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.

	ACCIDENT STATEMENT
Date Of Report	25/09/2019 10:43
Date Of Accident	24/09/2019 10:00
Exact Location Of Accident	MAY FLOWER MARKET OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA5588P
Insured/Policyholder	
Name Of Registered Owner	TAN TIONG SENG
NRIC No	S1097920Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96364684
Alternative Phone No	OTHERS-96364684
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E230
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	THIRD PARTY
Fleet Policy	NO
Policy Number	2100051675-11
Cover Note Number	
Driver	

Name of Driver TAN TIONG SENG
NRIC No S1097920Z
Date Of Birth 30/07/1946
Occupation INDOOR
Date Of Driving Pass 30/01/1973

Driving Experience 46 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96364684

Fax Number

Contact Number OTHERS-96364684

EMail Address NOEMAIL

18 FUDU WALK Address

Postcode 789511

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

5

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

THOMSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190924/2065

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GR9081D

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA2219P

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKK9073S

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SBK3113G

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)

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 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 :
 - 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 disciosure 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:
 - 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:

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

Accident Sketch Plan

SKETCH PLAN	MAYFLOWAR	opm Space	n Cosefor	E
		1 TE T		
DESCRIBE CIRCUM	STANCES OF THE ACCIDE	T T T		V.B) SIASS88P V-B) GR 9081D V-C) SM R 2219P V-O) SKK 9073 S V-E) SBK 31136
I was parke	d stationary on	lot 74, everyth	ning was in	tact before I
left. We th	en went to the	market, and (ame back s	hortly to retrieve
we then real	then know that	nd collided against	my stationary SKK9073S	vehicle front right did a reverse and
Next up the full accelerat		(Ollided against	vehule 'C'	s B' which
Police	RAPORA 7	2019 0924/206	\$	/ , 1
MS Policyholder's Signatur Date & Time:	Driver's Sig (If driver is	not the policyholder)	Reporting C	25 log 2009 entre Persogner's Signature World

POLICE REPORT





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 1 of 3 Report No. T/20190924/2065

Tel No: 1800-4529999

DEDODT	ME A	TDAEEIC	ACCIDENT
PC IN INCIDING I	ULA	INAFFIL	ACCIDENT

Date/Tim 24/09/20	e Report N 19 13:09	fade:	Vide Report No.: F/20190924/0073	Station Diary No.: 26	
Informar	nt's Partici	ulars			
	Informant. NG SENG		Address: 18 FUDU WALK SINGAPORE 789511		
ID Type / NRIC NO	ID No.: 0 / S109792	20Z	Contact No.: Home/Office;	Mobile: 96364684	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 73	Date of Birth: 30/07/1946	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2019 10:00	Type of Location Car Park	
Along Road 1 ANG MO KIO Bik 163 Ang I Weather: Clear	AVENUE 4 15 Kic Ave 4 Open Space	Carpark near Ma Road Surface Dry	yflower Market	Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GR9081D	Lorry				Seriously Damaged	0
SBK3113G	Car				Seriously Damaged	0
SJA5588P	Car	MERCEDES BENZ	E230	Grey	Seriously Damaged	0
5KK9073S	Car				Seriously Damaged	100
SMA2219P	Car				Seriously Damaged	

POLICE REPORT



T/20190924/2065

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

2 of 3 Report No. T/20190924/2065

Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	The second second		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA5588P	AIG ASIA PACIFIC INSURANCE PTE.	2100051675-11	27/11/2018	26/11/2019

Any Pedestrian I	nvolved: No					White the property
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver		STATE OF THE PARTY		7. SYNCE	The state of	
Name	TAN TIONG SENG			ID No		S1097920Z
Related Vehicle	SJA5588P (Car)			Conta	ct No.	96364684
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date I			harge	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of		NIL	

Brief Details.

On 24/09/2019 at about 0930hrs, I had parked my vehicle at Blk 163 Ang Mo Kio Ave 4 Open space carpark, near Mayflower Market. My vehicle(SJA5588P) was parked at Lot no.74. Before I left, I made a check on my vehicle and everything was intact. At about 1030hrs, I then came back to retrieve my vehicle when I discovered that a vehicle(GR9081D) had collided onto the driver side of my vehicle. I was then informed by the police officers that attended, that a vehicle(SKK9073S) had lost control causing multiple collisions and driver was already conveyed to the hospital. I was told that the driver of the vehicle(SKK9073S) attempted to park but had lost control of his vehicle causing it to knock onto vehicle GR9081D which then collided onto my vehicle. I am unsure of what really happened as I was not present during the incident. I was then informed by the attending police officers to lodge a traffic accident report. I am also lodging this report to facilitate my insurance claims.

POLICE REPORT





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

3 of 3 Report No. T/20190924/2065

CONTINUATION OF REPORT

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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 2 QAMARUL FITRI BIN JEFFREY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 13:09
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABOUTO SA CAD POLICE FORCE Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	























