

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 09/02/2021 16:42 (SGT)
Date of Accident 05/02/2021 14:00 (SGT)
Exact Location of Accident 10A Admiralty Rd W, 759964, Singapore 759964
Additional Location Information ADMIRALTY ROAD WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA7097C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tan Yuan Han
NRIC No S7900851F
Email Address hans.yht@gmail.com
Mobile Phone No (Phone) +65-97635987
Alternative Phone No +65-97635987

VEHICLE PARTICULARS

Manufacturer Mini
Model Cooper
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

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

DRIVER

Name of Driver Tan Yuan Han
NRIC No S7900851F
Date Of Birth 06/01/1979
Occupation Indoor

| | |
|--|-----------------------|
| Date Of Driving Pass | 02/07/1998 |
| Driving experience | 22 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97635987 |
| Alt. Phone Number | +65-97635987 |
| Email Address | hans.yht@gmail.com |
| Address | 28 Bedok North Drive |
| Address complement | #15-45 |
| Postcode | 465500 |
| 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 - Head to Rear |
| 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? | Yes |
| 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 | BEDOK DIVISION HQ |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED 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 | SKQ6377D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Tan Yuan Han
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLA7097C
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes



SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

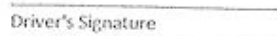
I understand, acknowledge, agree and consent that:

- (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

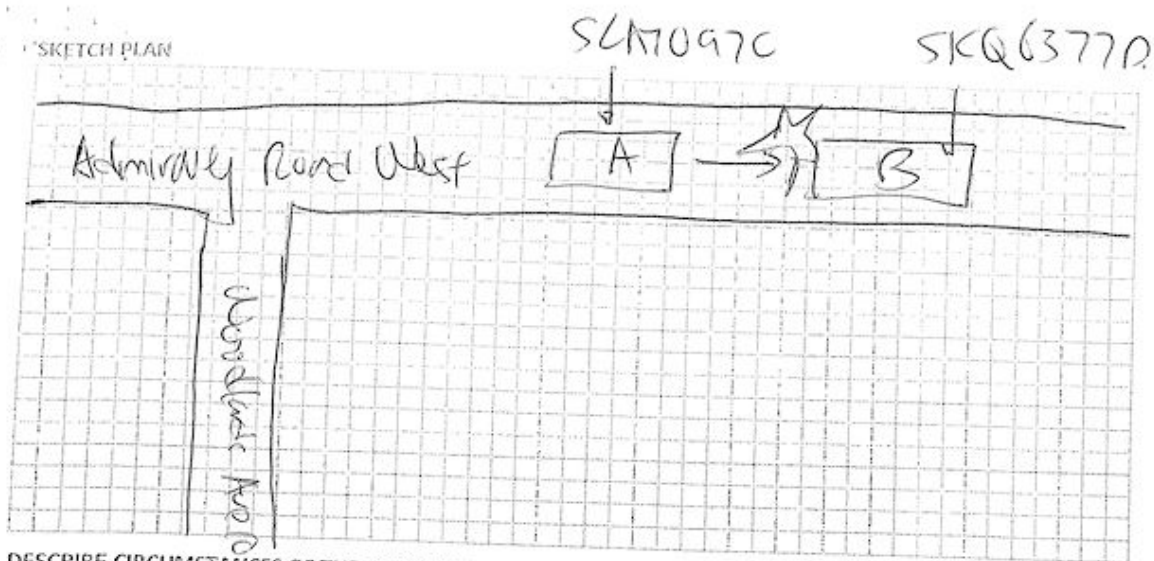
Date & Time:
09/02/21
15:30

GIA R13C SketchPlan-20-0-0-03


Driver's Signature
(If driver is not the policyholder)

Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT DATE: 05/02/21
 ACCIDENT TIME: 1400 hrs.
 LOCATION: Admiralty Road West

LICENSE PLATE NO: SLA 7097C
 CONTACT NUMBER: 97635987
 EMAIL: ten.yuanhen@gmail.com

I was travelling towards Senko S along Admiralty Road West. Car A (SLA7097C) was travelling around 20km/hr S was trying to follow my GPS to my destination. But I didn't notice the car in front of me was stationary due to the traffic jam in front. And I then bump into the car B (SKQ6377D). The driver of the car is Azman Bin Jailani (568305666) and there are 3 other passengers. We exchange contacts, IC S take some photos for insurance claim.

As I was experiencing chest pain S nose bleed and an ambulance was called. I was sent to Khoo Teck Prat Hospital immediately.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

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

6614110 SketchPlanForm_V3











**SINGAPORE
POLICE FORCE**



G/20210208/7012

1 of 2

POLICE REPORT (NP299)

Report No. G/20210208/7012

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

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|--|--|---------------------|
| Date/Time Report Made 08/02/2021 10:09 | Vide Report No. | Station Diary No. |
| Name Of Informant TAN YUAN HAN | Address 28 BEDOK NORTH DRIVE #15-45 SINGAPORE 465500 | |
| ID Type / ID No. NRIC NO / S7900851F | Contact No. Home/Office: | Mobile: 97635987 |
| Nationality SINGAPORE CITIZEN | Email Address TAN.YUANHAN@GMAIL.COM | |
| Occupation Real estate agent | Sex Male | Age 42 |
| Institution/School Name | Date of Birth 06/01/1979 | Race Chinese |
| Date/Time Of Incident 05/02/2021 14:00 - 05/02/2021 14:05 | Location Of Incident 28 BEDOK NORTH DRIVE #15-45 SINGAPORE 465500 | |

Brief details.

I had a car accident along Admiralty Road West to Senoko. My car (SLA7097C) was travelling around 40km/hr and was trying to follow my GPS to my location. But I didn't notice the car in front of me was stationary; due to the traffic jam in front. And I then bump into the car in front (SKQ6377D). The driver of the car is Azman Bin Jailani (S6830566G) and there were 3 other passenger. We exchanged contacts, IC numbers and took some pictures for insurances claims.

And I experienced chest pain & nose bleed, and an ambulance was called. I was then sent to Khoo Teck Puat Hospital immediately.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/02/2021 10:09 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

**SINGAPORE
POLICE FORCE**

G/20210208/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210208/7012

My car was then compounded by the Traffic Police.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/02/2021 10:09 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |