

# 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 Submission ..... 15/12/2020 16:17 (SGT)  
Date of Accident ..... 14/12/2020 19:30 (SGT)  
Exact Location of Accident ..... Bishan, Singapore  
Additional Location Information ..... BISHAN ST 13  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG2200Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN YONG BOON  
NRIC No ..... S1354286D  
Email Address ..... dtan1371@hotmail.com  
Mobile Phone No ..... (Phone) +65-96778918  
Alternative Phone No ..... +65-96778918

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100488185-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN YONG BOON  
NRIC No ..... S1354286D  
Date Of Birth ..... 03/06/1959  
Occupation ..... Indoor

Date Of Driving Pass .....	29/12/1986
Driving experience .....	34 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96778918
Alt. Phone Number .....	+65-96778918
Email Address .....	dtan1371@hotmail.com
Address .....	BLK 37 LORONG 5 TOA PAYOH #21-351
Address complement .....	-
Postcode .....	310037
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHED

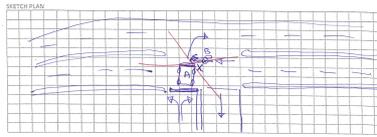
#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBC920E
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	SPARK
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Motorcycle
Name of Driver .....	HAKIM

NRIC No .....	-1
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	MINOR
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	-



**RECORD CLAIMS/INDEMNITY OF THIS ACCOUNT**

On 14th Dec 2020 at about 19:30hrs  
 I was coming out from Car Park located on Bishop  
 Street 13, BK13S and BK14E  
 In my vehicle (SLG200Y). I stop at stop line.  
 As it was raining, I wanted to turn right.  
 After stopping at stop line to check for traffic from  
 left and right. The steady vehicle from  
 left and right is clear from left and right  
 and move forward after turn a cycle  
 came from right and collided with my vehicle  
 bumper.

\* These safe video attached.

\* Veh A : SLG 200Y — Car  
 \* Veh B : FBC 920E — Bike

**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)
Reporting Officer/Insurer's Signature  
Name: [REDACTED]

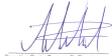
SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
  2. This Form must be signed by the Policyholder and/or the Authorized Driver.
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  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. All false reporting may be referred to the Police for investigation.
  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 the report will for a fee be made available upon application by interested parties.
  7. By the lodging of the 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 electronically.
  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 lawfully be 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 Insurers who have insurance policies involved in the accident (all Insurers) who have issued a policy involving in the accident that is collectively referred to as the "Insurers", the Insurer's Representative Firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the making 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 unopened post/packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - (b) All Insurers who have insured vehicles involved in this accident and the Insurer's Representative Firm, may lawfully be 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 be disclosed by any of the Insurers and/or GIA to third party service providers or agents (including their lawyers/law firms), which may be abroad 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 necessarily required for the purposes stated; or
    - (ii) for complying with requirements under any regulations, laws or court orders.

  
Insured's Signature  
Date: \_\_\_\_\_

  
Driver's Signature  
(If the driver is the policyholder)  
Date & Time: \_\_\_\_\_

  
Insurer's Representative Firm's Signature  
Name: SHANGHAI  
SIC/ISSN NO. 33XXXX518D





















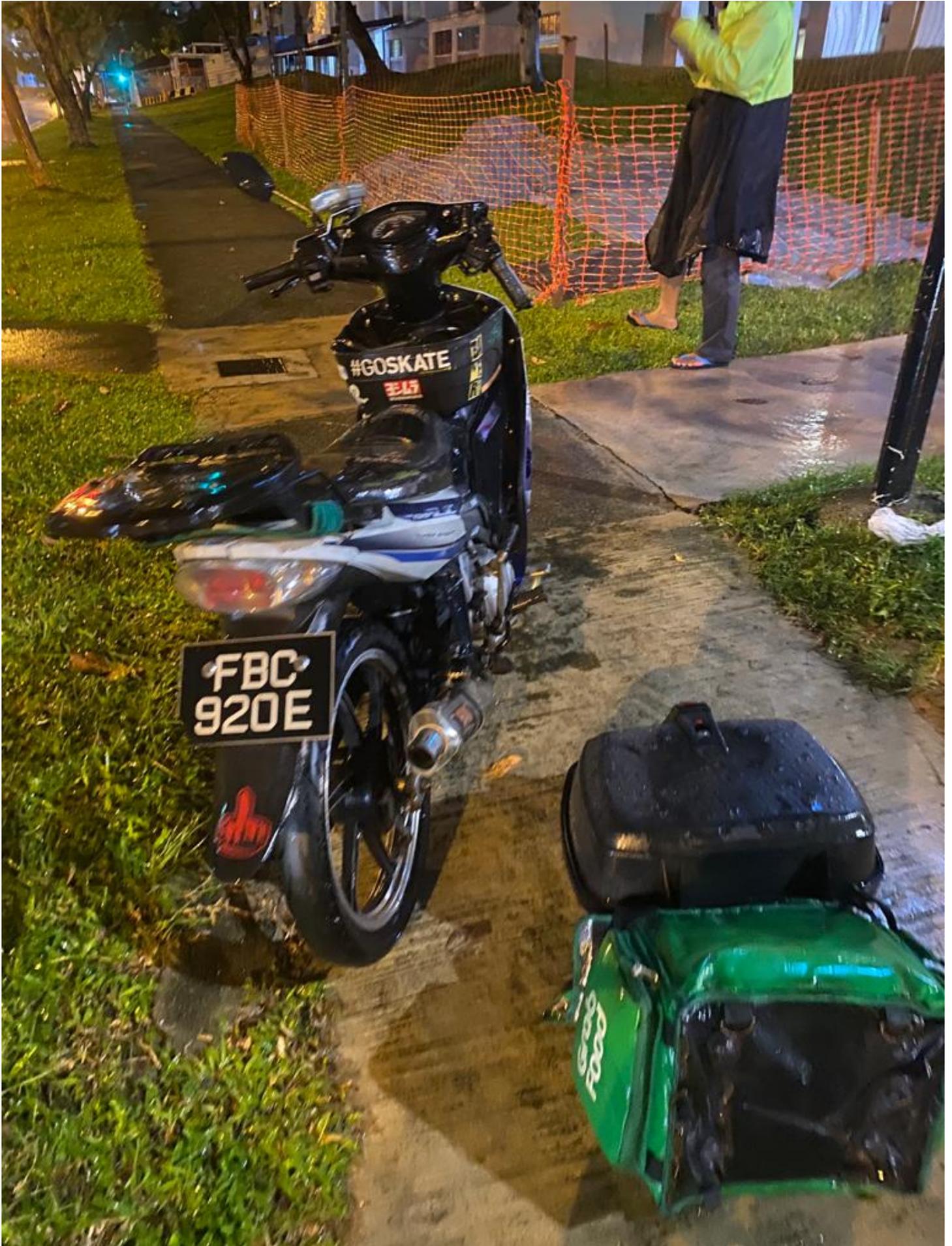


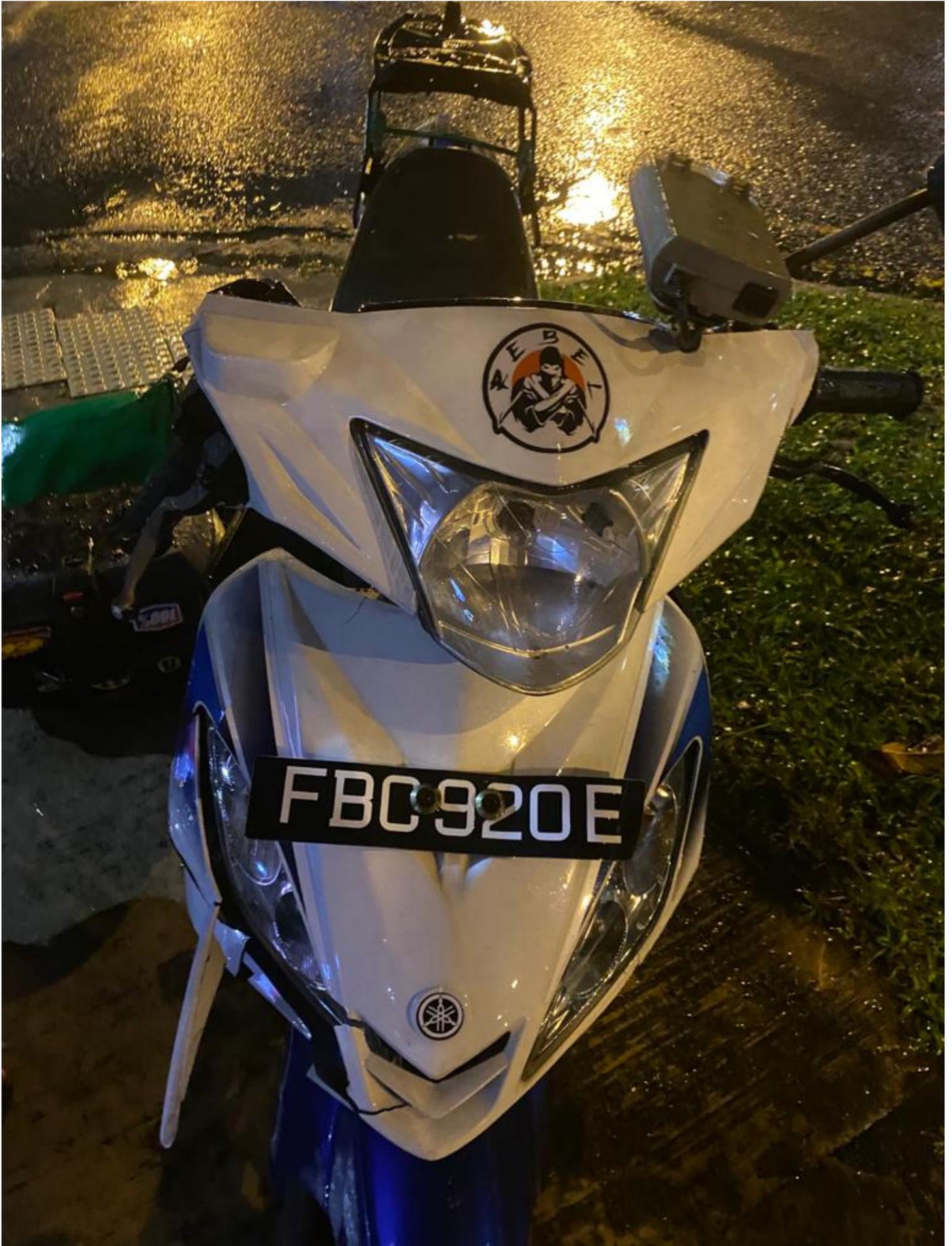




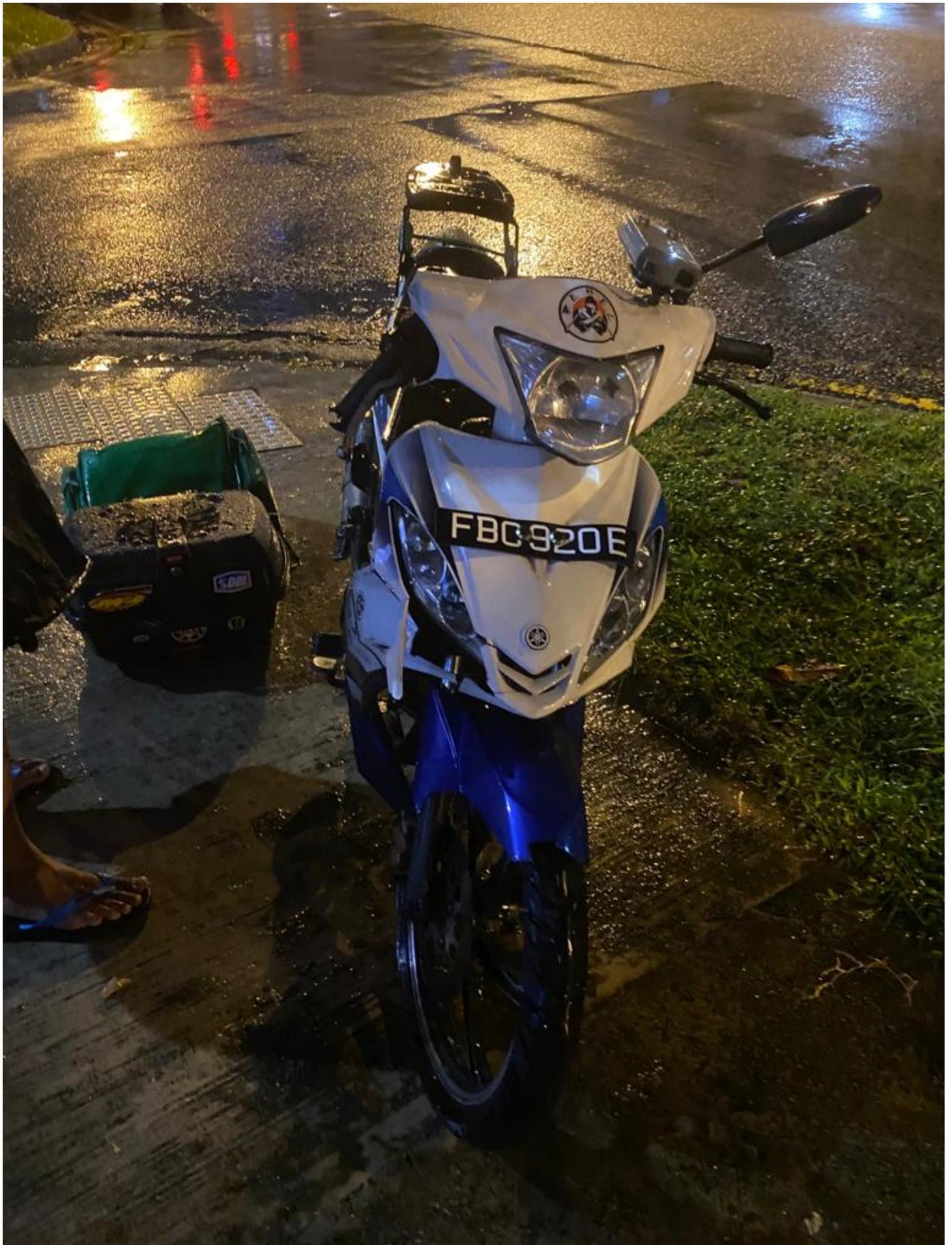














**SINGAPORE  
POLICE FORCE**



1 of 3  
Report No. T22020142105

Police Station Of Origin:  
Toa Payoh N.P.C.  
83 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2020 22:03 Vide Report No.: Station Diary No.: 97

Informant's Particulars	
Name of Informant: TAN YONG BOON	Address: APT BLK 37 LORONG 6 TOA PAYOH #21-351 SINGAPORE 310037
ID Type / ID No. NRIC NO: 131354296D	Contact No.: Home/Office: Mobile: 96778918
Nationality: SINGAPORE CITIZEN	Email:
Sex: Age: Date of Birth: Male 61 03/08/1959	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: MARKETING	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/12/2020 19:30	Type of Location: T-Junction	
Location: BISHAN STREET 13				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	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
F8C920E	Motorcycle				Slightly Damaged	0
SLG2200Y	Car	SUBARU	FORESTER 2.0i CVT AWD SR	White	Slightly Damaged	0

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



Police Station Of Origin: 2 of 3  
 Toa Payoh N.P.C. Report No: 1/2020/1242/129  
 83 Toa Payoh Central #01-02 Toa Payoh  
 Community Building SINGAPORE 318194 CONTINUATION OF REPORT  
 Tel No: 1800-2519999

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Expiry Date
SLG2200Y	AGO ASIA PACIFIC INSURANCE PTE LTD.	2100489185-04	31/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ID No.	Contact No.	
TAN YONG BOON		96778918	
Related Vehicle			
Vehicle No.	Class of Driving Licence & Expiry Date	Class of Driving Licence & Expiry Date	Class of Driving Licence & Expiry Date
SLG2200Y (Car)	NIL	NIL	NIL
Date Treatment: NIL			
No. of Days granted Medical Leave: NIL		Degree of Injury: NIL	

**Brief Details.**  
 On the 14/12/2020 at about 1835hrs, I was coming out from a carpark located on Bishan Street 13, Blk 173 and Blk 168, in my vehicle(SLG2200Y). As it was raining and I wanted to make a right turn, I stopped at the stop line to check for oncoming traffic. I then slowly inched forward and when I check that the traffic is clear, I proceeded with my right turn. All of a sudden, a motorcycle(RB20205) collided into my vehicle bumper area.

Due to the collision, the rider fell down and suffered scratches on his right arm area and on his right leg area.

Particulars of the rider as follows:  
 Name: Haolim  
 CN: 90471692



Police Station Of Origin:  
Tua Payoh N.P.C  
93 Tua Payoh Central #01-02 Tua Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2515999

3 of 3  
Report No: T202012142126

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 65474886 stating the **report number** as reference.

Signature Of Officer Recording The Report: E1 Sgt 2 KWEEK CHUAN HOCK	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2020 22:03
Officer In Charge Of Case: TP / GIT / S1 Staff Sgt JORILIANO BIN MOHAMED ALI Contact No: 65476980	Classification Of Case:
Authentication Stamp: SINGAPORE POLICE FORCE AP-188	SP-103 <i>[Signature]</i> SIGNATURE

