SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/10/2019 16:51
Date Of Accident	29/10/2019 12:25
Exact Location Of Accident	SIN MING ROAD (TURNING INTO SIN MING CARPARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT8775G
Insured/Policyholder	
Name Of Registered Owner	PEGGY TAN SOR TIN
NRIC No	S1550577Z
Email Address	ASBELMS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97323162
Alternative Phone No	Others-97323162
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100506336-02
Cover Note Number	
Driver	
Name of Driver	PEGGY TAN SOR TIN
NRIC No	S1550577Z
Date Of Birth	16/10/1962

INDOOR

14/10/1983

36 YEARS AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97323162

Fax Number

Contact Number OTHERS-97323162

EMail Address ASBELMS@SINGNET.COM.SG

Address BLK 24 SIN MING ROAD #10-37

Postcode 570024

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 COLLIDED INTO MOTORCYCLIST

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number V3149 (MOTORCYCLE)

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23, POSTCODE: 579757, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

SEE ATTACHED SKETCH PLAN AND POLICE REPORT T/20191030/2060

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

V3149

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver TAN TIM HUAT

NRIC/Passport Number

Contact Number 91132473

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN TIM HUAT

Approximate Age

Injuries Sustain SPRAINED ANKLE

Injured person in which vehicle? V3149

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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
- (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
- 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 purpose satisfies PTE LTD

(ii) for complying with requirements under any regulations, laws or court orders. Toa Payoh Lorong 8

Singapore 319254 Tel: 6357 0756 Fax: 6356 4922

Policyholder's Signature

Date & Time:

4:15 pm.

Driver's Signature

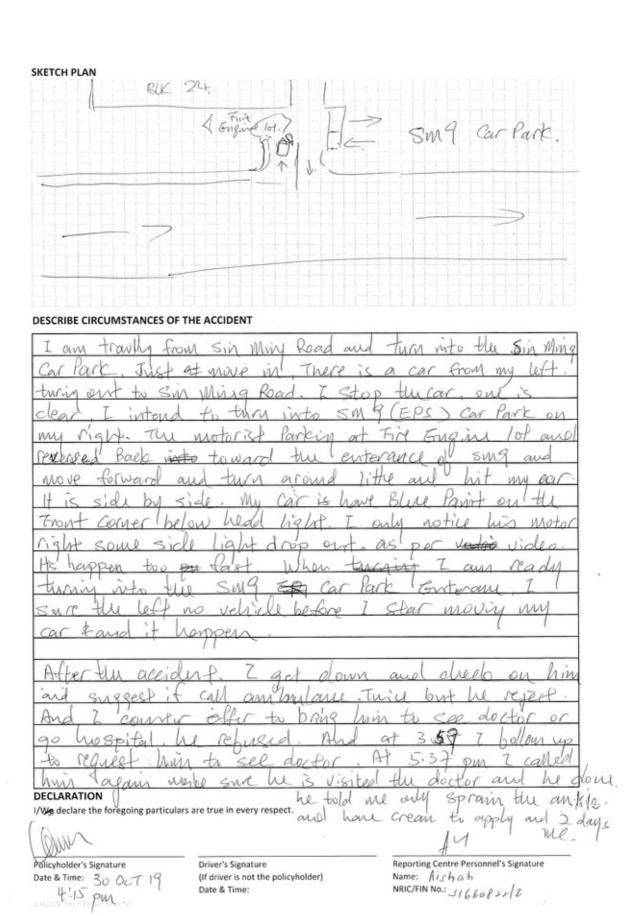
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Alshah

NRIC/FIN No.: 5/660822/2



POLICE REPORT



T/20191030/2060

1 of 4

Report No. T/20191030/2060

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

DEDODT	OF	Α.	TDAEELC	ACCIDENT

Date/Time Report Made: 30/10/2019 12:08			Vide Report No.:	Station Diary No.: 70		
Informan	t's Partic	ulars				
Name of Informant: PEGGY TAN SOR TIN			Address: APT BLK 24 SIN MING ROAD #10-37 SINGAPORE 570024			
ID Type / ID No.: NRIC NO / S1550577Z		Contact No.: Home/Office:	Mobile: 97323162			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Female	Age: 57	Date of Birth: 16/10/1962	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SELF-EMPLOYED			Driving Licence Informa Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/10/2019 12:25	Type of Location Car Park	
				Road Speed Limit:	
Weather: Road Clear Dry		Road Surface: Dry		Noad Speed Little.	
		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
			Photograph to the first term of the second s		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGT8775G	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White	Slightly Damaged	0
V3149	Motorcycle				Slightly Damaged	0

Details of Vo	ehicle Insurance		Anna Care Care Contract	A Part of the A
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20191030/2060

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Report No. T/20191030/2060

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			1 1 1 1 1 1 1
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGT8775G	AIG ASIA PACIFIC INSURANCE PTE.	2100506336-02	31/03/2019	30/03/2020

Details of Perso	n Involved				1 1-1	The State of the S
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver						
Name	PEGGY TAN SOR TIN			ID No.		S1550577Z
Related Vehicle	SGT8775G (Car)			Contact No.		97323162
Hospital/Clinic	NIL \\			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days gran	ted Medical Leave	Degree o	f Injury	NIL		
Rider						
Name	Tan Tim Huat			ID No.		NIL
Related Vehicle	V3149 (Motorcycle)			Contact No.		91132473
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	granted Medical Leave NIL			Degree of Injury Slight		

Brief Details.

On 29/10/2019 at about 1225hrs, I was driving my vehicle (SGT 8775G) along Sin Ming Road and turning into the car park of Blk 24 Sin Ming Road. I wanted turn right into the MSCP when I suddenly heard a loud sound and I realised that one motorbike (V3149) had hit against the right side of my car.

When the motorcyclist tried to alight from his bike, which was already stationary, he accidentally fell to the ground. I offered to call the ambulance for him but he declined. Afterwards, we exchanged particulars and parted our ways. My vehicle suffered some small scratches on the front right side, below the headlights. The motorbike's side light on the right side also came off.

Subsequently, I view my car's dash camera and saw that before the accident, the male rider made a reverse on his malaysian motorbike before riding towards my direction. I contacted the rider on 29/10/2019 and he said he already went to see the doctor but I do know know if he was given any mc. I did not suffer any injury. This is the first time such incident happened.



T/20191030/2060

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Report No. T/20191030/2060

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

CONTINUATION OF REPORT





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Report No. T/20191030/2060

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Tel No: 1800-5529999

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 Informant:
Date/Time: 30/10/2019 12:08
Classification Of Case:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1550577Z





PEGGY TAN SOR TIN

Race CHINESE

\$15505772



Date of birth 16-10-1962 Country/Piece of birth SINGAPORE



6047230





19-10-2018

APT BLK 24 SIN MING ROAD #10-37 SINGAPORE 570024

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Accident Photo















Accident Photo











Accident Photo

