

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	08/01/2021 16:16 (SGT)
Date of Accident	07/01/2021 17:20 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	CROSS JUNCTION OF UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX178C
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TERENCE TANG HON FAI (TERENCE DENG HANHUI)
NRIC No	SXXXX098A
Email Address	terencethf@gmail.com
Mobile Phone No	(Phone) +65-98424478
Alternative Phone No	+65-98424478

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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070111683
Cover Note Number	-

DRIVER

Name of Driver	TERENCE TANG HON FAI (TERENCE DENG HANHUI)
NRIC No	SXXXX098A
Date Of Birth	12/11/1979
Occupation	Indoor

Date Of Driving Pass	05/12/2001
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98424478
Alt. Phone Number	+65-98424478
Email Address	terencethf@gmail.com
Address	BLK 201B COMPASSVALE LANE #14-172
Address complement	-
Postcode	542210
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	Side Swipe
Weather Conditions	Clear
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210108/2033

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	SG1751Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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 Authorized 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. 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:

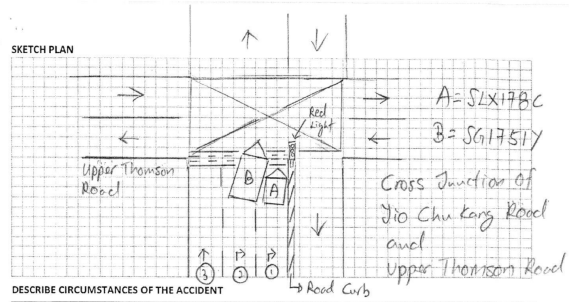
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my Insurer (collectively the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

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

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

Printed Name: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
Report No: T/20210108/2023

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:

Reporting Centre Personnels Signature
Name:
NRIC/FIN No.:

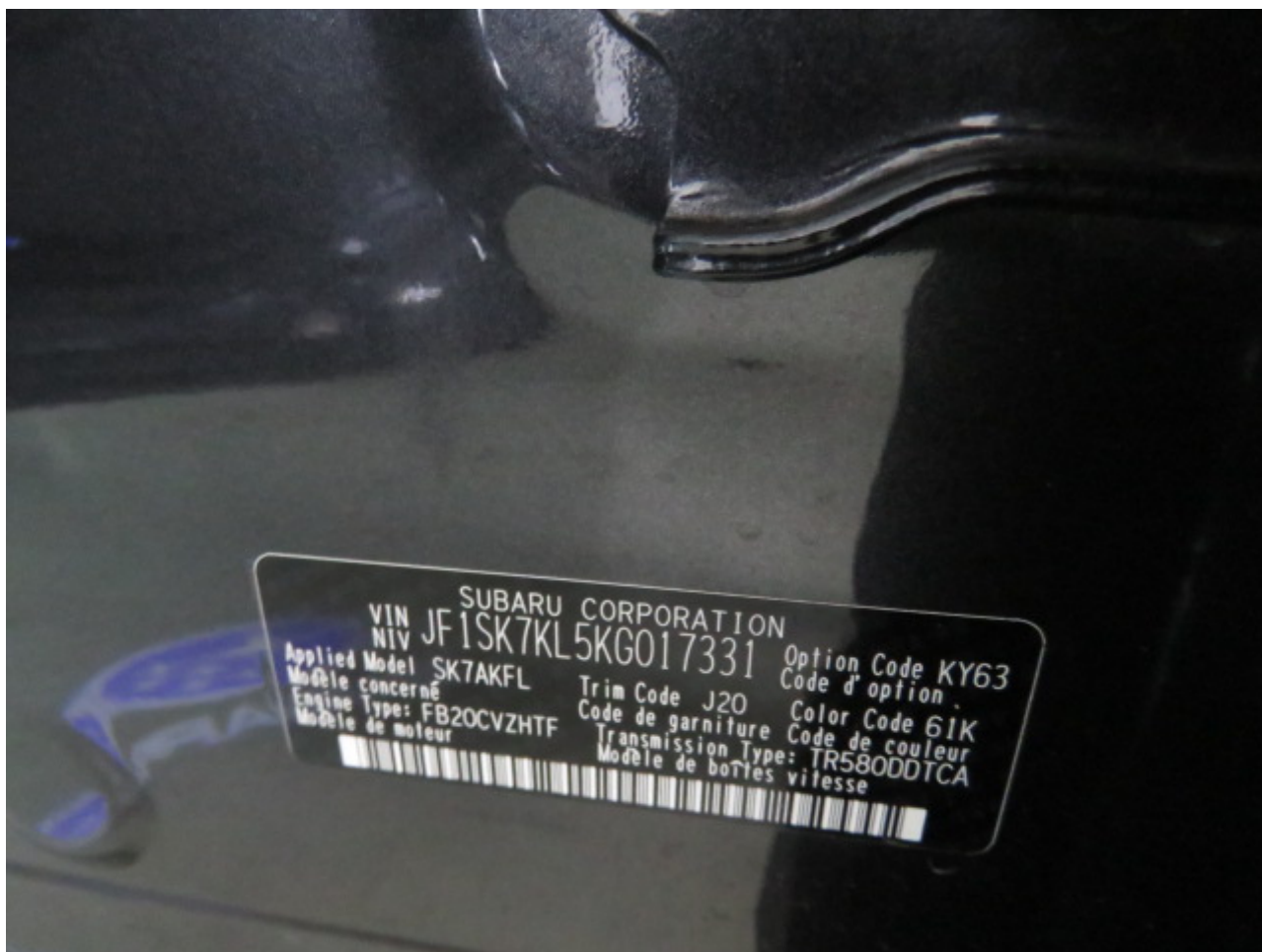


















**SINGAPORE
POLICE FORCE**



T/20210108/2033

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569828
Tel No: 1800-4519999

1 of 3
Report No. T/20210108/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 12:24 Vide Report No.: Station Diary No.: 42

Informant's Particulars

Name of Informant: TERENCE TANG HON FAI		Address: APT BLK 210B COMPASSVALE LANE #14-172 SINGAPORE 542210	
ID Type / ID No.: NRIC NO / S7933098A		Contact No.: Home/Office: Mobile: 98424478	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 12/11/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: LECTURER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/01/2021 17:20	Type of Location: CROSS JUNCTION
Location: YIO CHU KANG ROAD			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SG1751Y	Bus/Coach/M nibus					0
SLX178C	Car	SUBARU	FORESTER 2.0I-S EYESIGHT AWD CVT SR	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20210108/2033

2 of 3

Report No. T/20210108/2033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX178C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070111683	25/07/2020	24/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TERENCE TANG HON FAI	ID No.	S7933098A
Related Vehicle	SLX178C (Car)	Contact No.	98424478
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 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 07/07/2021 at about 1720hrs, I was in my vehicle bearing registration plate number SLX178C on the most right lane along Yio Chu Kang road approaching the junction of Yio Chu Kang road and Thomson road. At that point of time, I also noticed that the green right arrow was flashing and also I noticed on my left side a SBS bus bearing registration plate number SG1751Y rushing to turn right. The bus also cut into my lane and I slowed down my vehicle and came to a stop however the bus side swiped onto the left side of my vehicle which caused it to went up the curb on the right side. The bus continued to turned into Thomson road and didn't wait. I wish to state that I was not injured and there are no passengers behind my vehicle. I have a front car camera that captured that incident. This collision caused my left side front bumper, fender and rims to be damaged.

Ang Mo Kio South N.P.C
81 Ang Mo Kio Ave 3
S'pore 569929
Tel: 1800 - 451 9999

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C.
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No. 1800-4519669



T/20210108/2033

3 of 3

Report No. T/20210108/2033

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 CHEE JIN RONG, CLEMENT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/01/2021 12:24

Officer In Charge Of Case:
TP / HRT /
SI TAN JEOK LENG
Contact No.: 65474885

Classification Of Case:

Authentication
NP158

Signature:

Singapore Police Force



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0020 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
URL: www.gia.org.sg / GRT Reg. No.: MA00017735

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 : SN082118000D Vehicle Registration No: 8LX 178C
Name (as shown in NRIC) : THEYEN LEE JIA HUI NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98424878
Email Address : _____
Date of Accident : 07/01/2021 Time of Accident : 1720
Place of Accident : Yeo Chu Kuan Rd.
Insurance Company : _____

(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:

BOON MBILUS ADDRESS TO BAK 201B

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: _____