

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	24/08/2019 13:20
Date Of Accident	24/08/2019 09:45
Exact Location Of Accident	KPE INSIDE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6030E
Insured/Policyholder	
Name Of Registered Owner	THNG XUE TING
NRIC No	S8118221C
Email Address	TNG_THOMSON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96908807
Alternative Phone No	OFFICE-96908807

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA484902
Cover Note Number	

Driver

Name of Driver	TNG DONG SEN THOMSON
NRIC No	S8130560I
Date Of Birth	17/09/1981
Occupation	INDOOR
Date Of Driving Pass	22/07/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96654679
Fax Number	
Contact Number	
Email Address	TNG_THOMSON@YAHOO.COM

Address	23 TAMPINES ST 34 #03-14
Postcode	529233
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	COLLISION - HEAD TO REAR
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?	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)	1

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

REFER TO REPORT ATTACHED

Attachment(s)

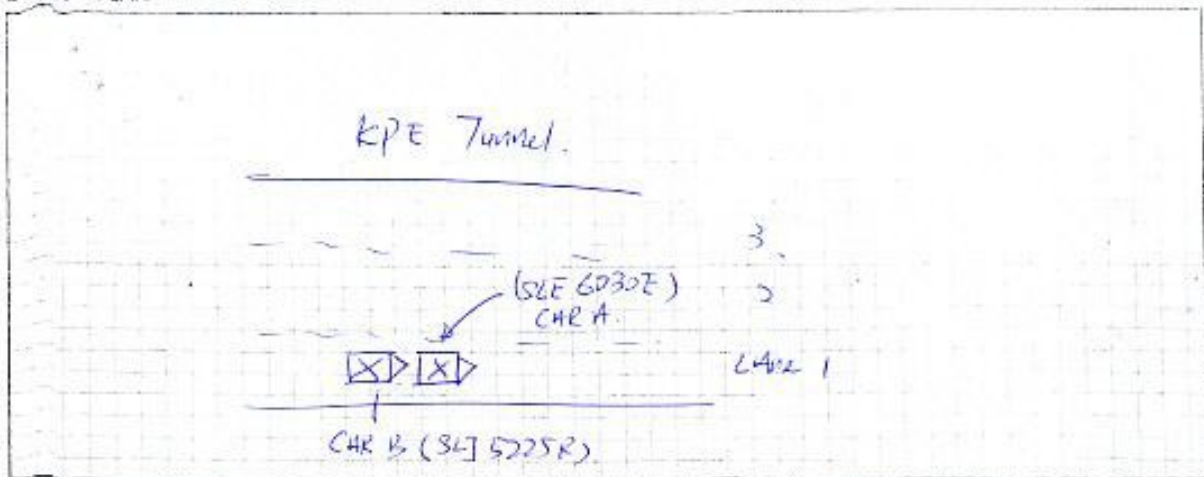
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5225R
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was heading to City from TPE and passed by the tunnel. The car in front of me stopped and I stopped. Suddenly the car B (SLJ 5225R) came from behind and banged into me.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

Sketch Plan #2

SKETCH PLAN

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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:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




redefining / insurance

THIRD FLOOR
23 RAFFLES STREET 04
#03-04
SINGAPORE 102523

AIA Insurance Pte Ltd
 100 Robinson Road, #03-04 (Robinson Road)
 05 4388 4388 (International)
 031 4388 4388
 aia.com.sg
 www.aia.com.sg

Policy Schedule
 Your SmartDrive Comprehensive Flexi

Your Policy Schedule has been updated effective 26/07/2023.

Policyholder name TANG EESTING
Cover Comprehensive
Period of Insurance ongoing 26/07/2023

Policy number 951 / 04484892
PIN / PINN 881002100

Delivery point

Year 12/01/2009

Your servicing distributor
 ALPINE CREDIT PTE LTD / 03000

Your servicing distributor name in
 0021 2004

Your policy snapshot

Your benefits highlights [refer to Policy Wording for full terms and conditions](#)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Repatriation in Singapore or Overseas
- Workshop Replacement with AIA Assist: Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Loss or Damage
- Legal Liability
- Replacement of Your Items
- Medical and dental expenses up to \$1,000 per person for you, your named driver and your immediate family members
- Reimbursement of 10% of your early marked value in the event of total loss due to theft without claim from Insurance Bureau

Class Exclusion Risk Benefits

- Storm and Salvage recovery claims
- Art/Gems/Document Protection

Vehicle details

Make & Model of Vehicle	HYUNDAI VELO 1.4	Year of manufacture	2008
Vehicle registration number	SLD00000	Type of Use	Private Use
Body type	SLD000	Engine Capacity (cc)	1494
Seating Capacity (incl. driver)	4	Engine Number	U35800000071
Off-Road Use	No	Chassis Number	9U112145005

Insured's Estimated Market Value Market Value at the time of Loss (including accessories and spare parts)
Limitation to use As per Certificate of Insurance
Finance Lien Company OCBC LIMITED

Excess applicable [refer to Policy Wording for other applicable Excesses](#)

Windscreen Excess Not Applicable

Driver's details

Driver type	Driver name	Date of Birth	Driving experience
Named Driver	TANG EESTING	27/06/1981	10 years

AIA Insurance Pte Ltd (10000000120)
 10 Robinson Road, #03-04, AIA Tower,
 Singapore 048621
 Customer Service, 951-03

951 / 04484892

Driver type	Driver name	Date of Birth	Driving experience
Additional Driver	YEOH EONG BEN THOMSON	17/06/1981	14 years

Additional clauses & endorsements to your policy

N/A

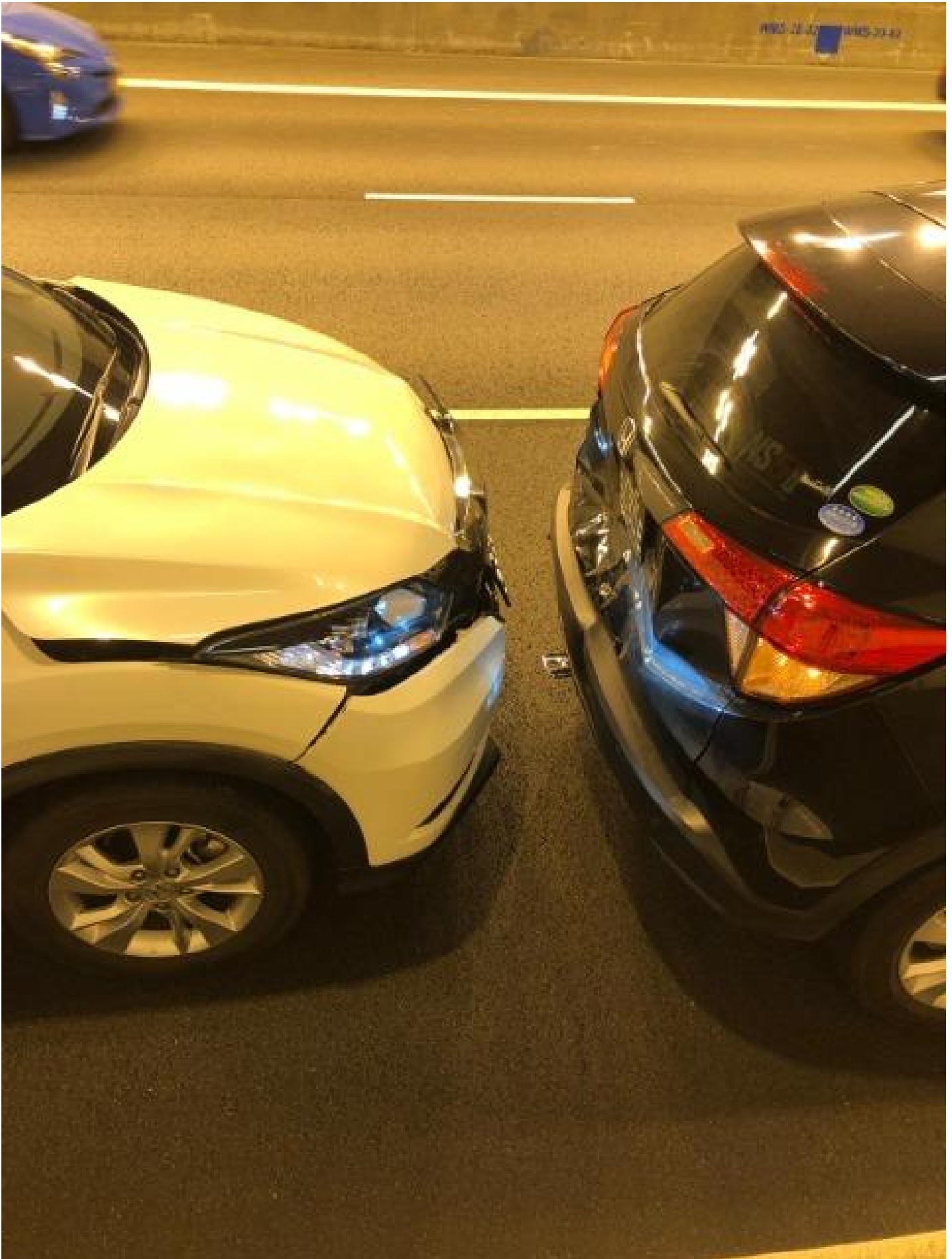
What you should do

- Keep this Policy Schedule as record of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Terms and Conditions of the Policy Wording.

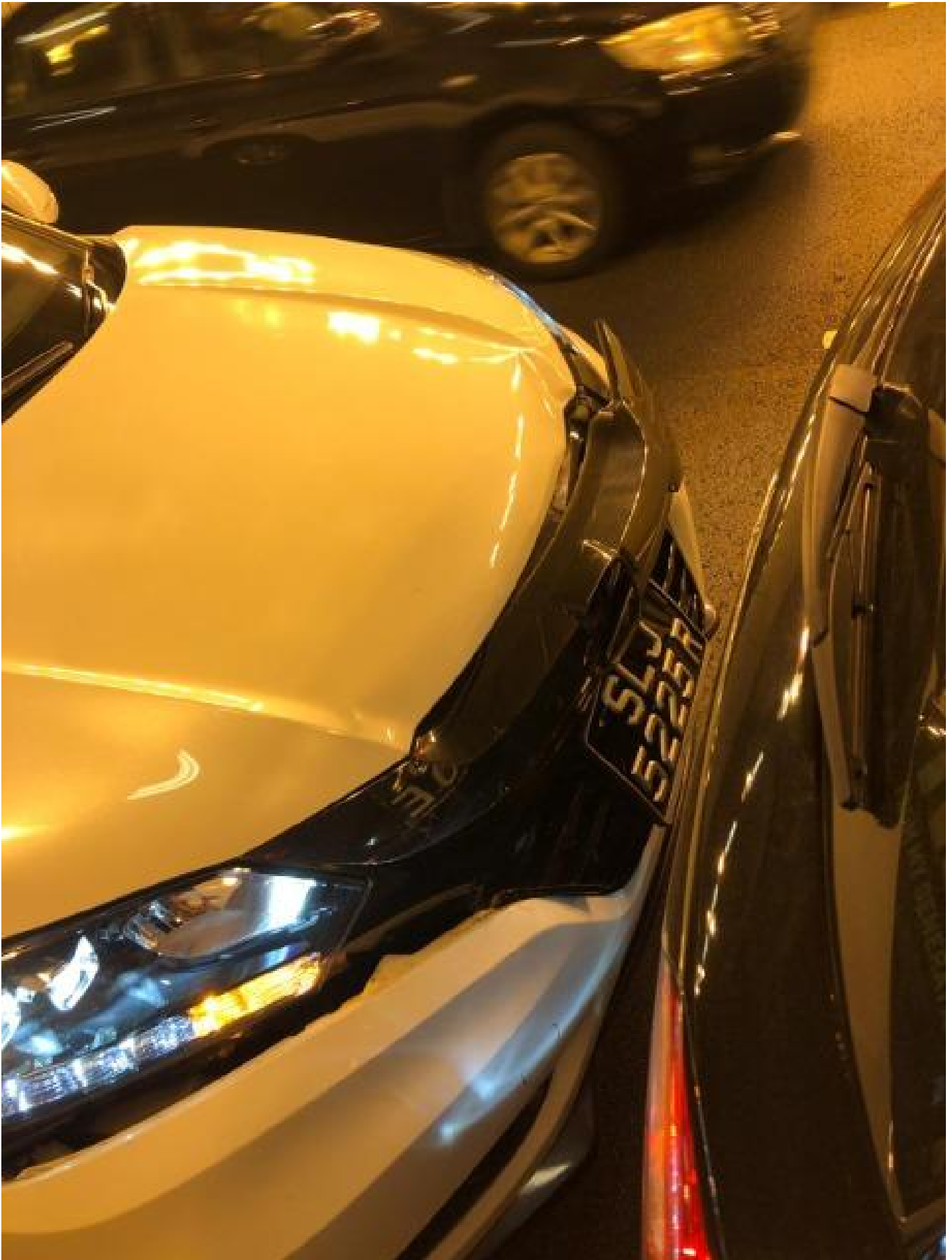
AIA Insurance Pte Ltd

This is an auto-generated document and hence no signature is required

Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8118221C



Name
THNG XUETING
(TANG XUETING)
唐育婷

Race
CHINESE

Date of Birth
27-06-1991

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8130560I



Name
THO DONG SEN THOMSON
唐棟森

Race
CHINESE

Date of Birth
17-09-1991

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8130560I

Name
THO DONG SEN THOMSON

Birth Date 17 Sep 1991

Issue Date 26 Jul 2014



Identification Card

