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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	09/09/2019 11:19
Date Of Accident	06/09/2019 13:20
Exact Location Of Accident	ALONG NICOLL HIGHWAY BESIDE SUNTEC
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4770B
Insured/Policyholder	
Name Of Registered Owner	TAN SOH CHOO
NRIC No	S0147103A
Email Address	WPETERHL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96622790
Alternative Phone No	OTHERS-96622790
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100466412-03
Cover Note Number	

Driver

Name of Driver TAN SOH CHOO
NRIC No S0147103A
Date Of Birth 06/02/1951
Occupation INDOOR
Date Of Driving Pass 14/12/1970

Driving Experience 48 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96622790

Fax Number

Contact Number OTHERS-96622790

EMail Address WPETERHL@YAHOO.COM

Address 3 ELIAS GREEN

#10-06

Postcode 519960

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 SIDE SWIPE
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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190906/2120

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 GBE7603P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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.
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- 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.
- 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.
- 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 insurers) 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:
 - 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.

Date & Time: 9 9 1

(0:10

Driver's Signature

(If driver is not the policyholde Date & Time: 9 10 119 Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	Alouh Micon thattwoy Brelon Surmer
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8) SLC 4990B 1) GBE 7603P
DESCRIBE CIRCUMST.	ANCES OF THE ACCIDENT
	DODA
	Q My CA
	Tich 1 10
	Tour 1911
	20/00/
/	08/66 2/20/
000	P
DECLARATION	
DECLARATION 1/We declare the foregoing	ng particulars are true in every respect.
margine	May 09/09/2019
Policyholder's Signature	Driver's Signature Reporting Centre Personne's Signature

POLICE REPORT





1 of 3

Report No. T/20190906/2120

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.;	Station Diary No.:		
06/09/2019 16:20		94		
Informant's Particulars				

06/09/201	9 16:20				
Informant	's Particu	ilars	HUBERT CHEET ST		
Name of Informant: TAN SOH CHOO			Address: 3 ELIAS GREEN #10-06 SINGAPORE 519960		
ID Type /	ID No.:	03A	Contact No.: Mobile: 96622790		
NRIC NO / S0147103A Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age:	Date of Birth: 06/02/1951	Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/09/2019 13:20	Type of Location Straight Road
Location: Along Road 1 NICOLL HIG Beside Sunte	HWAY	Don't Surface:		Road Speed Limit:
Weather: Sunny		Dry		
Traffic Flow Traffic Co		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Colli	sion:	wipe - Same Direction		Anyone conveyed by ambulance:

Details of V	ehicle invo		Inc. del	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	The state of the s	Cottailion	0
GBE7603P				Grey		0
	25		ATTRACE	Red	Seriously	0
SLC4770B	Car	MITSUBISHI	1.2 CVT	Red	Damaged	

Details of Act	hicle Insurance		Effective	Expiry Date
Jahlala No	Insurance Company	Insurance No	FIIective	The second second
Vehicle No.	Insulative Company	2100466412-03	17/05/2019	16/05/2020
020111	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100400412-03	1110012010	

POLICE REPORT



T/20190906/2120

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

2 of 3 Report No. T/20190906/2120

CONTINUATION OF REPORT

Details of Perso			arter a minimum and	Marie Land	1 -	
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of P	adactria		Survivate
Driver		A STATE OF THE	OSC OF P	edestria	n Cross	sing: NA
Name	TAN SOH CHOO			ID No).	S0147103A
Related Vehicle	SLC4770B (Car)		Conta	act No.	96622790	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 06/09/2019 at about 1320hrs, I was driving my red color Mitsubishi Attrage bearing registration plate number SLC4770B along the first lane of Nicoll Highway. Subsequently, a grey color lorry bearing registration plate number GBE7603P that was on the second lane of Nicoll Highway suddenly moved towards my car and brushed against it.

I immediately slowed down and sounded my horn. I also moved to the left side of the road to stop and speak to the driver. However, he drove off without stopping.

My car does not have an in-car camera.

I was not injured

Damages to my vehicle as follows:

- 1) Dislodged bumper on left side;
- 2) Scratches on left side of front bumper,
- 3) Dent on left side of front bumper
- 4) Scratches on left side of car above the front left tyre;
- 5) Abrasion on both left passenger doors.

I am unsure if there are any damages to his lorry

POLICE REPORT





3 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190906/2120

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: A / Staff Sgt SURAJDEEP SINGH S/O RAJVENDER SINGH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2019 16:20
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148	Classification Of Case:



Driving License

















