

## 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	12/11/2019 09:06
Date Of Accident	10/11/2019 23:20
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3961D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MS TAN SHEA YIAN
NRIC No	S7700766J
Email Address	TARINGALTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97457370
Alternative Phone No	Office-97457370

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 DELUXE SKYACTIV (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?	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	
Cover Note Number	

### Driver

Name of Driver	MS TAN SHEA YIAN
NRIC No	S7700766J
Date Of Birth	13/01/1977
Occupation	INDOOR
Date Of Driving Pass	12/05/1999
Driving Experience	20 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97457370
Fax Number	
Contact Number	OFFICE-97457370
EMail Address	TARINGALTAN@GMAIL.COM
Address	953 HOUGANG AVENUE 9 #02-678
Postcode	530953
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	CHAIN COLLISION
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	3
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

SEE POLICE REPORT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1063G
Vehicle Make/Model/Colour	SMART TAXI
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	POH KOK SENG
NRIC/Passport Number	S7812607H
Contact Number	82007709
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1395T
Vehicle Make/Model/Colour	MERC TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN SEAH YIAN
Approximate Age	42
Injuries Sustain	LOSS OF TEMPORARY HEARING ON RIGHT EAR, GIDDY & NECK PAIN
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

ACCIDENT DATE: 10 NOV 19

CONTACT NUMBER: 98380660

ACCIDENT TIME: 6 235 2319 HRS

EMAIL: taringal@gmail.com

LOCATION: AIRPORT BOULEVARD

PLEASE REFER TO POLICE REPORT

**NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.**

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ REPORTING ONLY

## DECLARATION

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

Policyholder's Signature

Date & Time: 11/11/19

GATEWAY 501

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## 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.

Policyholder's Signature  
Date & Time:

11/11/19  
1655HRS

©IARME SketchPlanForm\_V3

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

Reporting Centre Personnel's Signature  
Name:  
NRIS/ELIN No.:

11-11-2019



**SINGAPORE  
POLICE FORCE**



T/20191111/2031

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

1 of 3

Report No. T/20191111/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2019 11:33		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN SHEA YIAN			Address: 953 HOUGANG AVENUE 9 #02-678 SINGAPORE 530953		
ID Type / ID No.: NRIC NO / S7700766J			Contact No.: Home/Office: Mobile: 98380660		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 13/01/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Cabin attendant/steward			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/11/2019 23:20	Type of Location:
Location: Along Road 1 AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1063G	Car					0
SHC1395T	Car					0
SLU3961D	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20191111/2031

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

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Report No. T/20191111/2031

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU3961D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700088683	30/11/2017	29/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SHEA YIAN	ID No.	S7700766J
Related Vehicle	SLU3961D (Car)	Contact No.	98380660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date time and location,  
I was travelling along Airport Blvd, just before the exit into ECP or TPE. There was a vehicle which was quite a distance away, which stopped as he was unsure of where to exit. The Taxi in front of me suddenly brake, not sure why. Due to that I did not have enough time to react and had to collide with the taxi in front of me. At the same time, there was also another taxi that collided into the rear of my vehicle. I did not felt any pain at that point of time. After around 10 minutes, TP arrived, I then felt some pain and I was then conveyed to hospital. That's all.





**SINGAPORE  
POLICE FORCE**



T/20191111/2031

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

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
Report No. T/20191111/2031

**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:   
TP /  
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168

Signature Of Informant:



Date/Time:  
11/11/2019 11:33

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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