

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	02/09/2019 09:36
Date Of Accident	29/08/2019 18:55
Exact Location Of Accident	JUNC SENGKANG EAST RD & ANCHORVALE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1982J
Insured/Policyholder	
Name Of Registered Owner	SURVEY INSTRUMENTS SERVICES PTE LTD
Co Reg No	198600410K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON2.0A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100210964-09
Cover Note Number	

Driver

Name of Driver	TAN GIM BOON
NRIC No	S9329532C
Date Of Birth	11/08/1993
Occupation	INDOOR
Date Of Driving Pass	09/02/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92219637
Fax Number	
Contact Number	OFFICE-92219637
Email Address	NOEMAIL

Address	BLK 208C PUNGGOL PLACE #08-936
Postcode	823208
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : CHUNG NING XUAN GENDER: : FEMALE
Passenger 2	NAME: : TAN CHEW KIM, CATHERINE (CHEN XIU CHEN, CATHERINE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190830/7029.

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	SLU7767Y
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)
Passenger 1

Passenger 2

Passenger 3

4
NAME: :
GENDER: :

NAME: :
GENDER: :

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name TAN GIM BOON
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGH1982J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUNG NING XUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGH1982J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name TAN CHEW KIM, CATHERINE (CHEN XIU CHEN, CATHERINE)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGH1982J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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.

SURVEY
INSTRUMENTS
SERVICES PTE LTD

Policyholder's Signature
Date & Time:

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

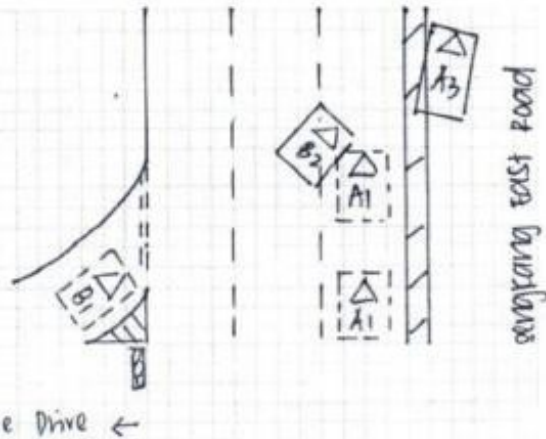
Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: 86H1982J

Vehicle B: SLU7767Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

MV Passenger: 1) Name: Chung Ning Xuan

NRIC: T0924921J

DOB: 22/08/2009

2) Name: Tan Chaw Kim, Catherine
(Chen Xiu Chen, Catherine)

NRIC: 87734979J

DOB: 29/11/1977

DECLARATION

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

**SURVEY
INSTRUMENTS
SERVICES PTE LTD**

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190830/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190830/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2019 19:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN GIM BOON		Address: APT BLK 208C PUNGGOL PLACE #08-936 SINGAPORE 823208	
ID Type / ID No.: NRIC NO / S9329532C		Contact No.: Home/Office:	Mobile: 92219637
Nationality: SINGAPORE CITIZEN		Email: jacktgb11@gmail.com	
Sex: Male	Age: 26	Date of Birth: 11/08/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES ENGINEER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/08/2019 18:55	Type of Location: X-Junction
Location: ANCHORVALE DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH1982J	Car	HYUNDAI	TUCSON		Seriously Damaged	2
SLU7767Y	Car				Seriously Damaged	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190830/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190830/7029

CONTINUATION OF REPORT

Driver			
Name	TAN GIM BOON	ID No.	S9329532C
Related Vehicle	SGH1982J (Car)	Contact No.	92219637
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	01	Degree of Injury	Serious
Passenger			
Name	TAN CHEW KIM, CATHERINE (CHEN XIU CHEN, CATHERINE)	ID No.	S7734979J
Related Vehicle	SGH1982J (Car)	Contact No.	96913022
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	01	Degree of Injury	Serious
Passenger			
Name	CHUNG NING XUAN	ID No.	T0924921J
Related Vehicle	SGH1982J (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	01	Degree of Injury	Serious

Brief Details.

ON 29/08/2019 AT ABOUT 18:55HR, I WAS DRIVING MY VEHICLE - SGH1982J, ALONG SENGKANG EAST ROAD HEADING TOWARDS COMPASS ONE WITH MY WIFE & DAUGHTER ONBOARD. AFTER THE TRAFFIC JUNCTION OF ANCHORVALE DRIVE & SENGKANG EAST ROAD, I WAS TRAVELLING ON LANE 1 WHEN VEHICLE NUMBER - SLU7767Y, CAME OUT FROM THE SLIP ROAD ON MY LEFT, FILTERING ACROSS 3 LANES AND COLLIDED ONTO MY VEHICLE'S FRONT LEFT PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO MOUNT ONTO THE KERB, AND ENDED ON THE OPPOSITE SIDE OF THE ROAD.

POLICE ATTENDED THE SCENE AND ADVISED TO LODGE A POLICE REPORT.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190830/7029

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190830/7029

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190830/7029

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190830/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/08/2019 19:02

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

