

## 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	31/01/2020 16:38
Date Of Accident	30/01/2020 10:30
Exact Location Of Accident	RANGOON RD OUTSIDE FARRER PARK HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4072M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JING ZHONG NICHOLAS
NRIC No	SXXXX232J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92202266
Alternative Phone No	OFFICE-92202266

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700090670-01
Cover Note Number	

### Driver

Name of Driver	TAN JING ZHONG, NICHOLAS
NRIC No	SXXXX232J
Date Of Birth	01/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92202266
Fax Number	
Contact Number	OFFICE-92202266
Email Address	NOEMAIL

Address	BLK 801D KEAT HONG CLOSE #07-53
Postcode	684801
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	COLLISION - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : LIM YING XIAN, BEVERLY GENDER: : FEMALE

#### 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 - SINGAPORE CITY
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> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200131/7010.

#### 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	SJD8557T
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	REVATI SURESH
NRIC/Passport Number	SXXXX881B
Contact Number	98215464

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN JING ZHONG, NICHOLAS  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLU4072M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LIM YING XIAN, BEVERLY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLU4072M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN


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#### 3. 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.

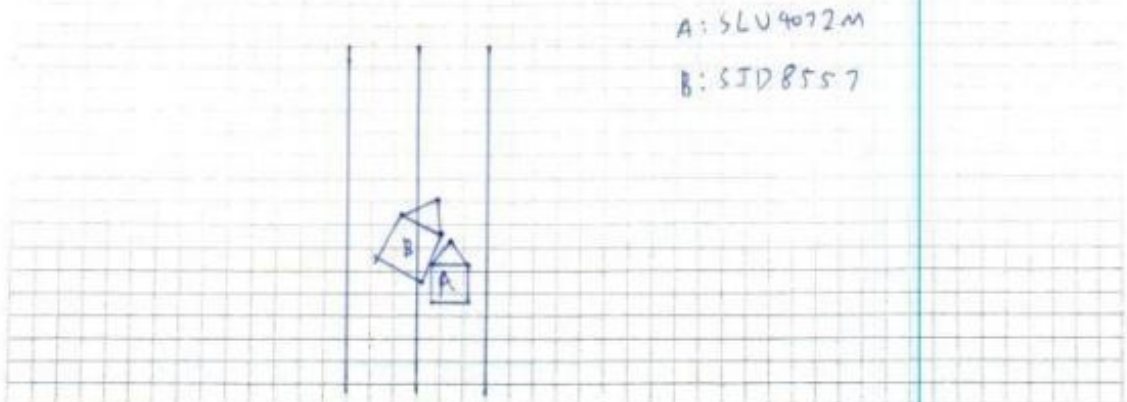
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the right lane of the two lane road when I suddenly felt an impact on the front left portion of my car. I realised that a car has sped from the left lane & attempted a lane switch, while in the midst of switching lane, collided unto my vehicle. I have a camera footage to supplement me for my claims.

### 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 Report



**SINGAPORE  
POLICE FORCE**



T/20200131/7010

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

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Report No: T/20200131/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2020 15:11	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TAN JING ZHONG, NICHOLAS			Address: APT BLK 801D KEAT HONG CLOSE #07-53 SINGAPORE 684801		
ID Type / ID No.: NRIC NO / S9034232J			Contact No.: Home/Office: Mobile: 92202266		
Nationality: SINGAPORE CITIZEN			Email: nicholastan37000@gmail.com		
Sex: Male	Age: 29	Date of Birth: 01/09/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROCESS TECHNICIAN			Driving Licence Information: Class: 2B,3A Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2020 10:30	Type of Location: Straight Road
Location: RANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD8557T	Car	TOYOTA	Corolla Altis	Grey	Slightly Damaged	0
SLU4072M	Car	MAZDA	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6	Red	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200131/7010

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

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Report No. T/20200131/7010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU4072M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700090670-01	30/11/2019	29/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	REVATI SURESH	ID No.	S2728881B
Related Vehicle	SJD8557T (Car)	Contact No.	98215464
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

Driver			
Name	TAN JING ZHONG, NICHOLAS	ID No.	S9034232J
Related Vehicle	SLU4072M (Car)	Contact No.	92202266
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	31/01/2020	Date Discharge	31/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Passenger			
Name	LIM YING XIAN, BEVERLY	ID No.	S9139781A
Related Vehicle	SLU4072M (Car)	Contact No.	91284868
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	31/01/2020	Date Discharge	31/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200131/7010

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

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Report No. T/20200131/7010

### CONTINUATION OF REPORT

#### Brief Details.

I was travelling on the right lane of the two lane road when I suddenly felt an impact on the front left portion of my car. I realized that a car has sped from the left lane and attempted a lane switch, while in the midst of switching lanes, collided into my vehicle. I have a camera footage to supplement me for my claims.



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POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20200131/7010

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Report No. T/20200131/7010

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

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

Date/Time:  
31/01/2020 15:11

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

