

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 03/12/2021 12:18 (SGT)
Date of Accident 01/11/2021 17:20 (SGT)
Exact Location of Accident Tuas Rd, Singapore
Additional Location Information ROUNDABOUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFZ7667Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN FU SHENG
NRIC No SXXXX571G
Email Address haowen812004@yahoo.com
Mobile Phone No (Phone) +65-92710587
Alternative Phone No +65-92710587

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant ALTIS
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 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100498456-04
Cover Note Number -

DRIVER

Name of Driver TAN FU SHENG
NRIC No SXXXX571G

Date Of Birth	01/02/1981
Occupation	Indoor
Date Of Driving Pass	14/04/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92710587
Alt. Phone Number	+65-92710587
Email Address	haowen812004@yahoo.com
Address	BLK 643 ANG MO KIO AVENUE 5 #03-3021
Address complement	-
Postcode	560643
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 - Change/cross lane
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?	No
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	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

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20211202/7007

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	XE8T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	VARADHARAJAN VASU
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 FU SHENG
Gender	Male
Phone No	(Phone) +65-92712005
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFZ7667Y
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.

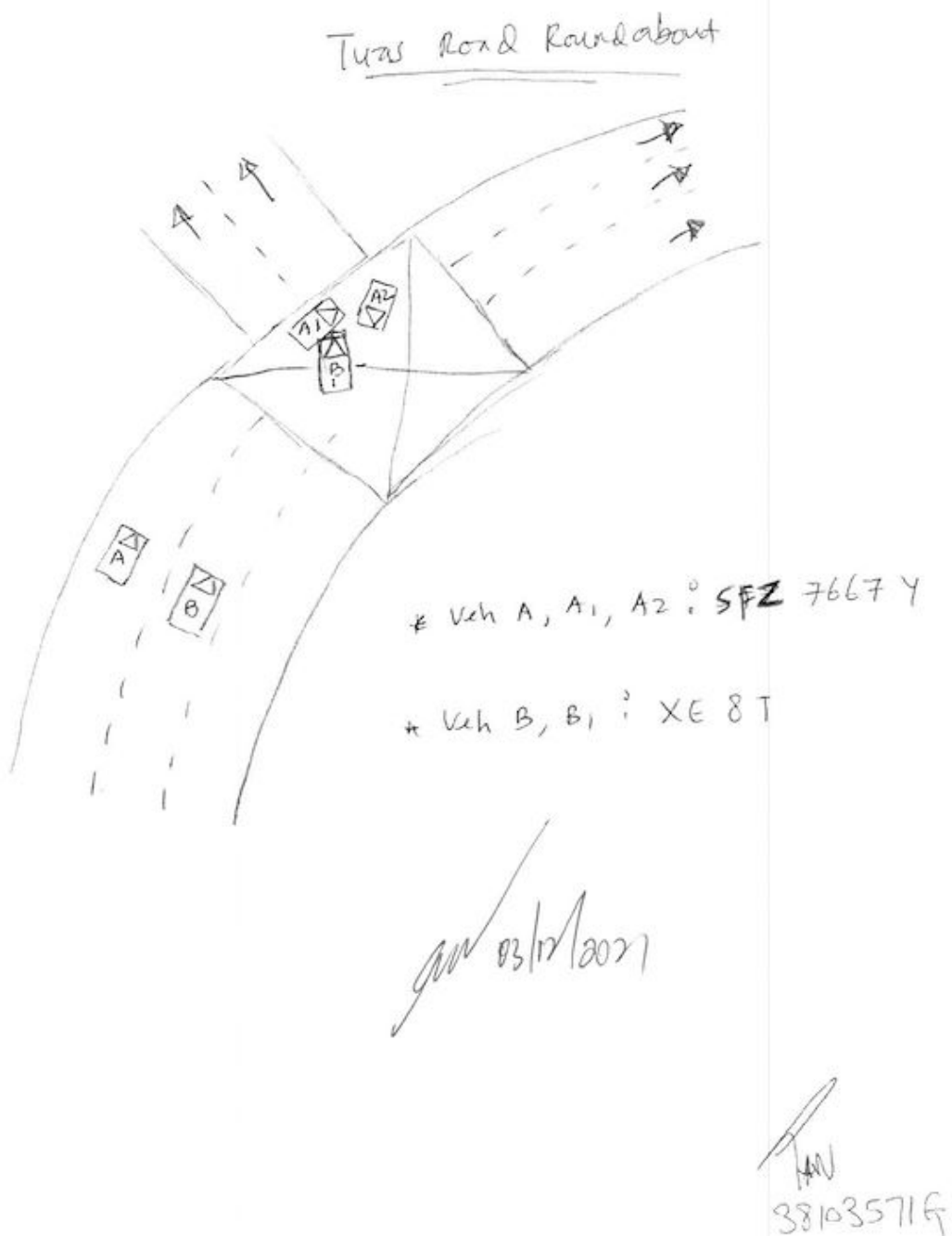

 Policyholder's Signature / Date & Time


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

 03/12/2021
 Witnessed by Reporting Centre Personnel

Sketch Plan

* Refer to the attached



* Refr to false report => T/2021/20217007

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel


















**SINGAPORE
POLICE FORCE**


T/20211202/7007

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

1 of 3

Report No. T/20211202/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 12:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN FU SHENG			Address: 643 ANG MO KIO AVENUE 5 #03-3021 SINGAPORE 560643		
ID Type / ID No.: NRIC NO / S8103571G			Contact No.: Home/Office: Mobile: 92710587		
Nationality: SINGAPORE CITIZEN			Email: haowen812004@yahoo.com		
Sex: Male	Age: 40	Date of Birth: 01/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Workshop Supervisor			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2021 17:20	Type of Location: Roundabout
Location: TUAS ROAD ROUNDABOUT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFZ7667Y	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	White		0
XE8T	Big Truck					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211202/7007

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

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Report No. T/20211202/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFZ7667Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100498456-04	23/01/2021	22/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN FU SHENG		ID No.	S8103571G
Related Vehicle	SFZ7667Y (Car)		Contact No.	92710587
Hospital/Clinic	TAN MEDICARE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/12/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	VARADHARAJAN VASU		ID No.	NIL
Related Vehicle	XE8T (Big Truck)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On the stated date and time, I (SFZ 7667 Y) was travelling along the stated venue. I was travelling straight in my lane and suddenly a big truck bearing registration number: XE 8 T, cut into my lane abruptly and collided onto the front right hand side of my vehicle. The huge impact also caused my vehicle to spin. We then alighted from our vehicles and exchanged our personal particulars. About half an hour later, Traffic Police officer arrived at the accident scene too. Then we were advised to leave the accident scene. On the very next day after the accident, I felt unwell and discomfort on my chest and shoulder. I proceeded to seek medical treatment at Tan Medicare Clinic Pte Ltd and was given a 3 days MC.



SINGAPORE POLICE FORCE

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



T/20211202/7007

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Report No. T/20211202/7007

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 /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

NP168

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

Date/Time:
02/12/2021 12:41

Classification Of Case:

DEED POLL

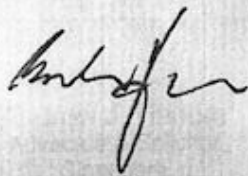
BY THIS DEED I, the undersigned **TAN FU SHENG** 譚富森 of Bk 643 Ang Mo Kio Avenue 5 #03-3021, Singapore 560643, holder of Singapore NRIC No S8103571/G do hereby absolutely and entirely renounce and abandon the use of my former name of **TAN HAOWEN** 譚皓文 and in lieu thereof do assume as from the date hereof the new name **TAN FU SHENG** 譚富森.

AND in pursuance of such change as aforesaid I hereby declare that I shall at all times hereafter in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transaction and upon all occasions whatsoever use sign and subscribe the said name **TAN FU SHENG** 譚富森 as my name in lieu of the said name of **TAN HAOWEN** 譚皓文 so renounced as aforesaid.

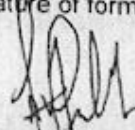
AND I hereby authorize and request all persons at all times to designate, describe and address me by such assumed name of **TAN FU SHENG** 譚富森 only.

IN WITNESS WHEREOF I have hereunto, signed my **TAN FU SHENG** 譚富森 and my relinquished name of **TAN HAOWEN** 譚皓文 and have set my seal this 21st day of August 2017.

SIGNED SEALED and DELIVERED
by the above named
TAN FU SHENG 譚富森
in the presence of:-




TAN HAOWEN 譚皓文
Signature of former name



TAN FU SHENG 譚富森
Signature of assumed name