

# 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
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM BEE TIN
NRIC No .....	SXXXX745I
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 .....	SXXXX172G
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 .....	SXXXX597F
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**

**IMPORTANT NOTICE**

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- This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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- 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.
- Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- 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 insurers 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - investigating the accident and/or my claims;
  - carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - 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
  - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- 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
- 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.
- 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.
- 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
  - for complying with requirements under any regulations, laws or court orders.

<p>_____ Policyholder's Signature Date &amp; Time:</p>	 Driver's Signature (If driver is not the policyholder) Date & Time: 06/11/20 15:11 hrs	  Reporting Centre Personnel's Signature Name: <u>Lijntelle Sing</u> NRIC/FIN No: <u>axxxxxxxam</u>
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GIA/MIC SketchPlanForm\_V3 2

**SKETCH PLAN**

A: SDW 0023 R  
R.V. EBH765 D

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 05/11/20 at about 17:25hrs, I was travelling along Rostrevor Rd towards  
 Ballyhenry Rd, I stopped at the intersection of Rostrevor Rd & setting  
 Refer to police report

**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: 06/11/20  
 15:06 hrs.

Reporting Centre Personnel's Signature  
 Name: LIM KEE CHENG  
 NRIC/PPN No: 92001569M2





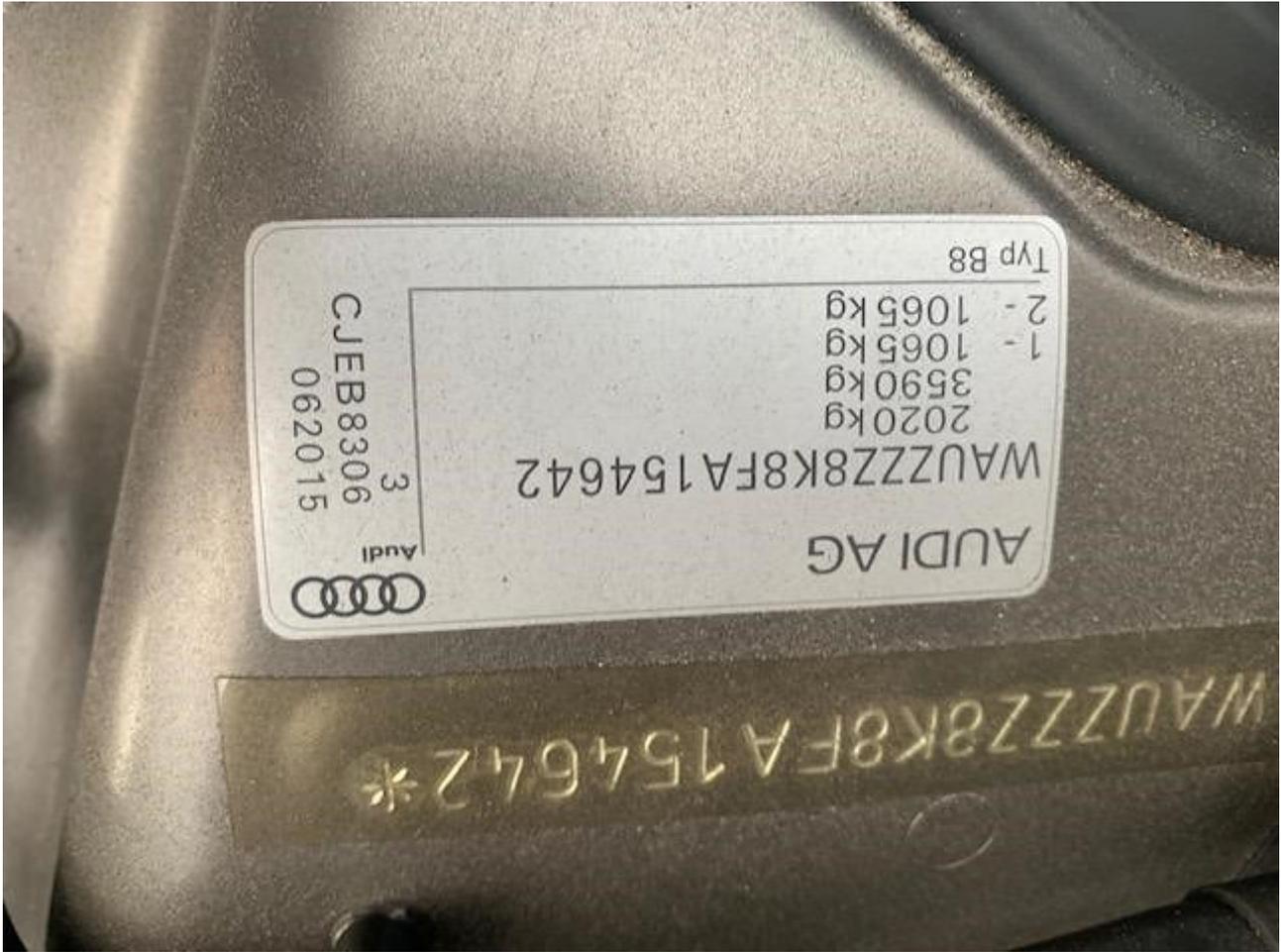






























SINGAPORE POLICE FORCE		1202011052118				
Police Station Of Origin Geylang N.P.C. 1 Cassia Link SINGAPORE 307618 Tel No: 1800-8486999		1 of 3 Report No: T02011052118				
<b>REPORT OF A TRAFFIC ACCIDENT</b>						
Date/Time Report Made: 05/11/2020 19:31	Video Report No.:	Station Diary No.: 82				
<b>Informant's Particulars</b>						
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:			
<b>General Information of the Accident</b>						
Type of Accident: Non-Injury Others	Drink Drive: No.	Date/Time of Accident: 06/11/2020 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 Swive - Same Direction			Anyone conveyed by ambulance: No			
<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBH1965D	Motorcycle	APRILIA	RS4	Red	Slightly Damaged	0
SDW23R	Car	AUDI	A4	Grey	Slightly Damaged	1
<b>Details of Person Involved</b>						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		


**SINGAPORE  
POLICE FORCE**

  
10000110A2116

Police Station Of Origin: 2 of 3  
 Geylang N.P.C. Report No. 10000110A2116  
 1 Cassia Link SINGAPORE 397618  
 Tel No: 1500-3485999

CONTINUATION OF REPORT

<b>Rider</b>			
Name	YANG JUNKE	ID No.	S8332597F
Related Vehicle	FBH7965D (Motorcycle)	Contact No.	88465766
Hospital/Clinic	NIL	Class of Driving License & 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
<b>Driver</b>			
Name	SHALIN TAN GENG DA	ID No.	S9524172G
Related Vehicle	SDW23R (Car)	Contact No.	97115559
Hospital/Clinic	NIL	Class of Driving License & 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**

Police Station Of Origin:  
Geylang N.P.C.  
1 Cassia Link, SINGAPORE 397913  
Tel No: 1800-6486999

1222011052116

3 of 3  
Report No: T1222011052116

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 85474865 stating the **report number** as reference

Signature Of Officer Recording The Report: Q / Sgt 3 CHEW SONG YAN	Signature Of Informant: 
Signature Of interpreter: Not applicable	Date/Time: 05/11/2023 19:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SHEU LUI Contact No: 52475151	Classification Of Case:
Authentication Stamp SP/SS 	

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MPA120098201 Vehicle Registration No: SDW 23 R  
 Name (as shown in NRIC) : Lim Bee Tin NRIC/FIN/Passport No : S123745I  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Tampines St 41 Blk 749 #04-237 Singapore (520479)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 97874344  
 Email Address : lim.susan.23@yahoo.com.sg  
 Date of Accident : 5/11/20 Time of Accident : 17:45  
 Place of Accident : Paya Lebar Road Agaveen Hotel  
 Insurance Company: Ally

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To convert from TP to OD claim  
Upload Video footage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

  
 Reporting Centre Personnel's Signature  
 Name: Lim Bee Tin  
 NRIC/FIN No: S123745I  
 Date: 7/11/2020