

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 07/11/2020 13:02 (SGT)
Date of Accident 05/11/2020 17:45 (SGT)
Exact Location of Accident Near CISCO Ctr, Singapore
Additional Location Information PAYA LEBAR ROAD OPPOSITE AQUEEN HOTEL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDW23R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM BEE TIN
NRIC No S1251745I
Email Address LIM.SUSAN23@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97874344
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100431262-05
Cover Note Number -

DRIVER

Name of Driver SHAUN TAN GENG DA(CHEN GENGDA)
NRIC No S9524172G
Date Of Birth 22/06/1995
Occupation Indoor

Date Of Driving Pass	05/06/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97115559
Alt. Phone Number	-
Email Address	SHAUNRAMBU@GMAIL.COM
Address	BLK 479 TAMPINES ST 44 #04-237
Address complement	-
Postcode	520479
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOYCE CHAN SI YU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	FBH796D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TANG JUNKE

NRIC No	S8332597F
Contact Number	(Phone) +65-88465766
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	JOYCE CHAN SI YU
Phone	(Phone) +65-97473260
Email	-

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:

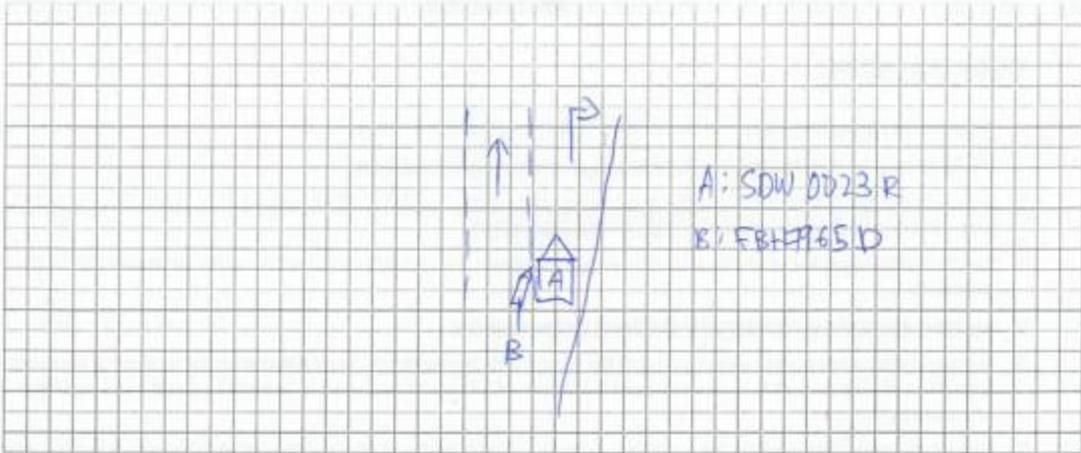
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 06/11/20
 1551 hrs

[Signature] 
 Reporting Centre Personnel's Signature
 Name: Lim Kee Seng
 NRIC/FIN No.: GX5X569M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On ~~at~~ 5/11/20 at about 1725hrs, I was travelling along Pasir Ris Rd towards Guillemard Rd, I stopped at the crossroads of Pasir Ris Rd & Guillemard Rd. Refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIAMC SketchPlanForm_V3

Driver's Signature
(if driver is not the policyholder)
Date & Time: 06 / 11 / 20

13 56 hrs.

Reporting Centre Personnel's Signature
Name: Lim Kue Stone
NRIC/FIN No.: Gxxxx569M2







































**SINGAPORE
POLICE FORCE**



T/202011052118

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3
Report No: T/202011052118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2020 19:31	Video Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: SHAUN TAN GENG DA		Address: APT BLK 479 TAMPINES STREET 44 #04-237 SINGAPORE 520479	
ID Type / ID No.: NRIC NO / S9524172G		Contact No.: Home/Office: Mobile: 97115559	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 22/05/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MARKETING AGENT		Driving Licences Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-injury Others	Drink Drive: No.	Date/Time of Accident: 05/11/2020 17:45	Type of Location: X-Junction
Location: PAYA LEBAR ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBH7965D	Motorcycle	APRILIA	RS4	Red	Slightly Damaged	0
SDW23R	Car	AUDI	A4	Grey	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/202011052116

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/202011052116

CONTINUATION OF REPORT

Rider			
Name	TANG JUNKE	ID No.	S8332597F
Related Vehicle	FBH7965D (Motorcycle)	Contact No.	89465786
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SHAUN TAN GENG DA	ID No.	S9524172G
Related Vehicle	8DW23R (Car)	Contact No.	97115559
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.

On the 5/11/20 at about 1745hrs, I was travelling along Paya Lebar Rd towards Guillemard Rd, I stopped at the cross junction of Paya Lebar Rd and Geylang East Central, wanted to turn right. Suddenly, I heard a something crash onto my left rear passenger door and felt my vehicle shake, I came out to see that one rider had fallen off his motorcycle and believed to had crashed onto my vehicle first. He mentioned that he could not stop in time and thus, crashed onto my vehicle with his right side of his motorcycle. I assessed my vehicle to have suffered dent and scratches on my left rear side passenger door and his motorcycle have scratches right side of his petrol tank, and we exchanged particulars. I noticed that he have abrasions on his left palm and right arm, but he did not required immediate medical attention.



**SINGAPORE
POLICE FORCE**



T/20201105/2116

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-6468999

3 of 3
Report No. T/20201105/2116

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 CHEW SONG YAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2020 19:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP:88 	

