

## 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 ..... 15/02/2021 13:42 (SGT)  
Date of Accident ..... 10/02/2021 22:30 (SGT)  
Exact Location of Accident ..... Sentosa, Singapore  
Additional Location Information ..... SENTOSA GATEWAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG8124U

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD  
Company Reg No ..... 1XXXXX328Z  
Email Address ..... JASONLOW2003@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-62981936  
Alternative Phone No ..... (Office) +65-62981936

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
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 ..... 999993788  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN TIN KWANG  
NRIC No ..... SXXXX627G  
Date Of Birth ..... 30/09/1965  
Occupation ..... Indoor

Date Of Driving Pass .....	05/11/1995
Driving experience .....	25 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84888538
Alt. Phone Number .....	-
Email Address .....	JASONLOW2003@YAHOO.COM.SG
Address .....	261 RIVER VALLEY ROAD #01-10 S 238307
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC7154H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 ..... TAXI DRIVER  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHC7154H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

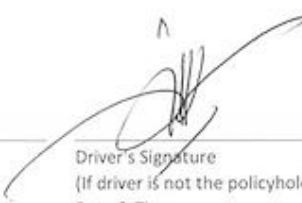
SKETCH PLANIMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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:

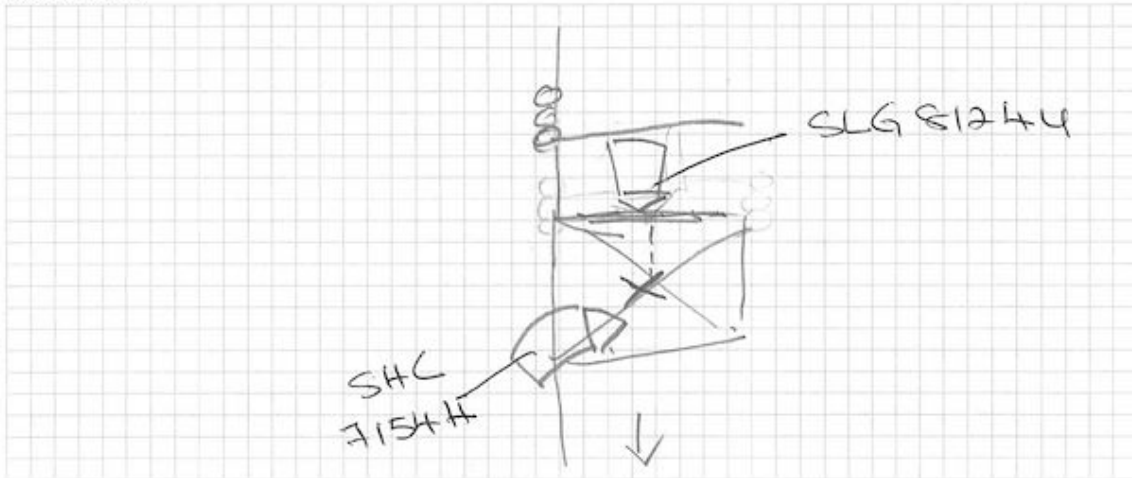
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:



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



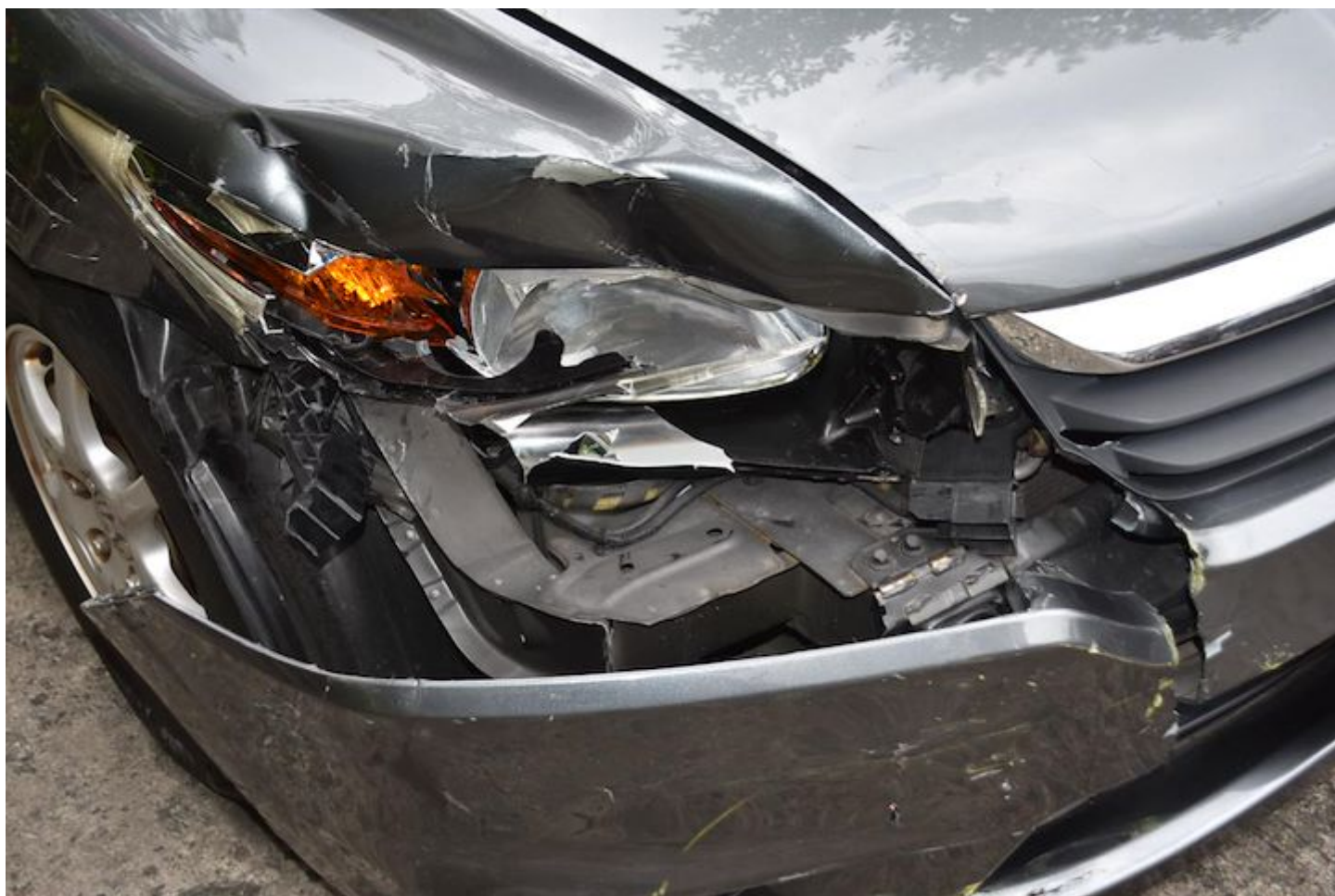




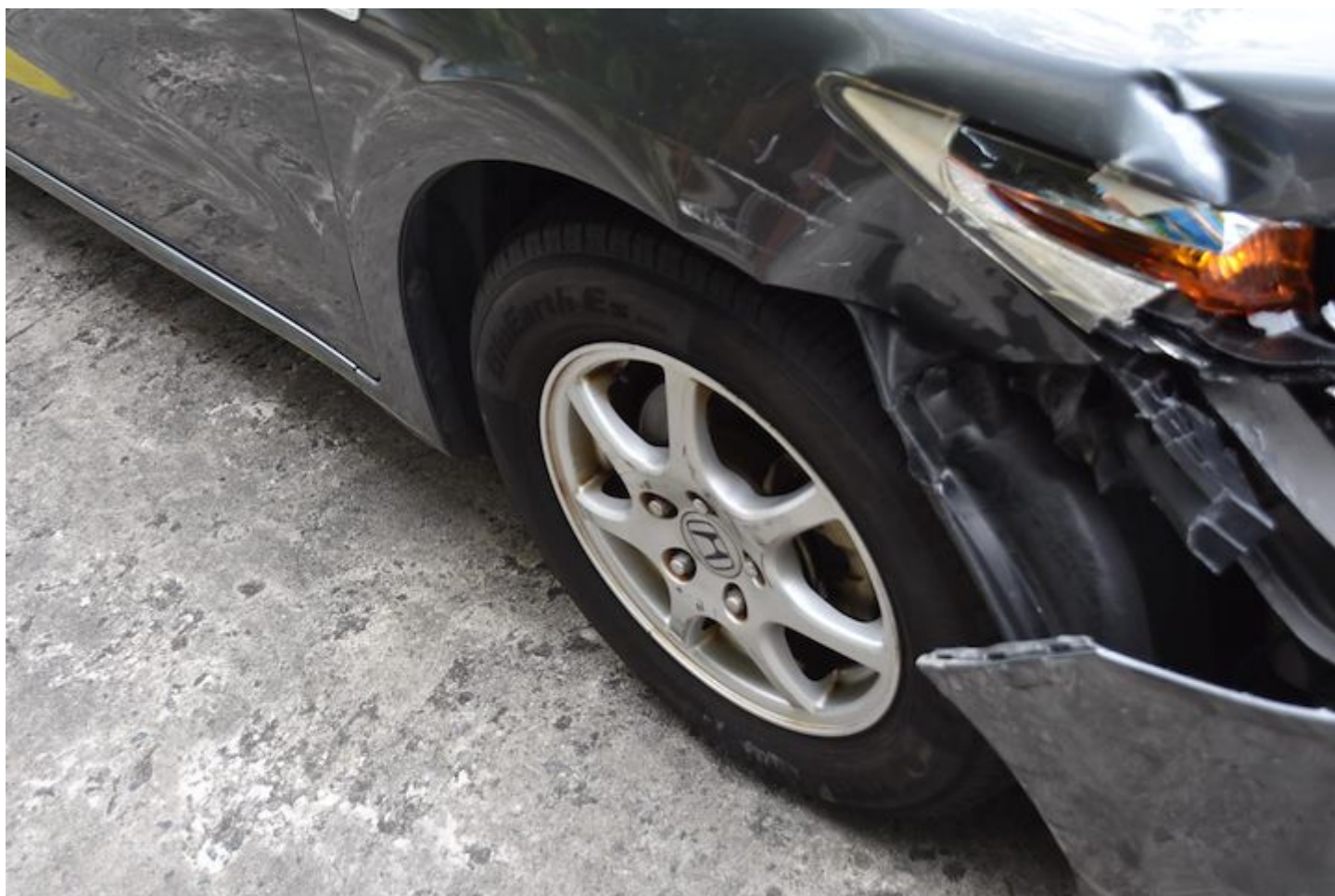
























**SINGAPORE  
POLICE FORCE**



T/20210211/2010

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 800-3779999

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Report No. T/20210211/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2021 00:39	Video Report No.: D/20210210/0124	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: TAN TIN KWANG			Address: 261 RIVER VALLEY ROAD #01-10 SINGAPORE 238307	
ID Type / ID No.: NRIC NO / S1728627G			Contact No.: Home/Office: Mobile: 84888538	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 30/09/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/02/2021 22:30	Type of Location: Straight Road
Location: SUNTOSA GATEWAY				
Lamp Post Number: 14/1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7154H	Taxi				Slightly Damaged	0
SLG8124U	Car				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210211/2010

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20210211/2010

**CONTINUATION OF REPORT**

Driver			
Name	TAN TIN KWANG	ID No.	S1728627G
Related Vehicle	SLG8124U (Car)	Contact No.	84888538
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10 February 2021 at about 10.30pm, I was travelling in my vehicle (SLG8124U) along Sentosa Gateway towards Telok Blangah Road at the last traffic light just before entering into a tunnel to travel towards Lower Delta Road.

While approaching the traffic lights, I noticed it turned amber and I continue to move forward as I am very near to the stop line. However, about 10 meters after moving from the traffic lights, in the yellow box region, a Taxi (SHC7154H) which was travelling at the opposite side and trying to make a U-turn, move out of his lane and both of our vehicles had a side swipe (my driver side vs his front passenger side).

I came out of my vehicle and while moving towards the taxi, I noticed that the taxi driver is not able to get out of his vehicle. As such, I advised him to stay at his seat and I called for 999. The ambulance came shortly and the taxi driver was then being conveyed to the hospital. The traffic police came subsequently and after finding out the facts from me, he advised me to proceed to the police station to make a traffic police report.





# SINGAPORE POLICE FORCE



T/20210211/2010

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159532  
Tel No: 1800-3779999

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Report No. T/20210211/2010

## 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:  
D /  
Staff Sgt YEO CHUN HUA ANTHONY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/02/2021 00:39

Officer In Charge Of Case:  
TP / CIT /  
Sr Staff Sgt SYED MUHAMMAD BIN SYED  
FARID ALBAR

Classification Of Case:

Contact No.: 65476200  
Authentication Stamp  
NP168

SN 45

SIGNATURE

## AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Tan Tin Kwang  
 VEHICLE NUMBER : SLG 8124 U  
 DATE/TIME OF ACCIDENT : 10.2.2021 22:30hr  
 PLACE OF ACCIDENT : Sentosa Gateway  
 THIRD PARTY VEHICLE (IF ANY) : SHC7154 H

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Sentosa to Orchard Road  
 \_\_\_\_\_  
 \_\_\_\_\_

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front to Front  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NIL  
 \_\_\_\_\_  
 \_\_\_\_\_

  
 Name: Tan Tin Kwang

I Affirmed The Above Information Is Given To My Best Knowledge.