

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 03/03/2021 16:45 (SGT)
Date of Accident 02/03/2021 14:00 (SGT)
Exact Location of Accident Upper Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK165S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN MEOW LI, MAGDALENE (CHEN MIAOLI, MAGDALENE)
NRIC No SXXXX360I
Email Address TANTM.ALEX@GMAIL.COM
Mobile Phone No (Phone) +65-90622880
Alternative Phone No +65-90622880

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla180
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 1800069224-02
Cover Note Number -

DRIVER

Name of Driver TAN TAI MONG
NRIC No SXXXX320B
Date Of Birth 06/07/1956
Occupation Indoor

Date Of Driving Pass	19/01/1977
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84223232
Alt. Phone Number	-
Email Address	TANTM.ALEX@GMAIL.COM
Address	BLK 163 TAMPINES ST 12 #11-269
Address complement	-
Postcode	521163
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JSN4749
Vehicle Category	Motorcycle

PASSENGER 1

Name	ALAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210303/7009

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	JSN4749
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 TAI MONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGK165S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

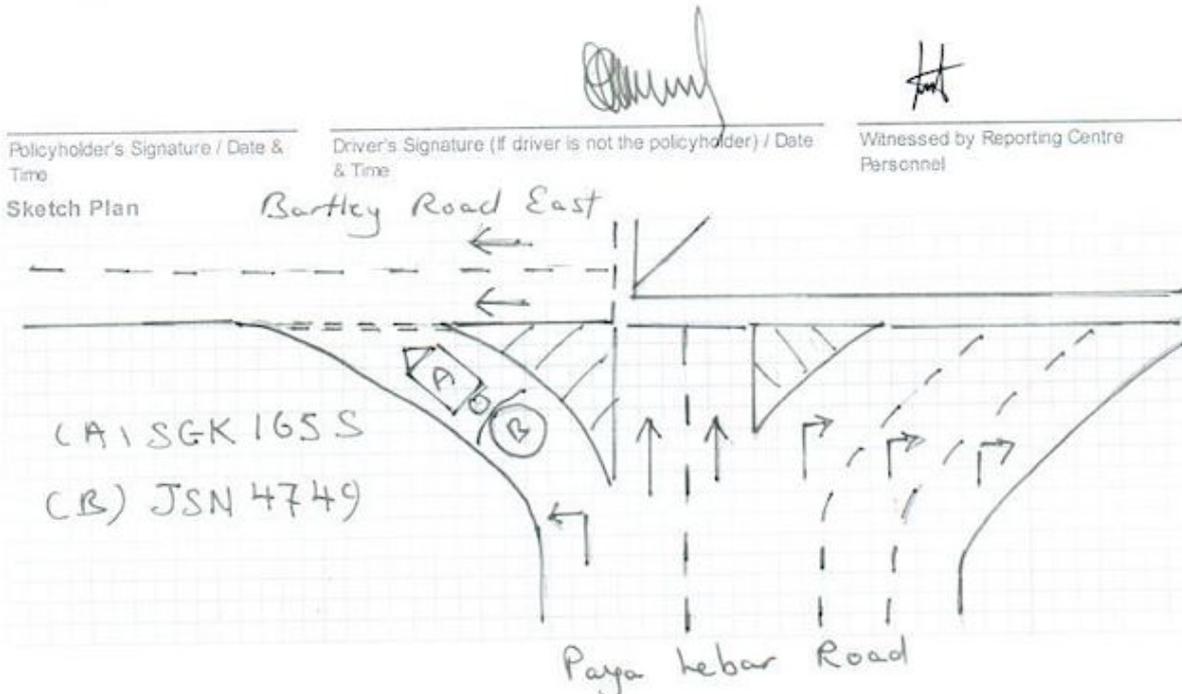
I understand, acknowledge, agree and consent that :

(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.



Describe Circumstances of the Accident

Refer to Police Report
Report No :-
T/20210303/7009



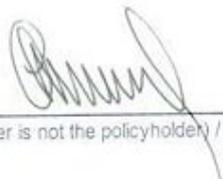
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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



Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20210303/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20210303/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 12:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN TAI MONG			Address: 163 TAMPINES STREET 12 #11-269 SINGAPORE 521163		
ID Type / ID No.: NRIC NO / S2184320B			Contact No.: Home/Office: Mobile: 82811155		
Nationality: SINGAPORE CITIZEN			Email: tantm.alex@gmail.com		
Sex: Male	Age: 64	Date of Birth: 06/07/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sole Proprietor			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/03/2021 14:00	Type of Location: Slip Road
Location: UPPER PAYA LEBAR ROAD				
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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
JSN4749	Motorcycle					0
SGK165S	Car					1

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210303/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210303/7009

CONTINUATION OF REPORT

Driver			
Name	TAN TAI MONG	ID No.	S2184320B
Related Vehicle	SGK165S (Car)	Contact No.	82811155
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 02/03/2021 at about 2pm, I was driving my car, SGK165S, travelling along Upper Paya Lebar about to turn left into Bartley Road East. While I was at the slip road, I had stopped my vehicle to give way to oncoming vehicles. All of a sudden, I felt a strong impact from behind and I realised a vehicle, JSN4749, had collided into my car from the back, causing my bumper to be dented.

After the accident, the motorcyclist and myself made our way to the police station wanting to file the Road Traffic Accident Report, however, the motorcyclist made his escape along the way.

I experienced pain and discomfort so I went to see a doctor the next day and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210303/7009

Police Station Of Origin:
Traffic Police
11 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210303/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/03/2021 12:14

Classification Of Case: