

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	01/08/2019 13:10
Date Of Accident	31/07/2019 16:05
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB928R
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Insured/Policyholder

Name Of Registered Owner	LEONG YOKE MING
NRIC No	S1536847J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96776886
Alternative Phone No	Office-96776886

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS350

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900009984
Cover Note Number	

Driver

Name of Driver	TAN LAY LAY
NRIC No	S2586082I
Date Of Birth	05/12/1967
Occupation	INDOOR
Date Of Driving Pass	21/10/1992
Driving Experience	26 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97320141
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	750 BEDOK RESERVOIR RD #14-02
Postcode	479256
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190801/2000. BEDOK NORTH NPC.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL5582S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

MOTORCYCLE

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL5582S

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan

SKETCH PLAN


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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 interested parties.
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



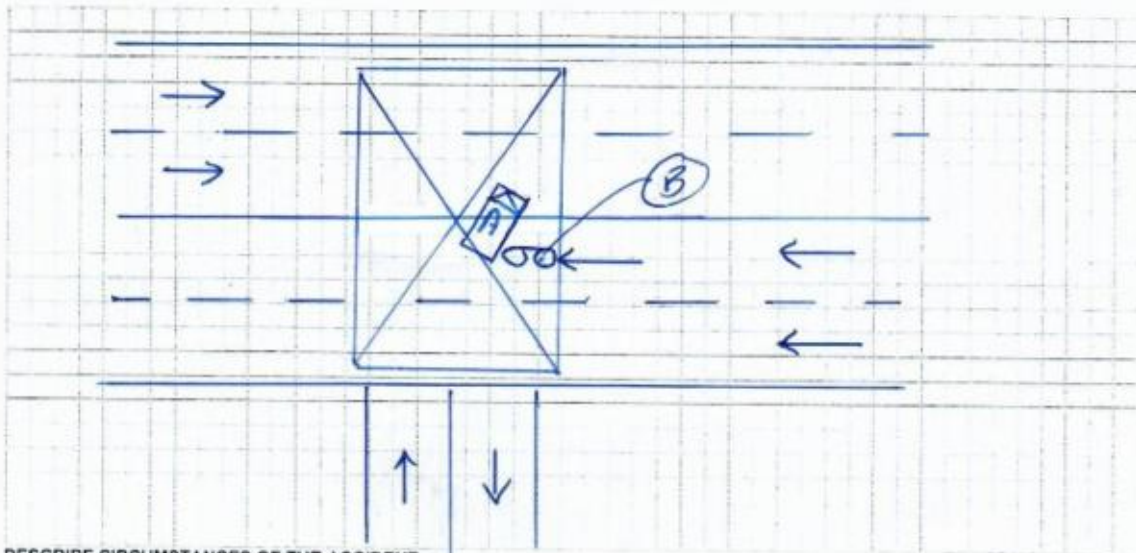
Driver's Signature
(If driver is not the policyholder)
Date & Time

Yik Chan Hoe

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg

Reporting Centre Personnel's
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.
1/20190801/2000.


DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time



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

Reporting Centre Personnel's
Name:

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
OID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg



**SINGAPORE
POLICE FORCE**



T/20190801/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3
Report No. T/20190801/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2019 00:10		Vide Report No.: G/20190731/0119		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: TAN LAY LAY			Address: 750 BEDOK RESERVOIR ROAD #14-02 SINGAPORE 479256		
ID Type / ID No.: NRIC NO / S25860821			Contact No.: Home/Office: Mobile: 97320141		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 51	Date of Birth: 05/12/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/07/2019 16:05	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3				
exited the carpark and turning right onto Bedok North Avenue 3 going towards Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBL5582S	Motorcycle	YAMAHA	SNIPER T150	Black	Slightly Damaged	0
SDB928R	Car	MERCEDES BENZ	CLS350 COUPE (R19 LED SR)	White	Slightly Damaged	0

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190801/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190801/2000

CONTINUATION OF REPORT

Brief Details.

On the 31/07/2019 at 1605hrs I had just come out of the carpark and wanted to turn right along Bedok North Avenue 3. I had checked that the road on my right and left were clear so I drove out before stopping near the middle divider and making another check on the left. Just as I saw the road was cleared and was about to move off, there was a loud bang and I exited my vehicle to find that a motorcycle had collided onto the rear wheel of my car on the right side. The motorcyclist had fell off his bike and he informed that he could not get up to walk, therefore we agreed to call for the ambulance. Shortly the ambulance came and then the traffic police arrived before the motorcyclist was conveyed to the hospital at CGH. I am lodging this report for record purposes. I wish to inform that I had an in car camera recording at the time of the accident and that the Traffic police had taken my SD card for the camera.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20190801/2000

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Report No. T/20190801/2000

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:
G /
Sgt 2 LIM SHAO WEI, CLARENCE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature Of Informant:

Date/Time:
01/08/2019 00:10

Classification Of Case:

Accident Sketch Plan

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S25860821**
Name: **TAN LAY LAY**

Birth Date: **05 Dec 1967**
Issue Date: **02 Jul 2004**

001251264G

FOR C&C USE ONLY

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

21 Oct 1992

NP 428A

Licence No: S25860821

FOR C&C USE ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

