug 1965**

Licence No: **S1491520F**



Land Transport Authority



VOCATIONAL LICENCE
Licence No: **S1491520F**
Name: **JAKIE CHAN**
Card Issue Date: **03/10/2017**
Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	03/10/2017



Police Report



**SINGAPORE
POLICE FORCE**



T/20190808/2104

1 of 3

Report No. T/20190808/2104

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2019 15:03	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: JAKIE CHAN			Address: APT BLK 712 WOODLANDS DRIVE 70 #03-97 SINGAPORE 730712	
ID Type / ID No.: NRIC NO / S1491520F			Contact No.:	Mobile: 96391199
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 03/09/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			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: 08/08/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD UPPER PAYA LEBAR ROAD On the leftmost lane of Yio Chu Kang road towards Upper Paya Lebar Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD910K	Car	HONDA	VEZEL 1.5X CVT		Slightly Damaged	1
SME6039U	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD		Slightly Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190808/2104

2 of 3

Report No. T/20190808/2104

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver			
Name	TAN JING JIE, JASON		ID No. S9231365D
Related Vehicle	SLD910K (Car)		Contact No. 86113687
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JAKIE CHAN		ID No. S1491520F
Related Vehicle	SME6039U (Car)		Contact No. 96391199
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/08/2019	Date Discharge	08/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 08/08/2019 at about 0830hrs, I was travelling along Yio Chu Kang Road on the leftmost lane towards Upper Paya Lebar Road in my vehicle(SME6039U) on the leftmost lane. Suddenly, another vehicle(SLD910K) cut into my lane, and collided into the right side of my vehicle causing damage. Both of us thus stopped at the side of the road to exchanged information, and subsequently left the area. I then sought medical attention at Mount Alvernia Hospital, where I received 3 days of MC from 08/08/2019 to 10/08/2019. I do have an in car camera directed towards the front of my vehicle, and it did record incident. I am lodging this report to facilitate insurance claims.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190808/2104

3 of 3

Report No. T/20190808/2104

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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:

E /

Sgt 2 LEE QI, THEODORE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/08/2019 15:03

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE

SN 070

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

