

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	26/10/2020 16:26
Date Of Accident	26/10/2020 08:00
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV835M
Insured/Policyholder	
Name Of Registered Owner	TIFFANY YAP I CHERN
NRIC No	SXXXX419D
Email Address	TIFFANY.TAN@ME.COM
Mobile Phone No	(LOCAL) +65-98765101
Alternative Phone No	OTHERS-98765101

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2070134931
Cover Note Number	

Driver

Name of Driver	TIFFANY YAP I CHERN
NRIC No	SXXXX419D
Date Of Birth	02/06/1980
Occupation	INDOOR
Date Of Driving Pass	21/11/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98765101
Fax Number	
Contact Number	OTHERS-98765101
Email Address	TIFFANY.TAN@ME.COM

Address	7B LEITH ROAD SINGAPORE
Postcode	547877
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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: : BRYAN TAN KWANG WEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL5825Y
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
TIFFANY YAP I CHERN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SMV835M
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name
BRYAN TAN KWANG WEE
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SMV835M
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

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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:


- (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:

3:50pm
26/10/2020

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



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

PN

Sketch Plan #2

SKETCH PLAN

Vehicle
A-SMV835M
B-SJW5825Y

Legend
 Vehicle
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

26/10/2020
3:50pm

POLICE REPORT PAGE 1



**SINGAPORE
POLICE FORCE**



T/20201026/2085

1 of 4

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20201026/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 15:19	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars				
Name of Informant: TIFFANY YAP I CHERN		Address: 7B LEITH ROAD SINGAPORE 547877		
ID Type / ID No.: NRIC NO / S8070419D		Contact No.: Home/Office: Mobile: 98765101		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 40	Date of Birth: 02/06/1980	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DOCTOR		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2020 08:00	Type of Location: X-Junction
Location: LORONG CHUAN				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5825Y	Car				Slightly Damaged	3
SMV835M	Car	TOYOTA	VOXY HYBRID 7- SEATER 1.8V CVT	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT PAGE 2



**SINGAPORE
POLICE FORCE**



T/20201026/2085

2 of 4

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20201026/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV835M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070134931	15/09/2020	14/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TIFFANY YAP I CHERN		ID No.	S8070419D
Related Vehicle	SMV835M (Car)		Contact No.	98765101
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/10/2020		Date Discharge	26/10/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	BRYAN TAN KWANG WEE		ID No.	T0516073H
Related Vehicle	SMV835M (Car)		Contact No.	98765101
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2020		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 26/10/2020 at about 0800hrs, I was driving my car (Registration No. SMV856M) along Boundary Road heading towards Lorong Chuan direction. Traffic light is in working order showing amber light and I proceeded forward, everything is intact and in order.

Out of a sudden, a car(Registration No. SJL5825Y) driving along Lorong Chuan heading toward Boundary Road direction sped up and made a U-turn at the cross junction of Lorong Chuan and Serangoon Avenue 2. Upon noticing, I stepped on the brake of my car to avoid colliding onto the said car SJL5825Y but did not manage in time. Upon collision, the impact cause both me and my son to jerk forward and my son inform that he feels pain at the left collarbone area and that I have bruises on both my shin area. Subsequently, I got out of my car to make a check with the said car but only 2 of the passengers were able to get out and they suffered minor cuts and abrasions from my observation, the driver and the passenger at the front seat was unable to get out as the doors were unable to open. My car sustain huge dent on the whole front portion and several dislodged parts of the cars.



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T/20201026/2085

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3 of 4

Report No. T/20201026/2085

CONTINUATION OF REPORT

After a short while TP and SCDF paramedics arrive at scene, paramedics made a check on all of us involved in the accident and I informed TP about the cause of accident. TP officers then proceeded to seized the dash cam memory card from my car for further investigation. Paramedics then proceeded to convey me and my son to KK Women's and Children's Hospital, subsequently I went to Mount Elizabeth Novena Hospital for further check up and was given 3 days of MC from 26/10/2020 to 28/10/2020 by Dr Kannan S/O Sunderaraj while my son is still hospitalized for observation purpose. The driver and passengers of SJL5825Y were likely to be conveyed to Tan Tock Seng Hospital. I like to state that I am unable to exchange particulars with the driver of SJL5825Y as we were all conveyed to hospital.

I am lodging this traffic accident report for medical and insurance claims purpose.



**SINGAPORE
POLICE FORCE**



T/20201026/2085

Police Station Of Origin:
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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
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4 of 4

Report No. T/20201026/2085

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:

F /

Sgt 2 PETER GOH WEE HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2020 15:19

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

SN 085

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

Driving License & NRIC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

