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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	17/03/2020 18:00
Date Of Accident	17/03/2020 13:20
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT3070E
Insured/Policyholder	
Name Of Registered Owner	YIP YIN FUN
NRIC No	SXXXX640D
Email Address	SHIRLEEN_TOH88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90888653
Alternative Phone No	OTHERS-97585804
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE-1.2 (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?	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	1700063329-02
Cover Note Number	

	١,	

Name of Driver SHIRLEEN TOH XUE LI

NRIC No SXXXX601G

Date Of Birth 09/06/1992

Occupation INDOOR

Date Of Driving Pass 09/01/2014

Driving Experience 6 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90888653

Fax Number

Contact Number OTHERS-97585804

EMail Address SHIRLEEN TOH88@HOTMAIL.COM

Address BLK 61B STRATHMORE AVENUE

#14-24

Postcode 143061

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

2

NO

2

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : GABRIEL TAN JUN RONG

GENDER: : MALE

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 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/202000317/7028

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 FW9240Y
Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver NUR FADILAH BIN AMAT MA'AROP

NRIC/Passport Number SXXXX583D

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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- 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.
- 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)

l 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:
 - 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: 10/2/202

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN	Dwarf	Homson	FOAD	
when I	1180 C		Red Light	
Driver's	AND DEAD		- pt of collision	B) FW 9240 Y
				7 /

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17/3/2020 1.20pm.
Driving along Thompson Road working or Utam extitto Jalan
Nevera Contonine traffic light was Red upon making a
Utum, the traffic light tuned green and motorcycle
mared. He was falking to friend and booking at him,
So he could not stop his like in time and Enocked
Into the new left side of the car. He fell off bike.
P. 1-1-00 dlan 1
Police Rapoler 1/20700317/7028

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: THS 2000

Name: NRIC/FIN No.:





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

1 of 4 Report No. T/20200317/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 16:47		Made:	Vide Report No.: E/20200317/0093	Station Diary No.:	
Informan	t's Partic	ulars		ing a some majores all as us	
Name of Informant: SHIRLEEN TOH XUE LI ID Type / ID No.: NRIC NO / S9220601G Nationality: SINGAPORE CITIZEN			Address: APT BLK 61B STRATHMORE AVENUE #14-24 SINGAPORE 143061		
		01G	Contact No.: Home/Office: Mobile: 97585804		
		EN	Email: shirleen_toh288@hotmail.com		
Sex: Female	7 - 37 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Teacher of the mentally handicapped		tally handicapped	Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 13:2	Type of Locati Bend
Location: THOMSON R	OAD			
Weather:		Road Surface:		Deed Constitute
The state of the s		Dry		Road Speed Limit: 60 Km/h
Clear Traffic Flow: Two Way		The second secon	rking	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FW 9240Y	Motorcycle		Honda	Blue	Slightly Damaged	0
SLT3070E	Car	NISSAN	NOTE	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT3070E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700063329-02	25/10/2019	24/10/2020



T/20200317/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20200317/7028

CONTINUATION OF REPORT

Any Pedestrian II	volved: No					
				Use of Pedestrian Crossing: NA		
Rider	io injurou. THE	1000	036 01	redestrial	101035	arig. IVA
Name	NURFADILLAH BIN AMAT MA'AROP			ID No		S8203583D
Related Vehicle	FW 9240Y (Motorcycle)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
	ted Medical Leave	NIL		of Injury	Slight	
Driver			3 0.		- 8.11	
Name	SHIRLEEN TOH XUE LI			ID No		S9220601G
Related Vehicle	SLT3070E (Car)		Conta	ct No.	97585804	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
	ted Medical Leave	NIL	1 14 14 1 4 1 4 1 4 1	ee of Injury NIL		
Passenger		THOUSE S	- Bog.co	or mjory	7.416	
Name	TAN JUN RONG G	ABRIEL		ID No		S9407955A
Related Vehicle	SLT3070E (Car)			Contact No.		97533940
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
the state of the s	ed Medical Leave	NIL	-	of Injury	NIL	

Brief Details.

¹ Driver and 1 Passenger in the car, driving along Thompson Road, making a Uturn into Jalan Novena towards Novena Square. Oncoming car traffic light was red, thus driver decided to make a u-turn. Upon turning, traffic light turned green, and according to the passenger, motorcyclist moved off as he was talking and looking at another motorcyclist on his right. As such, he could not stop his bike in time and knocked into the left side, nearer to the rear end of the Driver's car. Motorcyclist fell off his bike. Driver stopped the car at the side and attended to him.



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



3 of 4 Report No. T/20200317/7028

CONTINUATION OF REPORT





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

Informant is not able to provide sketch plan

Sketch Plan

4 of 4 Report No. T/20200317/7028

CONTINUATION OF REPORT

Construct Of Office Death 7	
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: 17/03/2020 16:47

Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077

Authentication Stamp























