

# **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 witholding 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 27/09/2021 17:49 (SGT) Date of Accident 25/09/2021 14:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARD TUAS BEFORE TOH GUANG EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SFA8238C

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEAH SEAK CHAY NRIC No. SXXXX346A Email Address ELAINE8238@HOTMAIL.COM Mobile Phone No (Phone) +65-92393818 Alternative Phone No (Home) +65-92393818

### VEHICLE PARTICULARS

Manufacturer

Model Wish 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 Transmission Auto CC 1749

# **INSURANCE COMPANY**

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10557420R00 Cover Note Number 23/05/2021 TO 22/05/2022

# DRIVER

Name of Driver TAN CHIN PEI NRIC No. SXXXX887I

Date Of Birth 24/05/1980 Occupation Indoor Date Of Driving Pass 18/06/2003 Driving experience 18 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-92393818 Alt. Phone Number Email Address ELAINE8238@HOTMAIL.COM Address BLK 735 JURONG WEST ST 75 #10-23 Address complement Postcode 640735 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **ANTHEA SEAH** Gender Female PASSENGER 2 Name **AMELLIA SEAH** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Kim Keat Neighbourhood Police Post Police Station Phone No (Phone) +65-18002529999 Alt. Police Station Phone No (Fax) +65-63554311 Police Station Address Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN AND POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

No

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBC3413H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

### MPORTANT NOTICE

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- 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.
- 3. The report will be forwarded by the insurers of the G/A 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 ladgement 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 mo 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 :

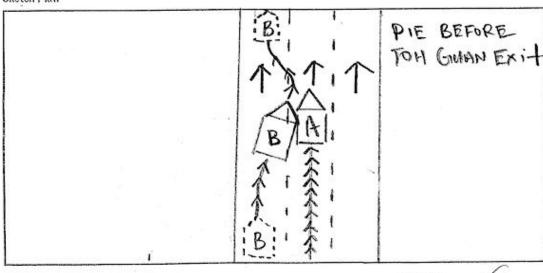
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

- (i) Investigating the accident and/or my claims;
- (ii) 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, involves, 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
- (d) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

### Sketch Plan



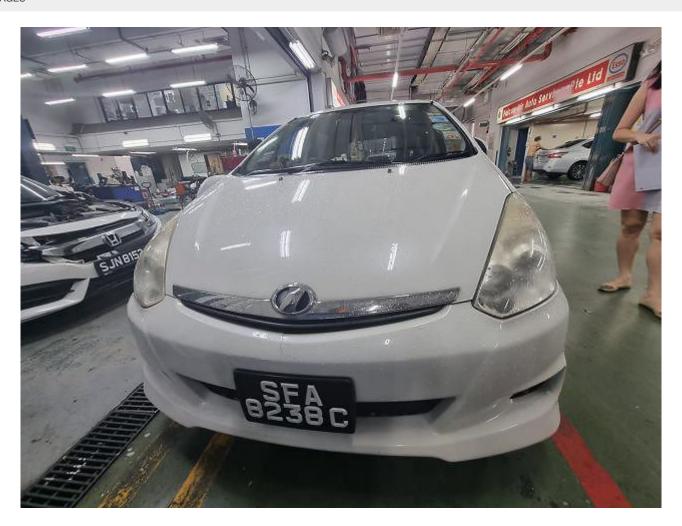
Policyholder's Signature / Date &

Diver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

AH UM MOTOR COMPANY

ribe Circumsta	inces of the Acc	ldent.		CONTRACTOR NAME OF THE PERSON		
	Refer	to_Poline	report.	T 2021	0926/20	25
own pólicy. Kin	dly check with yo	ur own insurer for	Imeframe for you more information	1.		r Reporting Only
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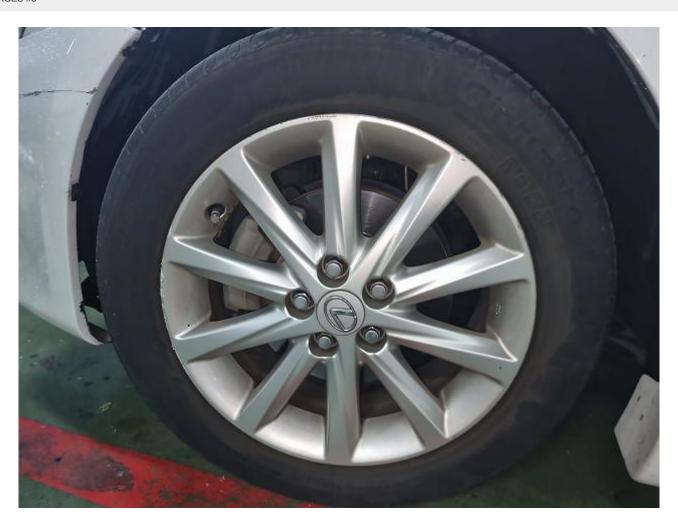






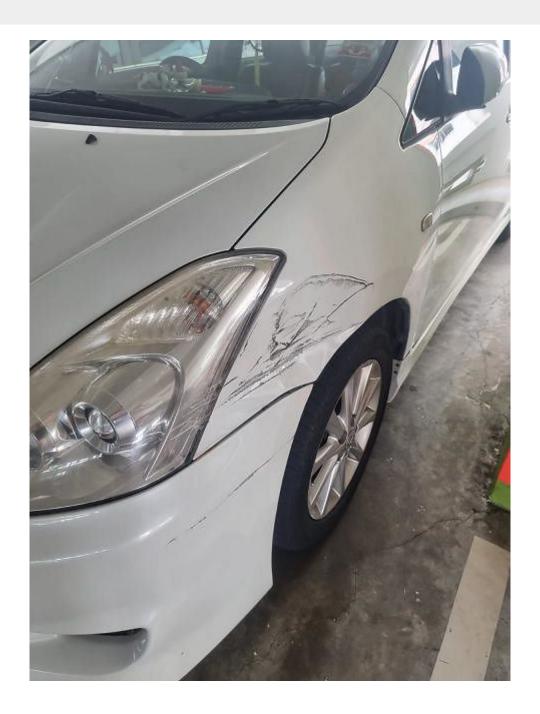


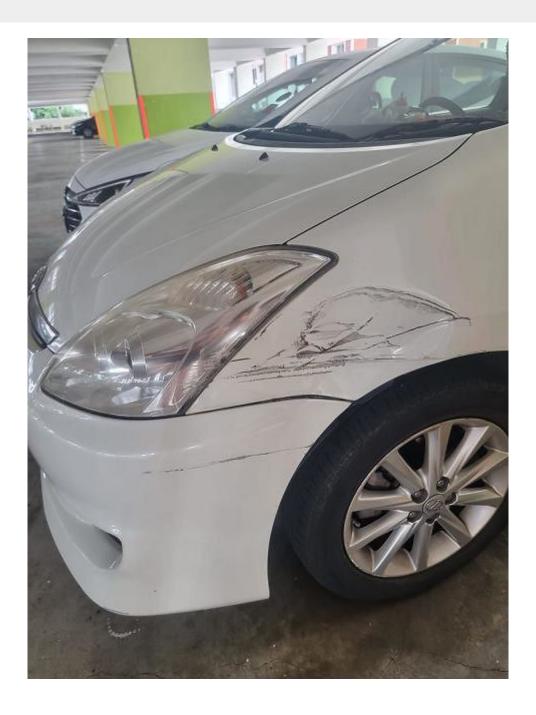


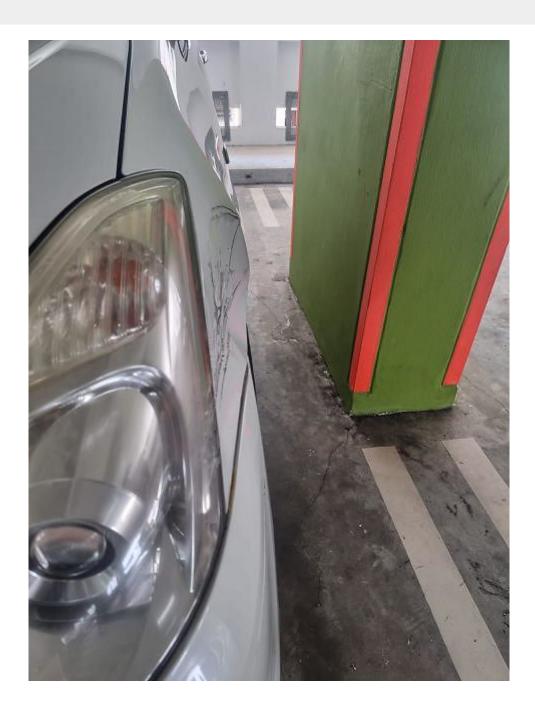
















Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

1 of 3 Report No. T/20210926/2025

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2021 12:44		/lade:	Vide Report No.:	Station Diary No.: 8		
Informan	it's Partic	ulars	attraction and			
Name of TAN CHI	Informant: N PEI		Address: APT BLK 735 JURONG WES SINGAPORE 640735	ST STREET 75 #10-23		
ID Type / ID No.: NRIC NO / S8014887I			Contact No.: Home/Office:	Mobile: 90233859		
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:			
Sex:         Age:         Date of Birth:           Female         41         24/05/1980			Type of Informant: Driver			
Race: Chinese		The state of the s	Language:	Institution / School Name:		
Occupation: ADMIN			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Accide	nt			
Type of Accident: Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 25/09/2021 14:20	Type of Location Straight Road 4:20	
Location: PAN-ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Clear		Dry		-	
Traffic Flow: Traffic Control:				Traffic Volume:	
Type of Collis Between Mov	sion: ring Vehicles - Head T	o Side	i	Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC3413H	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver		0
SFA8238C	Car	TOYOTA	WISH 1.8 A	White	Slightly Damaged	2

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



Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

Report No. T/20210926/2025

# CONTINUATION OF REPORT

Driver				APPROPRIES	SAME SECTION	000440071
Name	TAN CHIN PEI			ID No		S8014887I
Related Vehicle	SFA8238C (Car)			Conta	ct No.	90233859
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
	No. of Days granted Medical Leave		Degree o	of Injury	NIL	

### Brief Details.

On 25/09/2021 at about 1420hrs, I was driving my car(SFA8238C) along Pan-Island Expressway towards Tuas. I was driving along the 2nd lane. Subsequently, as I was approaching the Toh Guan exit, a lorry(GBC3413H) who was driving on the 3rd lane had swerved into my lane, colliding onto the left side of my car. The driver then swerved back into his lane aft I honked him. I followed him through but he did not stop his vehicle. I tried honking and flashing my high beam at him multiple times but he still did not stop his car.

Worrying for my 2 daughters and my safety, I stopped following him and exited at the Jalan Bahar exit. My daughter did record a video of me trying to chase and stop the lorry. As such, I was able to retrieve the lorry's plate number. I wish to state that I do not have any In-Car Camera. I also wish to state that during the time of incident, the 3 of us were not injured. Therefore, I drove to my mum's place to make a check on my car. I noticed that there were multiple scratches and dents at the front left side of my car. As a result, I am lodging this report for record and claiming purposes.

My new address is Blk 223 Lorong 8 Toa Payoh #16-753 Singapore 310223.



T/20210926/2025

3 of 3

Report No. T/20210926/2025

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

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 <u>report number</u> as reference.

Signature of Officer Recording The Report E / Sgt 2 MUHAMMAD NAZRI BIN KAMARUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2021 12:44
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	
SIGNATURE	