

# 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 ..... 11/11/2021 17:16 (SGT)  
Date of Accident ..... 10/11/2021 18:55 (SGT)  
Exact Location of Accident ..... Near 395A Bukit Batok West Ave 5, Singapore 651395  
Additional Location Information ..... Along Bukit Batok West Ave 5 > Gombak MRT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW9737Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Tham Siew Mee  
NRIC No ..... S6871314E  
Email Address ..... thamsiewmee@yahoo.com  
Mobile Phone No ..... (Phone) +65-92733636  
Alternative Phone No ..... +65-92733636

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... TOYOTA COROLLA ALTIS 1.6L CVT  
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? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900194391-01  
Cover Note Number ..... 24/11/2021-23/11/2022

### DRIVER

Name of Driver ..... Tham Siew Mee  
NRIC No ..... S6871314E

Date Of Birth .....	01/05/1968
Occupation .....	Indoor
Date Of Driving Pass .....	14/06/1990
Driving experience .....	31 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92733636
Alt. Phone Number .....	+65-92733636
Email Address .....	thamsiewmee@yahoo.com
Address .....	Blk 218 Bukit Batok St 21 # 02-295
Address complement .....	-
Postcode .....	650218
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 .....	Raining
Road Surface .....	Wet

#### 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 vehicle 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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

#### 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 .....	SHD5993K
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	Tan Poh Seng
NRIC No .....	S0738278B
Contact Number .....	(Phone) +65-90232895
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 Passenger
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD5993K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

**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. The 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 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: 11/11/2021  
3 pm

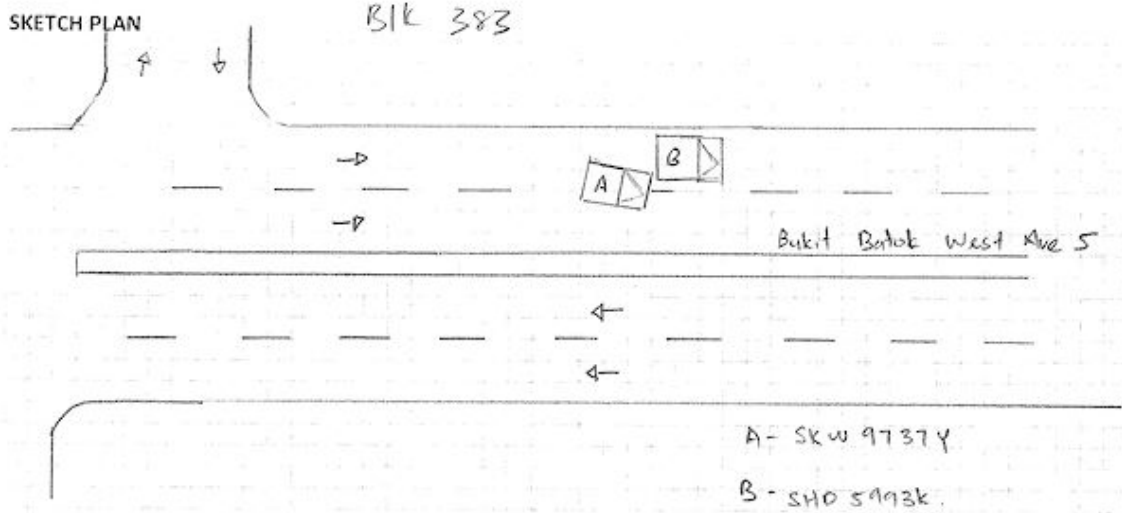
Driver's Signature

(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name: Rajeswarar Arumugam  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer the police report.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
<input checked="" type="checkbox"/> Claim OD
Claim TP
Claim OD / TP at other workshop

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: Rakeshwaran . Anand  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20211110/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20211110/2103

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2021 23:01	Vide Report No.:	Station Diary No.: 160
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: THAM SIEW MEE			Address: APT BLK 218 BUKIT BATOK STREET 21 #02-295 SINGAPORE 650218	
ID Type / ID No.: NRIC NO / S6871314E			Contact No.: Home/Office: Mobile: 92733636	
Nationality: MALAYSIAN			Email:	
Sex: Female	Age: 53	Date of Birth: 01/05/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Quantity surveyor			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2021 18:55	Type of Location: Straight Road
Location:  BUKIT BATOK WEST AVENUE 5				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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 Passenger
SHD5993K	Car				Slightly Damaged	0
SKW9737Y	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20211110/2103

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211110/2103

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW9737Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900194391-01	24/11/2020	23/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN POH SENG		ID No.	S0738278B
Related Vehicle	SHD5993K (Car)		Contact No.	90232895
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
Driver				
Name	THAM SIEW MEE		ID No.	S6871314E
Related Vehicle	SKW9737Y (Car)		Contact No.	92733636
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 10/11/2021 at about 1908hours, I was driving my car bearing plate number SKW9737Y along Bukit Batok West Ave 5 towards Bukit Gombak MRT station. It was a two-lane road and I was driving along the left most lane. Suddenly the taxi (SHD5993K) stopped to pick up one passenger who flagged for his taxi. As the road was wet, I tried to brake but it was too near for me to react. I tried to slide to the lane on my right, however, still could not avoid the collision. The passenger was about to open the door, but he jumped to avoid the impact, I saw him sat on the turf and sat back at the curb after awhile.

The front left of my vehicle hit onto the rear right corner of the vehicle. After the collision, both myself and the taxi driver came down to look at the damages and to check on the passenger who was seated at the curb. The passenger claims to have pain around his leg area. Thus I offered him to send him to the clinic, since he rejected us calling for ambulance. After agreeing with the taxi driver to send him to clinic, we exchanged particulars and I left the scene.

I then send him to OneCare Clinic located at Blk 630 Bukit Batok Central. Upon arriving, I tried waking



**SINGAPORE  
POLICE FORCE**



T/20211110/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 4

Report No. T/20211110/2103

**CONTINUATION OF REPORT**

him, however, he did not respond to me. Hence, I asked the doctor and nurse from the clinic to come out and make a check. They advised me to call for an ambulance. The ambulance came and I was told that he will be conveyed to the nearest hospital, I believed to be NTFGH.

My in-car camera had captured the whole incident.





**SINGAPORE  
POLICE FORCE**



T/20211110/2103

4 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211110/2103

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 J / SCSGT(1) ALDON CHUA JUN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2021 23:01
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case: SN 126
Authentication Stamp NP168	Signature : Singapore Police Force























