

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	09/09/2019 23:01
Date Of Accident	09/09/2019 12:20
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8012L
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Insured/Policyholder

Name Of Registered Owner	CHONG HAI TAT
NRIC No	S6898068B
Email Address	CHT.MYACCT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98275838
Alternative Phone No	Others-65501270

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	LUNCH APPOINTMENT
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	2100437788-03
Cover Note Number	

Driver

Name of Driver	CHONG HAI TAT
NRIC No	S6898068B
Date Of Birth	22/08/1968
Occupation	INDOOR
Date Of Driving Pass	27/07/2001
Driving Experience	18 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98275838
Fax Number	
Contact Number	OTHERS-65501270
EMail Address	CHT.MYACCT@GMAIL.COM
Address	59 COMPASSVALE BOW #17-17 SINGAPORE
Postcode	544988
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	FBN1635P
Vehicle Make/Model/Colour	WHITE
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	JAYADEVI A/P TANASEKARAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	JAYADEVI A/P TANASEKARAN
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBN1635P
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


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:

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


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

③

②

①

FBN1635P

My car

A hand-drawn diagram on a grid background. On the left, there are three horizontal lines, each preceded by a circled number: ③, ②, and ① from top to bottom. To the right of these lines is a simple drawing of a car. A rectangular box is drawn on top of the car's roof. Above the box, the text 'FBN1635P' is written. Below the car, the text 'My car' is written. To the right of the car, there is a large arrow pointing to the right, consisting of a horizontal line and a diagonal line meeting at a point.

Referred to the police report

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

Policyholder's Signature _____
Date & Time: 10/9/19

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190909/7031

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

1 of 3
Report No. T/20190909/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2019 22:34		Vide Report No.: F/20190909/0084	Station Diary No.:
Informant's Particulars			
Name of Informant: CHONG HAI TAT		Address: 59 COMPASSVALE BOW #17-17 SINGAPORE 544988	
ID Type / ID No.: NRIC NO / S66980688		Contact No.: Home/Office: Mobile: 98275838	
Nationality: SINGAPORE CITIZEN		Email: cht.mysocd@gmail.com	
Sex: Male	Age: 51	Date of Birth: 22/09/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: IT Support		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/09/2019 12:20	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1635P	Motorcycle			White	Slightly Damaged	0
SKW8012L	Car	KIA	FORTE K3 1.6A EX	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW8012L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100437788-03	17/1/2018	16/1/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190909/7031

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

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Report No. T/20190909/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JAYADEVI A/P TANASEKARAN	ID No.	850910135168
Related Vehicle	FBN1635P (Motorcycle)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 10/09/2020
Date Treatment	09/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHONG HAI TAT	ID No.	S6890668B
Related Vehicle	SKW8012L (Car)	Contact No.	96275838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 9 Sep 2019, I was involved in an accident at around 12.20pm when I was driving from Upper Serangoon Road towards Sengkang Road. The traffic condition was smooth and visibility was clear. I was on the first lane trying to move my vehicle to the second lane. I checked the rear mirror and left side mirror to ensure there was no vehicle on my left side before I manoeuvred my vehicle to the second lane. Suddenly, I heard a "Pom" sound from the left side of my vehicle. A vehicle side swipe into the left side of my car. Immediately, I drove my vehicle to the side of the road near the kerb and stopped. The incident happened near Crestar Building along Upper Serangoon Rd. I quickly ran out my vehicle and checked what happened. I saw a female Indian motorist fall on the second lane of the road. She was riding a white motorcycle with number plate FBN1635P. I asked her how she was and she said her right leg was injured and she felt giddy. I called for an ambulance immediately. The traffic police and ambulance arrived at the scene as well as her company supervisor was there. I was informed by the traffic police that she was sent to Sengkang General Hospital.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190904/7031

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

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Report No. T/20190909/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
09/09/2019 22:34

Officer In Charge Of Case:
TP / TPHQ /
SHAHROL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp
NP106

Identification Card



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