

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 | 30/08/2019 17:26 |
| Date Of Accident | 29/08/2019 20:20 |
| Exact Location Of Accident | ALONG LORNIE HWY TWDS TOA PAYOH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA5945T |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHIP TECK |
| NRIC No | S1542763I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98302383 |
| Alternative Phone No | OFFICE-98302383 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100455771-03 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAN CHIP TECK |
| NRIC No | S1542763I |
| Date Of Birth | 25/10/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/06/1980 |
| Driving Experience | 39 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98302383 |
| Fax Number | |
| Contact Number | OFFICE-98302383 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 205 TOA PAYOH NORTH #10-1153 |
| Postcode | 310205 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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? | 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BOON TECK NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2549999 - FAX NO: 63554310 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20190830/2133

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 | SJL3890X |
| Vehicle Make/Model/Colour | |
| 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)

DETAILS OF INJURED PERSON 1

Name TAN CHIP TECK

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLA5945T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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. 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.

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.

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

Accident Sketch Plan

SKETCH PLAN

A = SLA 5945T
B = SJL 3890X

Lorne Hwy twd S Toa Payoh

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190830/2133

DECLARATION

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

Policyholder's Signature
Date & Time:

is dated: 2019/08/30 11:11

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190830/2133

1 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20190830/2133

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/08/2019 16:03 | Vide Report No.: | Station Diary No.: 28 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: TAN CHIP TECK | | | Address: APT BLK 205 TOA PAYOH NORTH #10-1153 SINGAPORE 310205 | | |
| ID Type / ID No.: NRIC NO / S15427631 | | | Contact No.: Home/Office: Mobile: 98302383 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 25/10/1962 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: PERSONAL DRIVER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 29/08/2019 20:20 | Type of Location: Straight Road |
| Location: Along Road 1 LORNIE WALK | | | | |
| Along LORNIE HIGHWAY towards Toa Payoh | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | | Traffic Volume: Heavy | |
| Type of Collision: Moving Vehicle Against Stationary Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|------------------------|-------|----------------------|-----------------|
| SJL3890X | Car | | | | | 1 |
| SLA5945T | Car | HONDA | CIVIC 1.6L VTI AUTO | Grey | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------|------------|-------------|
| SLA5945T | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100455771-03 | 22/01/2019 | 21/01/2020 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190830/2133

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

2 of 3

Report No. T/20190830/2133

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN CHIP TECK | ID No. | S1542763I |
| Related Vehicle | SLA5945T (Car) | Contact No. | 98302383 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 30/08/2019 | Date Discharge | 30/08/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 29 August 2019 at about 2020hrs, I was driving my Honda vehicle bearing reg no SLA5945T along Lornie Highway towards Toa Payoh on the second lane from the left. The traffic was heavy at that point of time. Thus, the vehicle ahead of me slowed down and subsequently came to a stop. I managed to stop my vehicle on time and thereafter, I felt a huge impact from the rear. I came out of my vehicle and discovered that a Toyota vehicle bearing reg no SJL3890X had collided onto my vehicle.

As the traffic was heavy, we took some photos of the damages on our vehicle and drove off. I wish to state that we did not exchange our particulars. To my assessment, I believed that the vehicle wanted to change lane from the extreme left lane to the second lane, however, he did not manage to stop in time and collided onto my vehicle. His vehicle was in a 45-degree position when I came out of my vehicle.

Due to this accident, I felt pain on lower back and shoulder. I went to consult a doctor and was given 05 days of MC. I wish to state that my vehicle suffered serious dent at the rear bumper

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190830/2133

3 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20190830/2133

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 1 DARREN TAN YUANJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2019 16:03

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

CH 052

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

