

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	10/12/2019 15:24
Date Of Accident	09/12/2019 16:50
Exact Location Of Accident	JURONG GATEWAY RD JUNCTION OUTSIDE JEM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5707C
Insured/Policyholder	
Name Of Registered Owner	ALTITUDE CAR LEASING PTE LTD
Co Reg No	201703858E
Email Address	ENQUIRY@ALTITUDELEASING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81813556

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.3 HYBRID CVT I-VTEC (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994236
Cover Note Number	02/03/2019-01/03/2020

Driver

Name of Driver	TAN KIAT HAO FRANCIS
NRIC No	S8527365E
Date Of Birth	19/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-90461322
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	140 RIVERVALE STREET 12-780
Postcode	540140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SKM6521A
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEN KANA
NRIC/Passport Number	S8086339Z
Contact Number	96503817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 making 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.

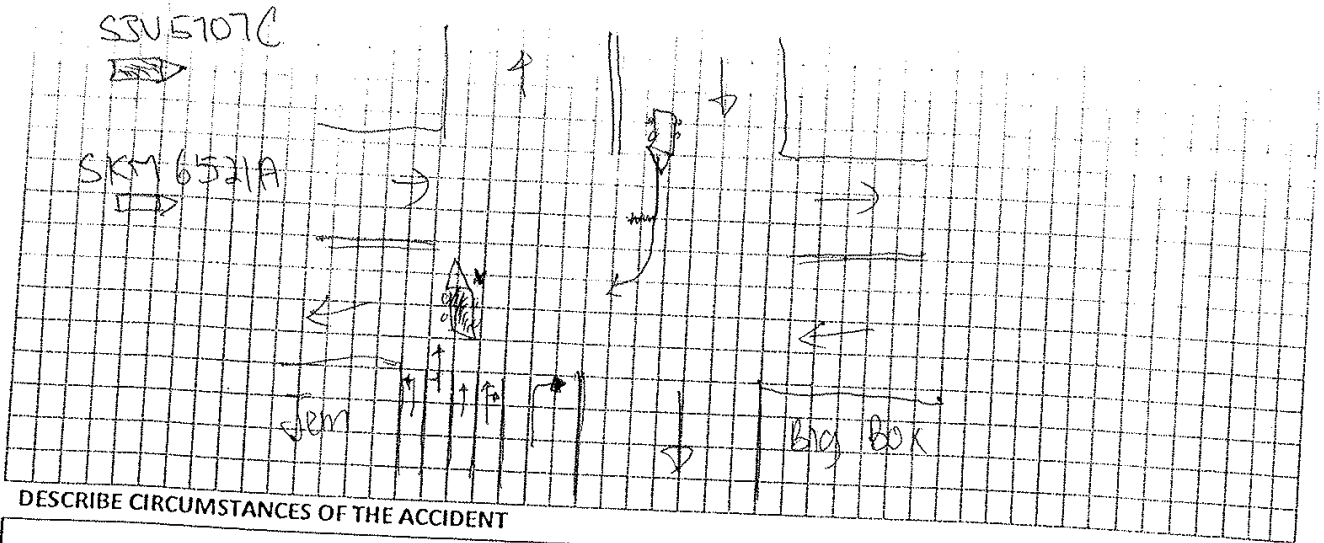


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect



Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

INSURANCE CERT



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z.400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJV5707C	POLICY EXCESS	S\$2000.00 (Sect II)		
POLICY NO.	999994236	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PARF	NA		
		SJV5707C			
		ALTITUDE CAR LEASING PTE LTD			
1) VEHICLE REGISTRATION NO.					
2) NAME OF INSURED					
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		02 March 2019			
4) DATE OF EXPIRY OF INSURANCE		01 March 2020			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*					
Any person who is driving on the Insured's order or with their permission.					
* Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.					
* Section II Excess is applicable for driver who is below 22 years old with minimum 1 year driving experience in Singapore.					
An additional excess of \$1000 per accident is applicable in the event of an accident occurring outside Singapore.					
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.					
6) LIMITATION AS TO USE*					
1) Use for social, domestic, pleasure purposes and business purposes of Insured					
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.					
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.					
The Policy does not cover: 1) Use for livery, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		NA			
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.					

I/ We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore: 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

504631-000
B.A.S. Insurance Agency
No 30 Kaki Bukit Road 3
#05-06
Singapore 417819

M. Anila

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8527365E



TAN KIAT HAO, FRANCIS
(CHEN JIEHAO)

陈杰豪

Race
CHINESE

Date of birth
19-08-1985

Country/Place of birth
SINGAPORE

Sex
M

FOR ACCIDENT CLAIM
USE ONLY

S8527365E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8527365E

Name

TAN KIAT HAO, FRANCIS
(CHEN JIEHAO)

Valid Date: 19 Aug 1985

Issue Date: 09 Nov 2004



9001300021J

5515077



NRIC No. S8527365E



Date of issue

20-08-2015

Address

APT BLK 140 RIVERVALE STREET
#12-780
SINGAPORE 540140

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B: Motorcycles <= 200 CC

Class 3: Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE

49 Nov 2004

27 May 2005

FOR ACCIDENT CLAIM
USE ONLY

S8527365E

S / No. 9000020317

NP 428A



Licence No: S8527365E



**SINGAPORE
POLICE FORCE**



F/20191209/7056

1 of 3

POLICE REPORT (NP299)

Report No. F/20191209/7056

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 09/12/2019 21:31	Vide Report No.	Station Diary No.
Name Of Informant TAN KIAT HAO, FRANCIS	Address APT BLK 140 RIVERVALE STREET #12-780 SINGAPORE 540140	
ID Type / ID No. NRIC NO / S8527365E	Contact No. Home/Office: Mobile: 90461322	
Nationality SINGAPORE CITIZEN	Email Address carrdotsgfrancis@gmail.com	
Occupation Grab driver	Sex Male	Age 34
	Date of Birth 19/08/1985	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 09/12/2019 16:50 - 09/12/2019 17:30	Location Of Incident APT BLK 140 RIVERVALE STREET #12-780 SINGAPORE 540140	

Brief details.

It was green light and I was driving going straight.

A car (SKM 6521A)wanted to Turn Right" and crash straight into my car (SJV 5707C)

My air bag activated and I was blurred for a short moment before I exited my car stranded in the middle of the cross junction.

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: 09/12/2019 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20191209/7056

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191209/7056

I immediately called 999 and reported the situation.
After which I went looking for the car as nobody came forward.

Found the female driver approx 50-80metre away.

Jen Kana was the name of the female driver.

She immediately apologised and admit it was her fault when she saw me asking if she was the driver.

I ask her straight, why didn't she stop and check on the other party and instead drove off and stay by side. All she did was say sorry and said her husband will come down.

I told her not to leave as I have called the police.

TP and ambulance came shortly and basic question was asked.

When the husband came, she changed her words saying she never admitted it's was her fault..... then why keep saying sorry.....

Did not said much and exchange details before we left off.

Subjects Involved	
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: 09/12/2019 21:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



F/20191209/7056

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191209/7056

Suspect			
Person Name	JEN KANA		
Gender	Female	Age	38-42
Race	Korean	Language	English
Mobile No	96503817	Complexion	Fair
Build	Slim	Height About	160cm
Attire Last Worn	Black TOP with a blue jeans	Hair Style	Medium-Straight
Victim			
Person Name	TAN KIAT HAO, FRANCIS		
ID Type	NRIC NO	ID No	S8527365E
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Grab driver	Address Type	
Address	APT BLK 140 RIVERVALE STREET #12-780 SINGAPORE 540140		Mobile No 90461322
Is Informant A Victim?	Yes		
Person Name TAN KIAT HAO, FRANCIS (Informant)			

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: 09/12/2019 21:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



T/20191210/2143

1 of 3

Report No. T/20191210/2143

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20191210/2143

Vide Report Number F/20191209/7056

Date/Time of Report Made 10/12/2019 18:53

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Tan Kiat Hao, Francis

ID Type / ID No. NRIC NO / S8527365E

Home/Office

Mobile 90461322

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 09/12/2019 16:50

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV5707C	Car	HONDA	CIVIC IMA 1.3L CVT	Purple	Slightly Damaged	0
SKM6521A	Car	MERCEDES BENZ	CLA 200 (R18 SR)	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



1/20191210/2143

2 of 3

Report No. T/20191210/2143

Continuation of CSF For NP168

Driver				
Name	Tan Kiat Hao, Francis		ID No.	S8527365E
Related Vehicle	SJV5707C (Car)		Contact No.	90461322
Hospital/Clinic	CENTRAL 24HOURS CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2019		Date Discharge	09/12/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Jen Kana		ID No.	S8086339Z
Related Vehicle	NIL		Contact No.	96503817
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 Facts.

Reference to my report F/20191209/7056, the exact location of the accident should be the cross junction of Jurong Gateway Road and Boon Lay Way.



T/20191210/2143

3 of 3

Report No. T/20191210/2143

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
 QHAIRIL BIN ZULKEFLEE

Classification of Case I) INJURY / ATTENDED BY POLICE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



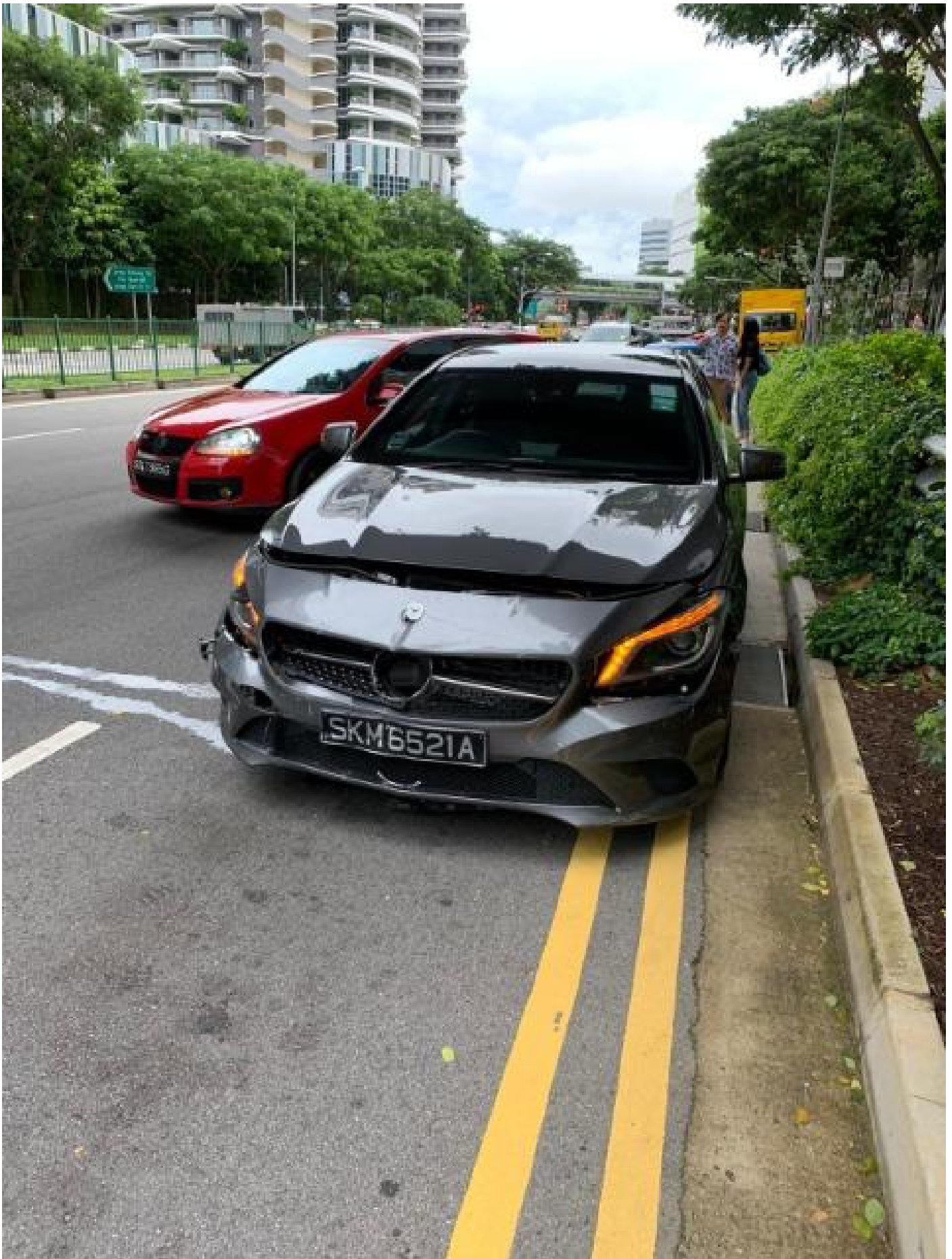
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MOR119162586 Vehicle Registration No: S50 5707C
Name (as shown in NRIC): ALTITUDE CAR LEASING PTE LTD NRIC/FIN/Passport No : 201703858E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 09/12/2019 Time of Accident : 07:30
Place of Accident : PIE > TUAS (NEAR ADAM RD EXIT 20A)
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO ADD POLICE REPORT

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rakeswaran, Arun d
NRIC/FIN No.: _____
Date: 11/12/2019