

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	08/11/2019 10:58
Date Of Accident	07/11/2019 19:00
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4247G
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Insured/Policyholder

Name Of Registered Owner	JOHN PATRICK TANG KOON CHEONG
NRIC No	S2563490Z
Email Address	PATRICK88.TANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98222165
Alternative Phone No	Others-98222165

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 (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?	YES
If No, Please state action to be taken	
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	2100324115
Cover Note Number	

Driver

Name of Driver	CORINA YEO KIM LIAN
NRIC No	S1491665B
Date Of Birth	05/06/1961
Occupation	INDOOR
Date Of Driving Pass	18/02/1983
Driving Experience	36 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96360350
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 16 PINE GROVE #06-02
Postcode	597593
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED.

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	SLS5613G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL MEAGHER
NRIC/Passport Number	
Contact Number	85885364
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	Name: : Gender: : Male

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: _____

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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 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.
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.

Policyholder's Signature
Date & Time:

8/11/19

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

8/11/2019

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

A hand-drawn diagram on grid paper showing a road layout. At the top, a horizontal line is labeled "towards airport road" with an arrow pointing left. Below this, a vertical line intersects the horizontal one. To the right of the intersection, two rectangular signs are shown, each with a left-pointing arrow. The first sign contains the text "SLS 56136" and the second contains "SRH 92476". Below these signs, another horizontal line is shown, with a rectangular sign labeled "Bus stop" and "H 1202-9" below it. To the right of this line, the word "Holland" is written. At the bottom left, the text "Traffic light" is written.

(A) My Vehicle No:

Accident Location:			
Accident Date:		Time: am / pm	
- Brief Details Of Accident -			
see attach police report			
No one was injured. No one went with the ambulance.			
- Other Vehicle Involve Details -			
Veh No:	Hp:	Pax:	Driver Name:
Veh No:	Hp:	Pax:	Driver Name:

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

GIARMC Sketch Plan Form V3

8/11/2019

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191107/2183

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20191107/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 21:50	Vide Report No.: D/20191107/0113	Station Diary No.: 163
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Informant's Particulars

Name of Informant: CORINA YEO KIM LIAN			Address: 16 PINE GROVE #06-02 SINGAPORE 597593	
ID Type / ID No.: NRIC NO / S1491665B			Contact No.: Home/Office: Mobile: 96360350	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 58	Date of Birth: 05/06/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2019 19:00	Type of Location:
Location: Along Road 1 HOLLAND ROAD NAPIER ROAD near bus stop 12029				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH4247G	Car				Seriously Damaged	0
SLS5613G	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191107/2183

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20191107/2183

CONTINUATION OF REPORT

Brief Details.

On 07/11/2019 at about 1900hrs, I was driving SKH4247G along Holland Rd heading towards Napier Rd near L/P 234 in the center of 3 lanes road whereby I suddenly collided my front car into the rear of the car ahead of me. No one was injured and no government property is damaged. I have no in-car camera.



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T/20191107/2183

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Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3


Report No. T/20191107/2183

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: D / Sgt 3 IBNU MUSALLI BIN HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2019 21:50
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



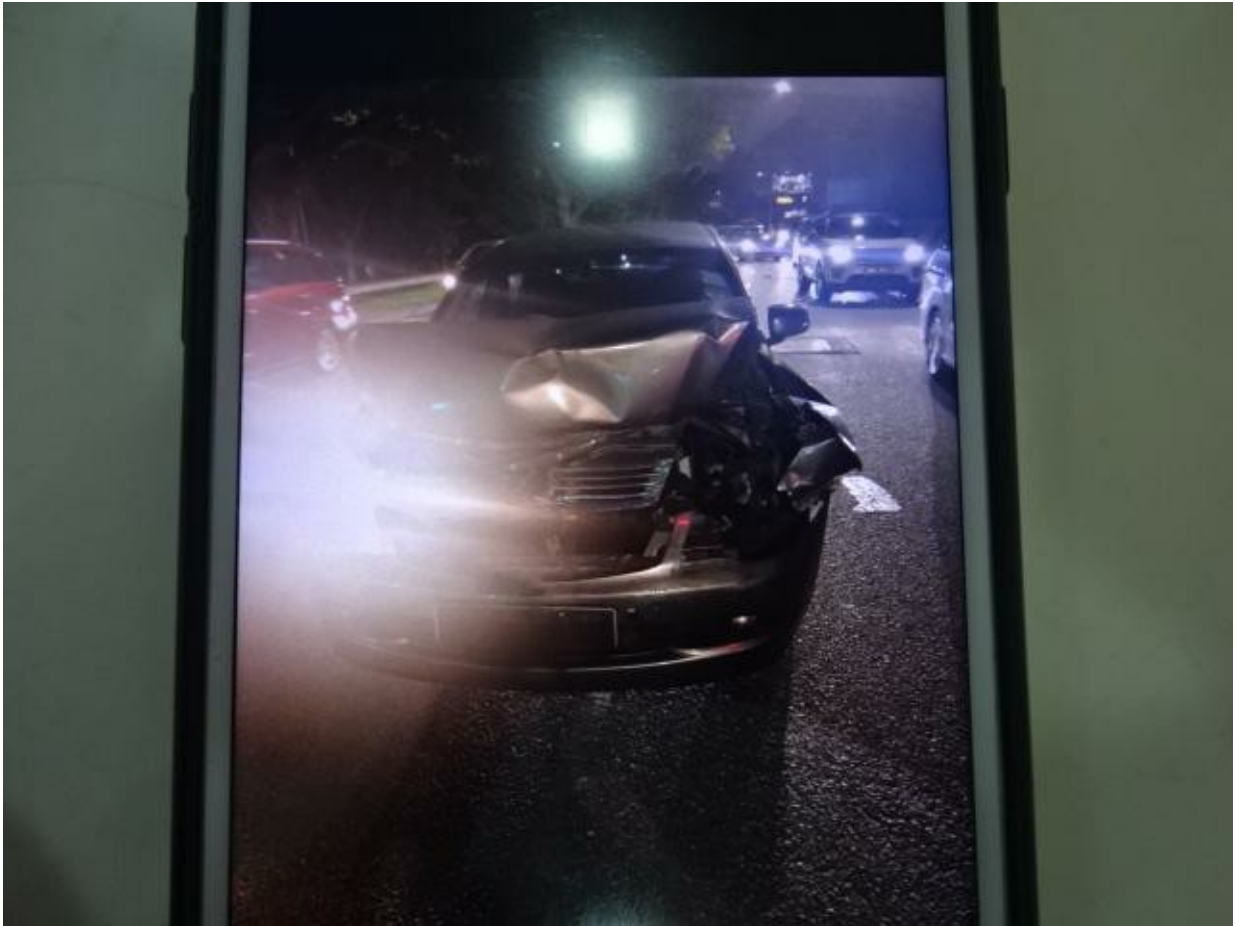
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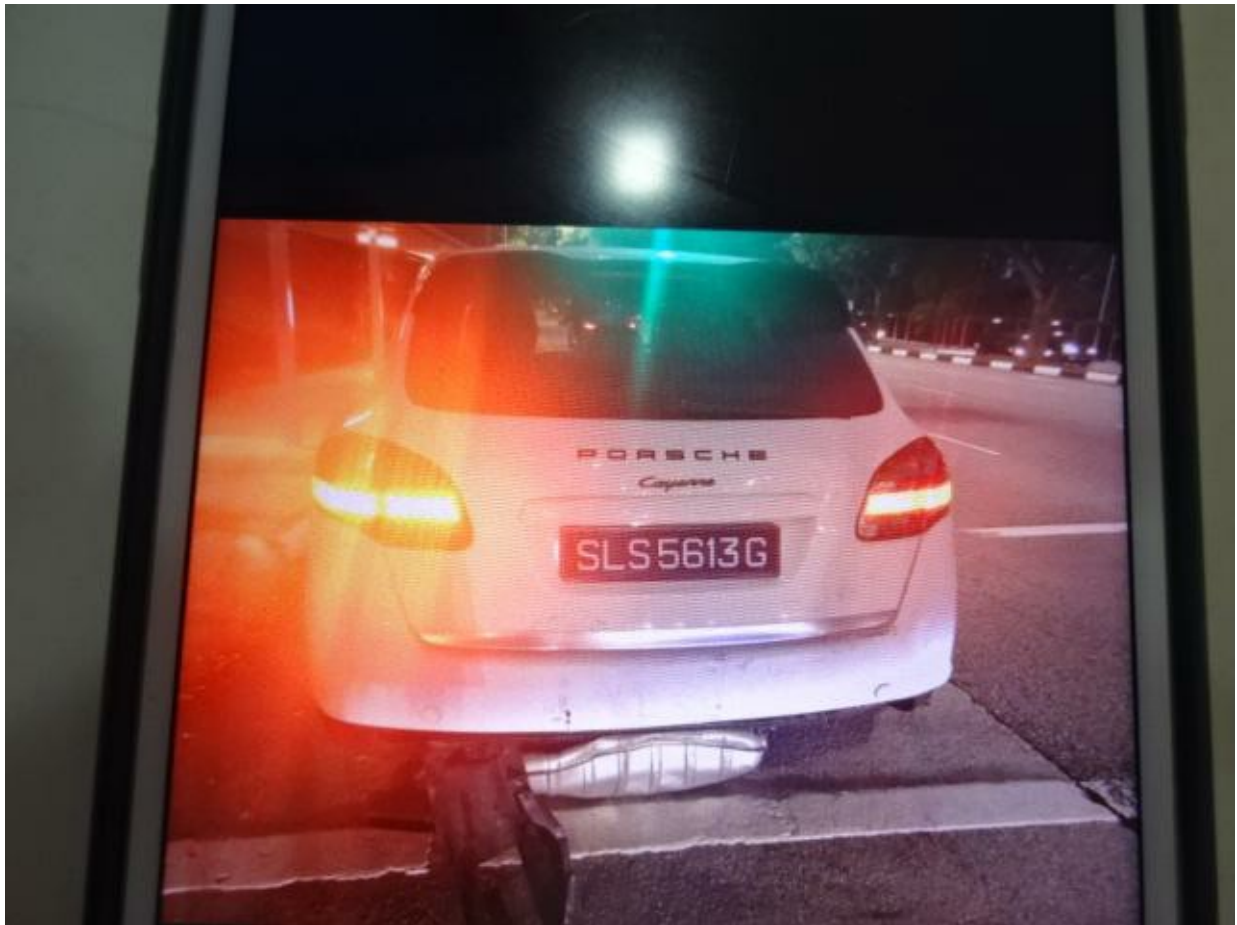
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Accident Photo



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