

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	01/09/2020 09:47
Date Of Accident	29/08/2020 22:30
Exact Location Of Accident	JUNC OF CANBERRA WAY & CANBERRA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5984S
Insured/Policyholder	
Name Of Registered Owner	ZANZICARS
Co Reg No	5XXXX083L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81807111

Vehicle Particulars

Manufacturer	CITROEN
Model	C4 PICASSO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070014558
Cover Note Number	

Driver

Name of Driver	ANDY TAN TEE MENG
NRIC No	SXXXX650F
Date Of Birth	17/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1997
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81807111
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 507A WELLINGTON CIRCLE #05-164
Postcode	751507
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	CHAIN COLLISION
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	4
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: : MOHAMED NURFIEQRI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200831/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8809C
Vehicle Make/Model/Colour	
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 2

Vehicle Registration Number SMG8774G
Vehicle Make/Model/Colour
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 SMM7115J
Vehicle Make/Model/Colour
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 INJURED PERSON 1

Name ANDY TAN TEE MENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLM5984S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHAMED NURFIEQRI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLM5984S
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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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.:

Accident Sketch Plan

SKETCH PLAN

A) SLM 5984S
B) SLG 8809C
C) SMG 8774G
D) SMM 7115J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report : T/20200831/2115

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/20200831/2115

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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Report No. T/20200831/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2020 18:55		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: ANDY TAN TEE MENG			Address: APT BLK 507A WELLINGTON CIRCLE #05-164 SINGAPORE 751507		
ID Type / ID No.: NRIC NO / S6839650F			Contact No.: Home/Office: Mobile: 81807111		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 17/10/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/08/2020 22:30	Type of Location: X-Junction
Location: CANBERRA WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG8809C	Car	TOYOTA	COROLA ALTIS		Slightly Damaged	0
SLM5984S	Car	CITROEN	C4 PICASSO		Slightly Damaged	1
SMG8774G	Car	MERCEDES BENZ	E250		Slightly Damaged	1
SMM7115J	Car	PORSCHE	BOXSTER		Slightly Damaged	0

POLICE REPORT



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T/20200831/2115

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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Report No. T/20200831/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO RUIZHEN	ID No.	S8720795A
Related Vehicle	SLG8809C (Car)	Contact No.	90499569
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
Passenger			
Name	MOHAMED NURFIEQRI	ID No.	S9624092I
Related Vehicle	SLM5984S (Car)	Contact No.	82830831
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ANDY TAN TEE MENG	ID No.	S6839650F
Related Vehicle	SLM5984S (Car)	Contact No.	81807111
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	03	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200831/2115

Police Station Of Origin:
Cairnhill NPP
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210009
Tel No: 1800-2968999

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Report No. T/20200831/2115

CONTINUATION OF REPORT

Driver			
Name	TOH AIK POON		ID No. S1131991B
Related Vehicle	SMG8774G (Car)		Contact No. 83831792
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DARREN WONG CHEN PEI		ID No. S8743746I
Related Vehicle	SMM7115J (Car)		Contact No. 97676038
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.

Correction to the date and timing of T/20200837/2052.

On the above mentioned date, time and place at the junction of Canberra Way and Canberra Street heading towards Sembawang, I had met with an accident.

As I was waiting to turn right into Canberra Street a silver Mercedes (SMG8774G) had hit the rear of the silver Toyota (SLG8809C) that was behind my vehicle (SLM5984S) causing it to hit the rear of my car and as a result my vehicle had moved forward hitting the exhaust pipe of a white Porsche (SMM7115J) that was in front of me.

The rear and front bumpers of my vehicle was damaged.

Particulars were exchanged amongst all the drivers and police was called. However, prior to traffic Police arrival the other three vehicles had left as they did not want to hold up the traffic.

Traffic Police attended to us however no case card was given and we were advised to lodge a police report.

My passenger and I had sore back and had went to the clinic on 31/08/2020.

I am lodging this report for insurance claims purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1600-2968999



T/20200831/2115

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Report No T/20200831/2115

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
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210009
Tel No: 1800-2968999



T/20200831/2115

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Report No. T/20200831/2115

CONTINUATION OF REPORT

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.

Signature Of Officer Recording The Report:

A /
Sgt 2 MUHAMMAD ZAIISZ BIN ZAINI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2020 18:55

Officer In Charge Of Case:

TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp

NP168

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



Accident Photo

