

## 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 Actual 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 ..... 10/11/2022 16:12 (SGT)  
Reported by ..... Both  
Date of Accident ..... 10/11/2022 11:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WALLICH STREET  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMC2740P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN LI HUANG (CHEN LIFANG)  
NRIC No ..... SXXXX693G  
Email Address ..... val\_74@yahoo.com  
Mobile Phone No ..... (Phone) +65-96161915  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Note  
Variant ..... NISSAN NOTE 1.2 (A)  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1198

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 1800074749-04

#### DRIVER

Name of Driver ..... TAN LI HUANG (CHEN LIFANG)  
NRIC No ..... SXXXX693G  
Date Of Birth ..... 09/05/1974  
Occupation ..... Indoor

Date Of Driving Pass .....	22/09/1992
Driving experience .....	30 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96161915
Alt. Phone Number .....	-
Email Address .....	val_74@yahoo.com
Address .....	631 SENJA ROAD
Address complement .....	09-228
Postcode .....	670631
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 .....	Side Swipe
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC1322J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SMC 2740P

**SKETCH PLAN**

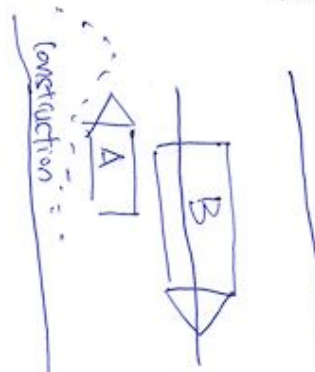
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time  
**Sketch Plan**

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



(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**



D/20221110/7029

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20221110/7029

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 10/11/2022 15:36	Vide Report No.	Station Diary No.
Name Of Informant TAN LI HUANG	Address 116 CLEMENTI STREET 13 #08-90 SINGAPORE 120116	
ID Type / ID No. NRIC NO / S7414693G	Contact No. Home/Office:	Mobile: 96161915
Nationality SINGAPORE CITIZEN	Email Address VAL_74@YAHOO.COM	
Occupation Other business services agents	Sex Female	Age 48
Institution/School Name	Date of Birth 09/05/1974	Race Chinese
Date/Time Of Incident 10/11/2022 11:45 - 10/11/2022 11:55	Location Of Incident 116 CLEMENTI STREET 13 #08-90 SINGAPORE 120116	

**Brief details.**

I was stationary on Wallich Street to let abuse PC1322J passed as there were road blockage but the bus scratches my car right back wheel side

<b>Subjects Involved</b>	
Victim	
Person Name	TAN LI HUANG

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2022 15:36
Officer In-Charge Of Case:	Classification Of Case:





SINGAPORE  
POLICE FORCE



D/20221110/7029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221110/7029

ID Type	NRIC NO	ID No	S7414693G
Gender	Female	Age	48
Race	Chinese	Language	English
Occupation	Other business services agents	Address	116 CLEMENTI STREET 13 #08-90 SINGAPORE 120116
Mobile No	96161915	Is Informant A Victim?	Yes
Person Name TAN LI HUANG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2022 15:36
Officer In-Charge Of Case:	Classification Of Case: