### 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 <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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	14/01/2020 16:21
Date Of Accident	03/01/2020 08:40
Exact Location Of Accident	PIE (CHANGI) AFTER BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ8492G
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994039
Cover Note Number	
Driver	
Name of Driver	TAN JIEWEI, DANNY

NRIC No SXXXX261C

Date Of Birth 05/10/1984

Occupation OUTDOOR

Date Of Driving Pass 10/10/2011

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87767602

Fax Number

Contact Number OFFICE-87767602

EMail Address NOEMAIL

**BLK 525 JURONG WEST STREET 52** Address

#05-277

Postcode 640525

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** 

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

4

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

2

Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

SERANGOON NORTH NEIGHBOURHOOD POLICE POST Police Station Name

YES

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709, POSTCODE: Police Station Address

550108, COUNTRY: SINGAPORE

TEL NO: 1800-2849999 - FAX NO: 63431742 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200109/2095.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGN183Z Vehicle Make/Model/Colour **BMW** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SML867Z

Vehicle Make/Model/Colour HYUNDAI

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJS9778L

Vehicle Make/Model/Colour HYUNDAI

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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:

- 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)
  - [1] 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
- 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.
- 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 nnel's Signature

Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

SKETCH PLAN

PIET	Changi	14/21	hedok	North	Ave.	3
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A SLZBUGZG B SGN 1832 D SINLBGZZ D SJS GZZBL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P	leas	ie he	ter.	to t	he P.	lice	Report	No =	T/2	10000	69/7	was
							vehic					
ith th	e vel	ride [	) firs	t - Th	e vehi	icle E	) the	n ba	ged 1	nto th	e ve	ehicle.
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after	the	first	2 000	idents	had	hoppe	ened.	l hav	en	ndeo	Eo	showi
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			-03									

DECLARATION

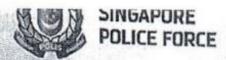
I/We declare the foregoing particulars are true in every respect.

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.:



Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999



1 of 3 Report No. T/20200109/2095

# REPORT OF A TRAFFIC ACCIDENT

09/01/20	ne Report N 120 14:49		Vide Report No G/20200103/0065	Station Diary No	
Informa	nt's Partic	ulars	OF THE PARTY OF TH	14	
TAN JIE	Informant WEI, DAN		Address; 2 TAO CHING ROAD #12-06	SINGAPORE 618721	
ID Type / ID No.: NRIC NO / S8429261C			Contact No		
Nationality: SINGAPORE CITIZEN		EN	Email: Mobile 87767602		
Sex:	Age:	Date of Birth:	7		
Male	ale 35 05/10/1984		Type of Informant: Driver		
Race: Chinese Occupation: Grab Driver			Language	Institution / School Name	
			Driving Licence Information Class: 3A	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 03/01/2020 08:40	Type of Location Straight Road	
	EXPRESSWAY				
Weather:	Ro		Road Speed Limit		
Clear	Do	V			
	Dn Tra	affic Control:		Traffic Volume, Heavy	

Details of V	Туре	Make	Model	Color	THE RESERVE OF THE PARTY OF THE	No of Passenger
SGN183Z	Car				Totally Damaged	0
SJS9778L	Car				Slightly Damaged	1
SLZ8492G	Car				Totally Damaged	1
SML867Z	Car				Seriously	0

## **Police Report**



Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1#01-769; SINGAPORE 550108 Tel No. 1800-2849999



1 CHINDATION OF REPORT

Details of Person Any Pedestrian In	volved No		
No of Pedestrian	s Injured NIL	Use of Pedestrian Cr	rossing: NA
Driver	W. Committee of the Com		
Name	TAN JIEWEL DANNY	ID No	S8429261G
Related Vehicle	NIL	Contact I	lo 87767602
Hospital/Clinic	NIL,	Class of Doving Licence & Expiry Da	
Date Treatment	NIL	Date Enschange   N	the state of the s
No. of Days gran	ted Medical Leave   NIL	Degree of Injury 118	

#### Brief Details.

On 3 January 2020 at about 0340hrs, I was travelling along PIE towards Changi going to Singaphra EXPO at the 1st lane. The vehicle infront of me SGM183Z had applied brake and as I could not brake in time, resulted my vehicle to bang onto the vehicle infront. I later found that there was a accident infront which causes the vehicle SGM183Z to applied brake. The accident is between the first vehicle is SJS9778L and second vehicle SML867Z. Due to the impact, my passenger was conveyed to hospital and both my vehicle and the vehicle infront of me had to be towed away. TP officer had attended to us at the scene.

# Police Report





Police Station Of Origin:	T/2620015B/2095
Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Fel No. 1800-2849999	3 of 3  Report No. 1/20200109/2095  CONTINUATION OF REPORT
ketch Plan	
nformant is not able to provide sketch pla	n
IMPORTANT: Please attach a copy of you	ur vehicle's Insurance Certificate to this report. If you don't have copy to 65474885 stating the report number as reference
Signature Of Officer Recording The Rep	(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F / Sr Staff Sgt ANG THIAM HEE	L 129
Signature Of Interpreter. Not applicable	Date/Time: 09/01/2020 14:49
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	



