#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/10/2020 15:41
Date Of Accident	06/10/2020 08:10
Exact Location Of Accident	ALONG TAMPINES RD INFRT OF BUS STOP NO:64131
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7952D
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	2XXXXX046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CHR
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994018
Cover Note Number	
Driver	

Name of Driver TAN CHEE KHIANG(CHEN ZHIQIANG)

NRIC No SXXXX410B
Date Of Birth 18/07/1973
Occupation OUTDOOR
Date Of Driving Pass 08/08/2017

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97820895

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 137 SERANGOON NORTH AVE 2 Address

#05-72

Postcode 550137

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? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : SONG YOU LIAN

**GENDER:** : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST

YES

NO

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?

## **Circumstances of Accident**

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

SD CARD WITH TRAFFIC POLICE Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMP7378B Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver LOW BOON HIN

NRIC/Passport Number

Contact Number 96384602

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GBH8305C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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 TAN CHEE KHIANG(CHEN ZHIQIANG)

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLU7952D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name SONG YOU LIAN

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLU7952D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### **Accident Sketch Plan**

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)

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:
  - 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

Officer'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	1 7 7		
Bus step no 64131	Perpins Recol	Ven B	SLU7952 D SMP 73788 GBH 8305 C
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT		
On abou	dete f time, I	was driving my	Vehicle A (SLU 79(52D)
traveling along	compines Acoust The	as are on +14	ith lanc of a 5-lanes,
road . Somewho	ere in front of the	L bus stop No	. 64131, vehide ahead
Stowed down a	and stopped. As such	, I applied b	rake and stopped
completing behin	d vehicle ahead.	Out of sudde	n, valvide B (SMP73788
came from rea	and collided ent	o the rear poi	tion of my which.
After accident	, I alighted and	realized I wa	i involved in a 3
car from occió	lent. The following	vehicle C [	iBH8305C)
	,		
DECLARATION  //www.faration	particulars are true in every respect	-	Lucia
Polit plat Ignatule Date & Time:	Oriver's Signature (If driver is not the police Date & Time:	yholder) N	eporting Centre Personnel's Signature

#### **Individual Statement**



T/20201006/2120

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 2 of 3 Report No. T/20201006/2120

CONTINUATION OF REPORT

Any Pedestrian In	nvolved: No	-10000000000000000000000000000000000000			
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Driver		<b>安静深层的</b>			A STATE OF S
Name	TAN CHEE KHIANG		ID No		S7324410B
Related Vehicle	NIL		Contact No.		97820895
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di		harge	NIL	
			Injury	NIL	

#### Brief Details.

On 06/10/2020 at about 0800hrs, I was driving my vehicle bearing registration number SLU7952D along Tampines Road towards Tampines Link. At the junction of KPE, the traffic was moderate and I had slowed down on the extreme left lane of four lanes as I intend to make the left turn into KPE. I eventually came to a stop when the traffic in front of me was stationary. Out of a sudden, I felt an big impact from the rear of my vehicle. I managed to come out of my vehicle safely and realized that a vehicle bearing registration number SMP7378B had collided into the rear of my vehicle. Another vehicle bearing registration number GBH8305C had collided onto him thus causing him to surge forward into my vehicle. Both Traffic Police and Ambulance came to the scene reference G/20201006/0067. At that time, my wife was in my car and she was conveyed to Sengkang General Hospital for her injuries. My vehicle has slight damages. The Traffic Police at the scene had taken my in car camera memory card from the scene. As of now, I have slight pains but I have not gone for any medical check ups and I will monitor my condition in the next few days. That is all.





















## Police Report



75020 1006/2120

Police Station Of Origin: Serangoon North NPP

108 Serangoon North Ave 1 #01-709 SINGAPORE 550108

SINGAPORE 550108 Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT.

1 of 3 Report No. T/20201009/2120

Date/Time Report Made; 06/10/2020 19:30		fade;	Vide Report No.: G/20201006/0063	Station Diary No.: 14	
Informa	nt's Partici	ulara	(E. 1977) 18 (ARCH 1978)	(2015年) 建筑中国中央大学规模的	
	Informant: EE KHIAN	3	Address: APT BLK 137 SERANGOON SINGAPORE 550137	NORTH AVENUE 2 #05-72	
ID Type / ID No.: NRIC NO / S7324410B			Contact No.: Home/Office:	Mobile: 97820895	
National SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 47	Date of Birth: 18/07/1973	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class; 3	Date of Expiry:	

Type of Accident:	Injury Drink Attended by Police Drive: No		Date/Time of Accident: 06/10/2020 08:00	Type of Location Straight Road
TAMPINES R Lamp Post N Weather:	100000000000000000000000000000000000000	Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:		Charles Company
		Traffic Control:		Fraffic Volume: Moderate

Valuations.	Type	Make	Mode	Colo	Condition:	No of Passenger
GBH8305C	Van				Slightly Damaged	3
SLU7952D	Car				Slightly Damaged	1
SMP7378B	Car				Slightly Damaged	O. C.

#### **Police Report**



T/20001005/2120

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 2 of 3 Report No. Tr20291006/2120

CONTINUATION OF REPORT

Details of Perso		的說為自然	5 177	kers (	
Any Pedestrian II	wolved: No				
No. of Pedestrian	s Injured: NIL	Use of Pedestrian Crossing: NA			
Driver	TOTAL CONTRACTOR OF THE PARTY OF THE	100000		<b>建设稳定</b>	
Name	TAN CHEE KHIANG	V	ID No		S7324410B
Related Vehicle	NIL		Conta	ct No.	97820895
Hospitali C Inic	NIL		Class Drivin Licens Expiry	g on &	Class: 3 Date of Expliry: NIL
Date Treatment	NIL Date Dis		arge	NIL.	
No. of Davis grain	ted Medical Leave NIL	Degree of	injury	NRL	

#### **Brief Details**

On 06/10/2020 at about 0800hrs. I was driving my vehicle bearing registration number SLU7952D along Tampines Road towards Tampines Link. At the junction of KFE, the traffic was moderate and I had slowed down on the extreme left lane of four lanes as I intend to make the left turn into KPE. I eventually came to a stop when the traffic in front of me was stationary. Out of a sudden. I felt en big impact from the rear of my vehicle. I managed to come out of my vehicle safely and realized that a vehicle bearing registration number SMP7378B had collided into the rear of my vehicle. Another vehicle bearing registration number GSH9305C had collided onto him thus causing him to surge forward into my vehicle. Both Traffic Police and Ambulance came to the scene reference G/20201006/0087. At that time, my wife was in my car and she was conveyed to Sengkang General Hospital for her injuries. My vehicle has slight damages. The Traffic Police at the scene had taken my in car camera memory card from the scene. As of now, I have slight pains but I have not gone for any medical check ups and I will monitor my condition in the next few days. That is all.

## **Police Report**





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

3 of 3 Report No. T/20201006/2120

CONTINUATION OF REPORT

#### Sketch Plan

MP168

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:	Signature Of Informant:
Spt 3 MORMANMED FARIZ BIN ABDUISA2424	- Jan-
Signature: Not garage Signature: Singapore Police Force	Data/Time: 08/10/2020 19:30
Officer in Charge Of Case: TP / GIT / Sr Staff Sgt MCHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	