

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 20/03/2023 16:03 (SGT)
Reported by Driver
Date of Accident 18/03/2023 10:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEDOK RESERVOIR ROAD TOWARDS BEDOK NORTH
AVENUE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK165S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN MEOW LI , MAGDALENE
NRIC No SXXXXX360I
Email Address tantm.alex@gmail.com
Mobile Phone No (Phone) +65-90622880
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla180
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 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1800069224-04

DRIVER

Name of Driver TAN TAI MONG
NRIC No SXXXXX320B
Date Of Birth 06/07/1956

Occupation	Outdoor
Date Of Driving Pass	19/01/1977
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84223232
Alt. Phone Number	-
Email Address	tanm.alex@gmail.com
Address	APT BLK 163 TAMPINES STREET 12
Address complement	# 11-269
Postcode	521163
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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
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	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 THE ATTACHED POLICE REPORT - T/20230320/7054

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK3528T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN TAI MONG
Gender	Male
Phone No	(Phone) +65-84223232
Address	APT BLK 163 TAMPINES STREET 12
Address Complement	# 11-269
Post Code	521163
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN- GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SGK165S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

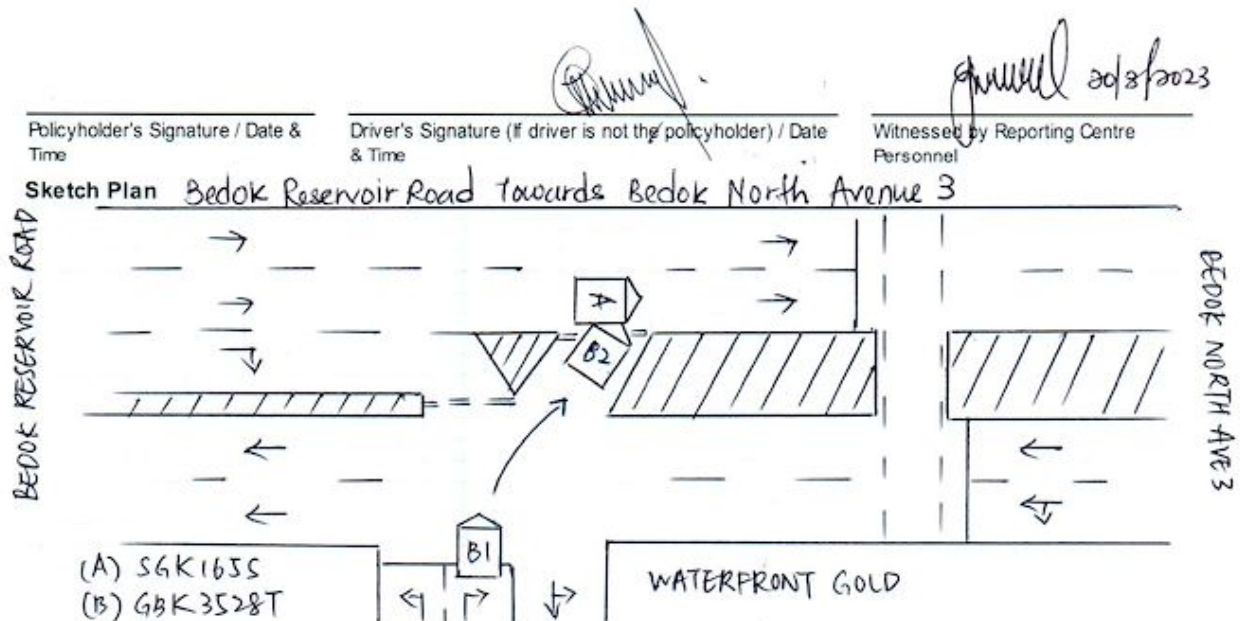
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Please refer to TP Report.

NO : T/20230320/7854

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230320/7054

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

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Report No. T/20230320/7054

CONTINUATION OF REPORT

Driver			
Name	TAN TAI MONG	ID No.	S2184320B
Related Vehicle	SGK165S (Car)	Contact No.	84223232
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/03/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 18/03/2023 at above 1045 hours at along Bedok Reservoir Road towards Bedok North Avenue 3. I was travelling on the second lane on the Bedok Reservoir Road and suddenly a vehicle (B) on my right exited out from Bedok Reservoir Road without cautious and checking his blindspot and hence collided onto the right portion of my vehicle (A) causing damages to my vehicle.
After the accident, I went to consult a doctor and was given 05 days MC for my injury.

Vehicle (A) SGK165S

Vehicle (B) GBK3528T



















**SINGAPORE
POLICE FORCE**



T/20230320/7054

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

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Report No. T/20230320/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2023 14:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN TAI MONG			Address: 163 TAMPINES STREET 12 #11-269 SINGAPORE 521163		
ID Type / ID No.: NRIC NO / S2184320B			Contact No.: Home/Office: Mobile: 84223232		
Nationality: SINGAPORE CITIZEN			Email: tantm.alex@GMAIL.COM		
Sex: Male	Age: 66	Date of Birth: 06/07/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2023 10:45	Type of Location: T-Junction
Location: BEDOK RESERVOIR ROAD TOWARDS BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK3528T	Van					0
SGK165S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230320/7054

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

2 of 3

Report No. T/20230320/7054

CONTINUATION OF REPORT

Driver			
Name	TAN TAI MONG	ID No.	S2184320B
Related Vehicle	SGK165S (Car)	Contact No.	84223232
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/03/2023	Date	NIL
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Vehicle (B) GBK3528T

**SINGAPORE
POLICE FORCE**

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



T/20230320/7054

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Report No. T/20230320/7054

CONTINUATION OF REPORTSketch 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:

NP168

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

Date/Time:
20/03/2023 14:30

Classification Of Case: