

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	16/08/2019 21:21
Date Of Accident	16/08/2019 11:40
Exact Location Of Accident	MARINA BOULEVARD TURNING TO BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ908Z
Insured/Policyholder	
Name Of Registered Owner	SEE KWON KEONG
NRIC No	S0158096E
Email Address	RICHMOND.SEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90216813
Alternative Phone No	OTHERS-90216813

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10801629
Cover Note Number	NA

Driver

Name of Driver	RICHMOND SEE TSE-GUANG
NRIC No	S9406651D
Date Of Birth	01/03/1994
Occupation	INDOOR
Date Of Driving Pass	28/11/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94787792
Fax Number	
Contact Number	
EEmail Address	RICHMOND.SEE@HOTMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : ALEX PHOON GENDER: : MALE
Passenger 2	NAME: : TAN KAI LI GENDER: : FEMALE
Passenger 3	NAME: : WENDYL TAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

At the traffic junction, I was on the second lane, intending to Turn Left. As I approached the junction, I slowed down to make my turn, but was suddenly hit on the back by another car on the extreme left lane. (The car moved straight instead of turning left)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SKJ908Z-16082019 (VIDEO FOOTAGE) UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX5827P
Vehicle Make/Model/Colour	TOYOTA / WISH 1.8 A / SIL
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	SUBRAMANIYAN MAHENDRAN

NRIC/Passport Number	G8002271P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : PASSENGER 1 GENDER: :
Passenger 2	NAME: : PASSENGER 2 GENDER: :

DETAILS OF INJURED PERSON 1

Name	TAN KAI LI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKJ908Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	WENDYL TAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKJ908Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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' 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

AIZAM BIN ATAN

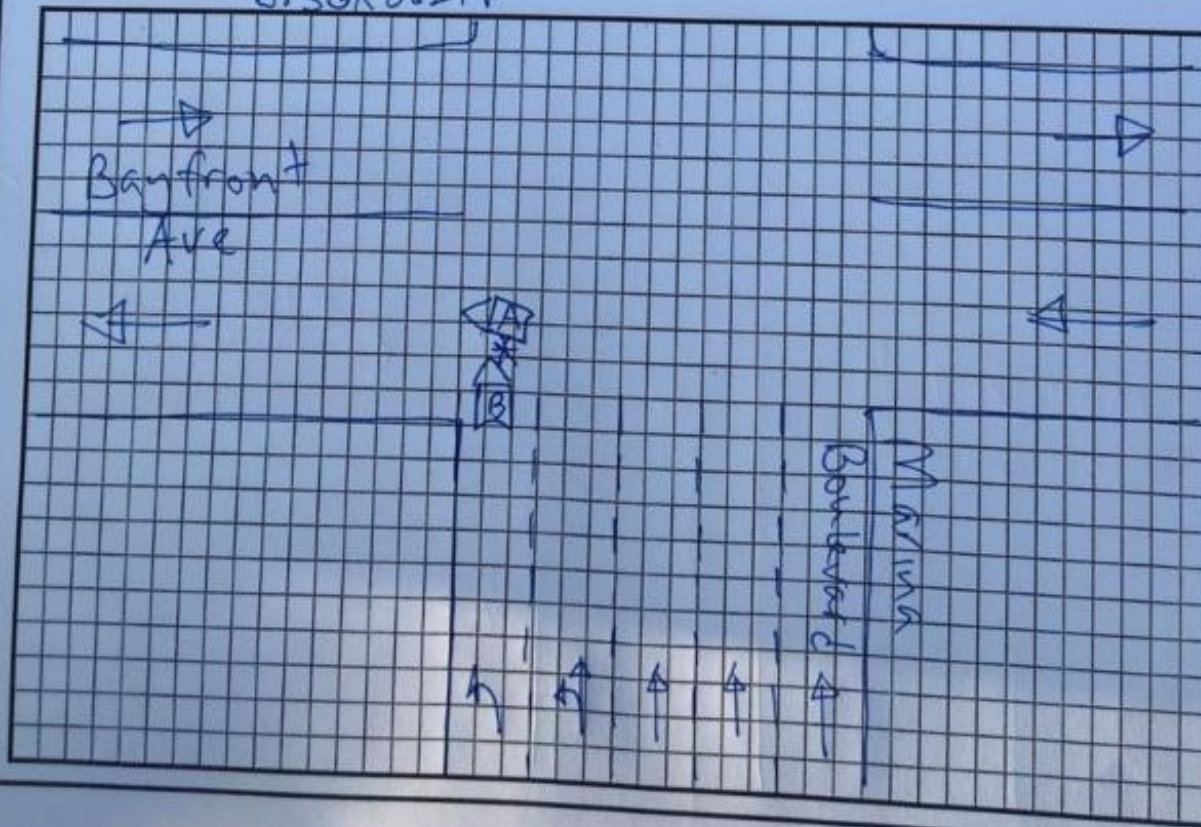
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A: SKJ 9082
B: SGX 5827 P



ACCIDENT STATEMENT (2000 characters)

At the traffic junction, I was on the second lane, intending to Turn Left. As I approached the junction, I slowed down to make my turn, but was suddenly hit on the back by another car on the extreme left lane. (The car moved straight instead of turning left)

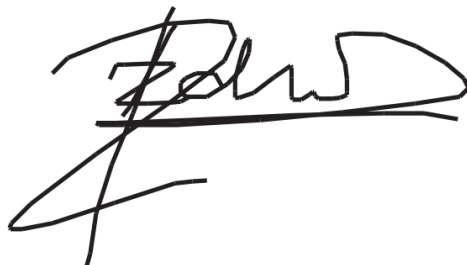
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 August 2019 at 6:30 PM

Date/Time:

16 August 2019 at 6:30 PM

REFERRAL FORM

To : Insurance
Clinic : Insurance - Memo

From : GOH YAO CHEN (M17720B)
Clinic : 24 HR EMERGENCY CLINIC
Visit Date : 16-Aug-2019 02:32 PM

Patient Name : TAN KAI LI
NRIC : S9235161J

Referral Notes

To Whom It May Concern

The abovementioned patient was seen in Raffles Hospital Accident and Emergency Department after being involved in a road traffic accident, where the car she was travelling in was hit by another vehicle. She sustained neck and upper back injuries, and underwent x-rays of the affected regions. She was discharged with analgesia. Kindly assist with her insurance claims.

Regards
Dr Goh Yao Chen

RafflesHospital
24 HR EMERGENCY
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: (65) 6311 1555 Fax: (65) 6311 1162

Medical Slip

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC : S9235161J
NAME : TAN KAI LI

VISIT DATE : 16 Aug 2019 (14:49)
VISIT NO : G09819024874

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 16 Aug 2019 to 17 Aug 2019

DOCTOR : Goh Yao Chen (M17720B)
CLINIC : 24 HR EMERGENCY CLINIC
ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

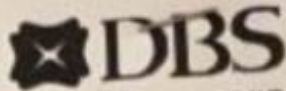
Printed: 16 Aug 2019, 03:34PM

*This certificate is electronically generated. No signature is required.

RafflesHospital
24 HR EMERGENCY
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: (65) 6311 1555 Fax: (65) 6311 1162

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467

Medical Slip



RAFFLES MEDICAL GROUP
585 NORTH BRIDGE ROAD
24 HRS EMERGENCY
LEVEL 1 RAFFLES HOSPITAL
SINGAPORE 188780

SALE

DATE/TIME: 16AUG19 15:36
TID: 48282194 MID: 168168292357
INVOICE#: 098894 BATCH#: 003806
MASTERCARD EXPIRY
XXXX XXXX XXXX 3575 XX/XX
APPR CODE: R09801 HOST: DBSH
CONTACTLESS* RRN: 922807098894
TC: CC15FTCF175C7978 AID: A00000000041010
Full Mastercard TVR: 0000000000

TOTAL SGD 285.45

SIGN X

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** CUSTOMER COPY ***

SUB-TOTAL

TOTAL CHARGES BEFORE GST

GST @ 7%

TOTAL CHARGES AFTER GST

LESS ROUNDING ADJUSTMENT

TOTAL AMOUNT PAID

REG1901076602 - 16/08/2019 - MASTER

TOTAL BALANCE DUE

TAX INVOICE

PAGE : 1 of 1
BILL TYPE : PATIVNOUT
BILL DATE : 16-AUG-2019
PATIENT NAME : TAN KAI LI
PATIENT ID NO. : *****161J
POLICY NO. :

HEET 33 #07-06 SINGAPORE 520311

	QTY	S\$	S\$
			60.00
AMOL 450MG	42.0	16.79	
			16.79
	1.0	20.00	
			20.00
	1.0	72.00	
	1.0	98.00	
			170.00
			266.79
			266.79
			18.68
			285.47
			(0.02)
			(285.45)
		285.45	
			0.00

RafflesHospital
24 HR EMERGENCY
585 North Bridge Road

585 NORTH BRIDGE ROAD #01-00 RAFFLES HOSPITAL SINGAPORE 188780
Tel: (65) 6311 1555 Fax: (65) 6311 1162

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-000

Medical Slip

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC : S8922049A
NAME : TAN WEI LEE WENDYL

VISIT DATE : 16 Aug 2019 (14:44)
VISIT NO : G09819024873

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 16 Aug 2019 to 17 Aug 2019

DOCTOR : Goh Yao Chen (M177208)
CLINIC : 24 HR EMERGENCY CLINIC
ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

*This certificate is electronically generated. No signature is required.

Printed: 16 Aug 2019, 02:17PM

RafflesHospital
24 HR EMERGENCY
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: (65) 6311 1555 Fax: (65) 6311 1162

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

Medical Slip

NETS
24 HR EMERGENCY

GST
VISIT
VISIT
INV
PAY
PA
AC
DE
CI
PI

NETS
NETS000180
24 HR EMERGENCY
L1 RAFFLES HOSPITAL
111983426000 REF 124873
020193
NETS PURCHASE
089 BAYE
16 AUG 2019 16:29:43
020193 539885 00

TOTAL : \$103.55

APPROVED
NETS

INVOICE

PAGE : 1 of 1
BILL TYPE : PATIVNOUT
BILL DATE : 16-AUG-2019
PATIENT NAME : TAN WEI LEE WENDYL
PATIENT ID NO. : *****049A
POLICY NO. :

JEWEL @ BUANGKOK #09-39 SINGAPORE 544688

	QTY	S\$	S\$
			60.00
L450MG	42.0	16.79	
			16.79
	1.0	20.00	
			20.00
			96.79
			96.79
			6.78
			103.57
			(0.02)
			(103.55)
		103.55	
			0.00

SUB-TOTAL
TOTAL CHARGES BEFORE GST
GST @ 7%
TOTAL CHARGES AFTER GST
LESS ROUNDING ADJUSTMENT
TOTAL AMOUNT PAID
REG1901076544 - 16/08/2019 - NETS
TOTAL BALANCE DUE

Raffles Hospital

24 HR EMERGENCY

585 North Bridge Road

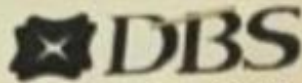
Raffles Hospital #01-00 Singapore 188770

Tel: (65) 6311 1555 Fax: (65) 6311 1563

585 NORTH BRIDGE ROAD #01-00 RAFFLES HOSPITAL SINGAPORE 188770

Raffles Medical Group Ltd | Company Registration No: 196901967K | GST Registration No: M9-0000467-N

Medical Slip



RAFFLES MEDICAL GROUP
585 NORTH BRIDGE ROAD
24 HRS EMERGENCY
LEVEL 1 RAFFLES HOSPITAL
SINGAPORE 188770

SALE

DATE/TIME: 16AUG19 15:36
TID:40202194 MID:168168292357
INVOICE#: 098894 BATCH#: 003006
MASTERCARD EXPIRY
XXXX XXXX XXXX 3575 XX/XX
APPR CODE:R09881 HOST: DBSH
CONTACTLESS* RRN:922887098894
TC:CC15F7CF175C797B AID:A0000000041010
Debit Mastercard TVR:0000000000

TOTAL SGD 285.45

SIGN X

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** CUSTOMER COPY ***

*** LUMBAR SPINE XRAY (2 VIEWS) ***

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			266.79
			18.68
			285.47
			(0.02)
			(285.45)
		285.45	
			0.00

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TOTAL CHARGES BEFORE GST
GST @ 7%
TOTAL CHARGES AFTER GST
LESS ROUNDING ADJUSTMENT
TOTAL AMOUNT PAID
REG1901076602 - 16/08/2019 - MASTER
TOTAL BALANCE DUE

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Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

RafflesHospital

Referral No.: 297872

REFERRAL FORM

To : Insurance
Clinic : Insurance - Memo
From : GOH YAO CHEN (M17720B)
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Visit Date : 16-Aug-2019 02:32 PM

Patient Name : TAN WEI LEE WENDYL
NRIC : S8922049A

Referral Notes

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24 HR EMERGENCY
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: (65) 6311 1555 Fax: (65) 6311 1162

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9406651D



Name
RICHMOND SEE TSE-GUANG

史 志 光

Race
CHINESE

Date of birth
01-03-1994

Sex
M

Country of birth
SINGAPORE

S9406651D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9406651D

Name
RICHMOND SEE TSE-GUANG

Birth Date: 01 Mar 1994

Issue Date: 28 Nov 2012



002127058C

Driving License

4427405



NRIC No. S9406651D



Date of Issue
08-07-2009

81 HUME AVENUE #06-05
SINGAPORE 598741

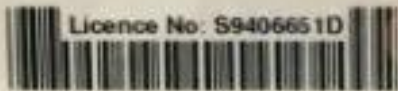
NRIC No: S9406651D Date: 03/08/2014

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	28 Nov 2012

NP 428A

Licence No: S9406651D



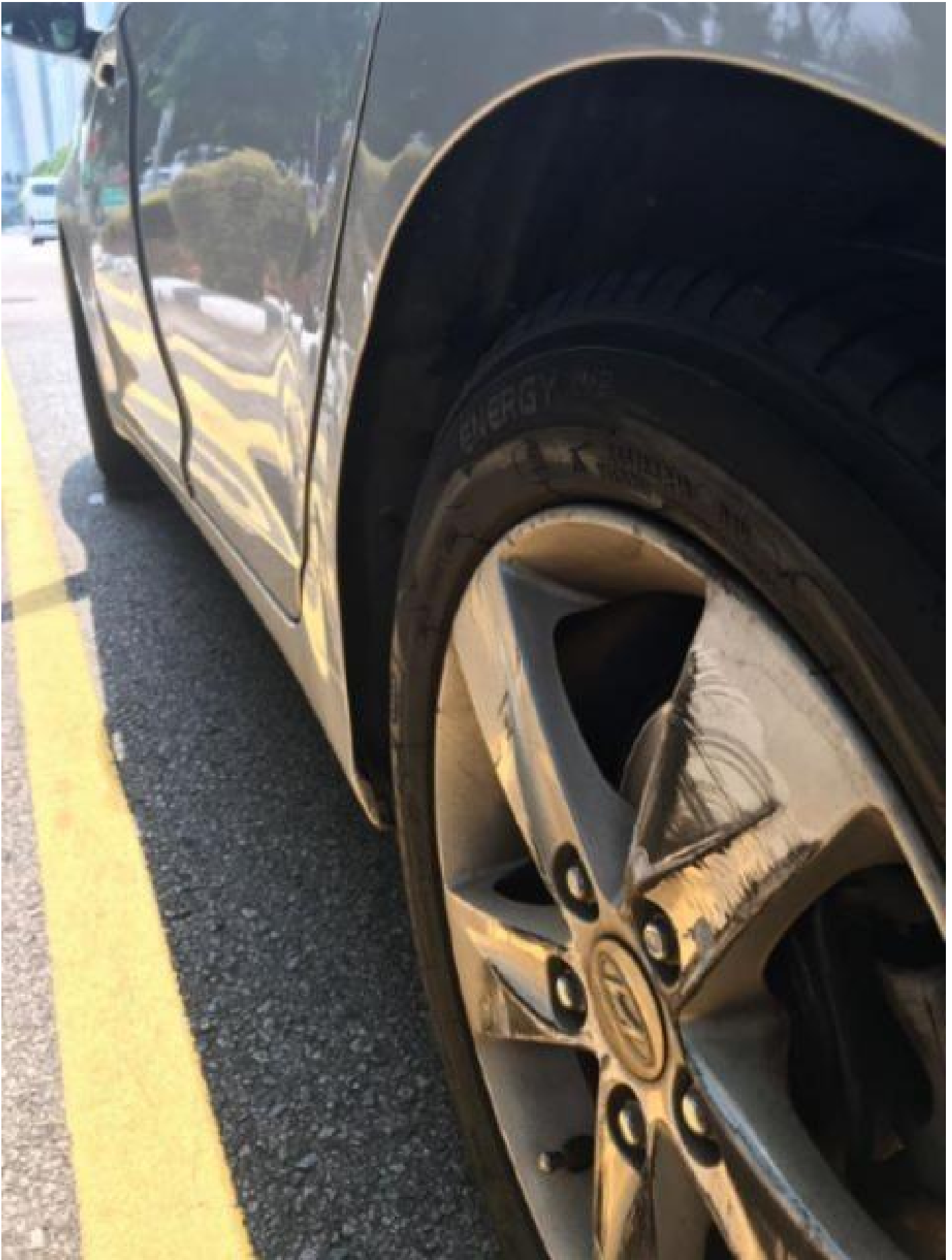
PICS BY INSURED











PICS BY INSURED

