

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	13/08/2019 17:09
Date Of Accident	10/08/2019 14:20
Exact Location Of Accident	SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3770M
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Insured/Policyholder

Name Of Registered Owner	TSAO YUE HWA JOHNNY @ SHU YUE MING
NRIC No	S2008276C
Email Address	TSAOYH75@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92383203
Alternative Phone No	Others-92383203

Vehicle Particulars

Manufacturer	KIA
Model	CER1.6AEXG333
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	1900117675

Driver

Name of Driver	TSAO CHING HWA
NRIC No	S2065436H
Date Of Birth	19/07/1944
Occupation	INDOOR
Date Of Driving Pass	29/11/1961
Driving Experience	57 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96773669
Fax Number	
Contact Number	
E-Mail Address	TSAOCH88@YAHOO.COM
Address	BLK 187A RIVERVALE DRIVE #12-848 SINGAPORE
Postcode	541187
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : TSAO SUNG LI MEI Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT# T/20190810/2103

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	SHC5601Y
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Vehicle Make/Model/Colour
Details Of Properties

RENAULT RED

Vehicle Category

TAXI

Name of Driver

IBRAHIM BIN MOHD JAAFAR

NRIC/Passport Number

S1193283E

Contact Number

88144107

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

MOTOR ACCIDENT REPORT FORM

CYCLE & CARRIAGE - POLCO

BASIC INFORMATION	
Date of Report:	13/08/2019
Date of Accident:	10/08/2019
Exact Location of Accident:	Sims Avenue
Time:	1420
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	SMN 3770M
NRIC/Passport No./FIN:	S 2008276C
Manufacturer:	KIA
Model:	Cer 1.6A EX 6333
Name of Registered Owner:	Tsao Yue Hwa Johnny @ Shi Yue Ming
Company Reg. No (for Company Veh):	
VEHICLE PARTICULARS	
Exact Purpose for which vehicle was being used at time of Accident:	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party
Vehicle Category:	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire
INSURANCE DETAILS	
Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	1900117675 (cover note)
Driver when the Accident Happen:	
Name of Driver:	Tsao Ching Hwa
Date of Birth:	19/07/1944
Occupation:	Retiree
Date of Driving Pass:	29/11/1961
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96773669
Home No.:	64663078
Address:	1BLK 187A Rivervale Drive #12-848 Singapore
Postal Code:	541187
Email Address:	tsaoch88@yahoo.com
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured brother
Vehicle Registration Number of driver's Own Vehicle:	
Insurance Company:	
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident:	3rd Party Hit Insured
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Passengers (Including Driver):	2
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured by your Camera?	No
Was the Accident reported to police:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any audio recording?	No
Which Police Station:	Sengkang N.P.C.
Was notice of Intended Prosecution given:	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number:	SHG 5601Y
Name of Registered Owner:	
NRIC/Passport No./FIN:	
Company Reg. No (for Company Veh):	
Name of Driver:	Ibrahim Bin Mohd Jusar
NRIC/Passport/Fin No.:	S1193283E
Mobile No.:	88744107
Home No.:	
Address:	
Postal Code:	
Email Address:	
Insurance Company:	
Details of Passenger if any	
Passenger Name:	
Contact Number:	
Gender:	
Details of Injured Person	
Name:	
Age:	
Address:	
Injured Sustained:	
Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

cb 042012

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

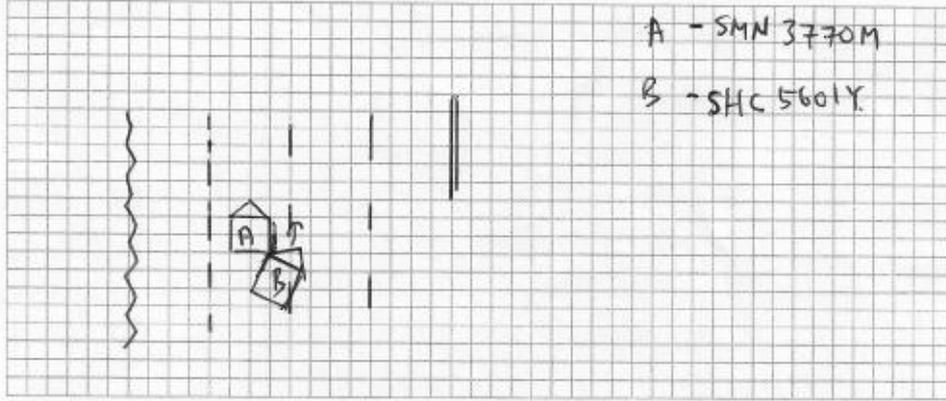
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T120908101203

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) 3 SDPM.
Date & Time:

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



Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190810/2103

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20190810/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 19:02	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars			
Name of Informant: TSAO CHING HWA		Address: APT BLK 187A RIVERVALE DRIVE #12-848 SINGAPORE 541187	
ID Type / ID No.: NRIC NO / S2065436H		Contact No.: Home/Office: Mobile: 96773669	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 75	Date of Birth: 19/07/1944	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5601Y	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	2
SMN3770M	Car	KIA	CERATO 1.6(A) EX	Grey	Slightly Damaged	1

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190810/2103

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190810/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ibrahim Bin Mohd Jaafar	ID No.	S1193283E
Related Vehicle	SHC5601Y (Car)	Contact No.	88144107
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	TSAO CHING HWA	ID No.	S2065436H
Related Vehicle	SMN3770M (Car)	Contact No.	96773669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/08/2019 at about 1425hrs, I was driving along Sims avenue in the middle lane when suddenly a red Transcab Taxi wanted to cut into my lane from the right but sideswiped my vehicle and I stopped my vehicle after I heard the collision.

Both drivers came out to inspect our vehicle and I noticed there is a long scratch mark across the entire right side of my car. The taxi has a long scratch mark across the front left bumper and the left side of his taxi. Both drivers exchanged particulars and drove off subsequently.

There is a camera installed in my vehicle and the footage was recorded.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20190810/2103

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

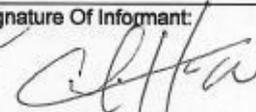
3 of 3
Report No. T/20190810/2103

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: F / Sgt 1 KANG YONG LER, JAMESON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 19:02
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP106

SH 085



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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