

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 Report	17/07/2017 15:03
Date Of Accident	16/07/2017 06:30
Exact Location Of Accident	KEPPEL ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4204P
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS
Co Reg No	2XXXXX597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995170
Cover Note Number	

Driver

Name of Driver	JEFFREY TAN KIM HONG
NRIC No	SXXXX899E
Date Of Birth	09/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2003
Driving Experience	13 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97603391
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PASSENGER / WITNESS: IVANA LIM HP: 97304188

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	SLC5363L
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
Vehicle Category	
Name of Driver	THAMIL SELVAN
NRIC/Passport Number	
Contact Number	84282215

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was driving along Keppal roads towards AYE,
I have a passenger in my car. Suddenly I feel
an impact from my front left. I realized
a car was driving fast and collided into me.
I realized my front left portion damage.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1297899E



Name
JEFFREY TAN KIM HONG

陈金煌

Race
CHINESE

Date of birth
09-03-1958

Sex
M

Country of birth
SINGAPORE

S1297899E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1297899E

Name
JEFFREY TAN KIM HONG

Birth Date 09 Mar 1958

Issue Date 13 Aug 2003

1000741969J

4394459



NRIC No. S1297899E



Date of issue
29-04-2009

Address
APT BLK 458 TAMPINES STREET 42
#05-308
SINGAPORE 520458

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

11 Apr 1960

May 1968

23

Licence No. S1297899E

NP 428A

WITNESS POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20170717/2165

1 of 2

POLICE REPORT (NP299)

Report No. J/20170717/2165

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 17/07/2017 19:19	Vide Report No.	Station Diary No. 118
Name Of Informant IVANA LIM MEI CHING	Address APT BLK 346 CHOA CHU KANG LOOP #10-77 SINGAPORE 680346	
ID Type / ID No. NRIC NO / S8077263G	Contact No. Home/Office Mobile 97304188	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation STOWAGE PLANNER	Sex Female	Age 37
Institution/School Name	Date of Birth 08/05/1980	Race Chinese
Date/Time Of Incident 16/07/2017 06:30	Location Of Incident CANTONMENT ROAD SINGAPORE TOWARDS KEPPEL ROAD	

Brief details.

On 16/07/2017 at about 0630hrs, I boarded my 'Uber' (SLD4204P) at South Point Building heading to Choa Chu Kang. After boarding for about 5 minutes, we stopped along Cantonment Road on the middle lane at the junction of Cantonment Road and Keppel Road. When the traffic light turned green, the ^{Uber} driver initial the right turn towards Keppel Road. Suddenly, a red vehicle came from the left and collided to the left side of the vehicle. I did not alight from the vehicle at the point of time and I was not injured.

Signature Of Officer Recording The Report:

J / Cpl TAN XIANG WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/07/2017 19:19

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
WEN JIANQUAN, NICHOLAS
Contact No.: 67910000

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20170717/2165

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20170717/2165

I am making this Police report to provide to 'Uber' for their insurance claim purposes.

Signature Of Officer Recording The Report:

J / Cpl TAN XIANG WEI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
WEN JIANQUAN, NICHOLAS
Contact No.: 67910000

Signature
Authentication Stamp

Signature Of Informant:

Date/Time:
17/07/2017 19:19

Classification Of Case:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : MNM 617093182 Vehicle Registration No : SLD4204P

Name(as shown in NRIC): LCR

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

NRIC/Passport No : 20150462K

Address : _____

Contact (Tel) : 66944919 (H/P) : 97603391

(Email) : _____

Date of Accident : 16/07/2017 Time of Accident : 06:30

Place of Accident : Keppel Road towards ARE

Insurance Company : ALG

(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:

Add witness report



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm