

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	12/05/2023 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 17:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG EAST CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5548Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JD MARKETING PLACE
Company Reg No	5XXXX769E
Email Address	JOHNETTE88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-85885548
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900162578-03

DRIVER

Name of Driver	TAN HUI LING
NRIC No	SXXXX661Z
Date Of Birth	23/06/1988
Occupation	Indoor

Date Of Driving Pass	21/06/2012
Driving experience	10 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85885548
Alt. Phone Number	-
Email Address	JOHNETTE88@HOTMAIL.COM
Address	APT BLK 804B KEAT HONG CLOSE
Address complement	# 07-30
Postcode	682804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	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)	3
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	-

PASSENGER 1

Name	SON
Gender	Male

PASSENGER 2

Name	SON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230510/2106

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	SHC3994B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to report to the Insurance Company.
 2. This form must be completed by the Policyholder and/or the Authorized Officer.
 3. Information provided must be as truthful and accurate as possible. It may affect the insurance policy and how insurance companies to regulate policy liability.
 4. The issue and acceptance of this Form by the insurance company is not an admission of policy liability on the part of the insurance company.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the insurers of the RIA Records Management Centre established by the Central Insurance Policyholders of Singapore (CIPS) for archiving and that copies of the report will for a fee be made available upon application to interested parties.
 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the report of the accident and the copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I/We, the Policyholder, agree and consent that:
- (a) My/ourself, my/ourself and the General Insurance Association of Singapore (GIA) may are permitted to collect, use, disclose and/or process my/ourself personal data/personal information set out in this form and any other personal information provided by me or possessed by my/ourself collectively the "Personal Information" and disclose and transfer such Personal Information to all third parties who have insured vehicles involved in the accident (all insurers) who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers". The Insurers (Insurers) from the Monetary Authority of Singapore (MAS) and relevant government agency authority (such as the police) for the purposes of:
 - (i) processing handling matters dealing with my/ourself claim including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my/ourself claim;
 - (iii) carrying out and/or dealing with my/ourself instructions or responding to any enquiry by me;
 - (iv) administering my/ourself claim (including the making of correspondence, statements, inquiries, reports or notices to me, which could involve disclosure of my/ourself personal data about me to bring about delivery of the same as well as on the external issues of my/ourself personal packages) and/or;
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my/ourself claim.
- I/We collectively the "Purposes".
- (b) all insurers may collect my/ourself personal data in the accident and the Insurers (Insurers) may are permitted to collect, use, disclose and/or process my/ourself Personal Information for one or more of the above Purposes; and
 - (c) my/ourself Personal Information may be disclosed by any of the Insurers and/or CIPS to their third parties and/or members of agents (including their Insurers) for one or more of the above Purposes.



Policyholder's Signature Date & Time

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

Witnessed by Reporting Officer

Sketch Plan

JURONG EAST CENTRAL



A: SME 554B 2

B: SHC 9794 B


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

Note: Please write about what happened, how it happened, and what the police report says. Please do not write about who is at fault or who is responsible for the accident. Please do not write about who is injured or who is killed. Please do not write about who is arrested or who is charged with a crime. Please do not write about who is sued or who is liable. Please do not write about who is responsible for the accident. Please do not write about who is at fault or who is responsible for the accident. Please do not write about who is injured or who is killed. Please do not write about who is arrested or who is charged with a crime. Please do not write about who is sued or who is liable.

Declaration

I/we declare the foregoing information is true & correct.


 Police Officer Signature: _____ Date: _____
 Time: _____

Driver's Signature: _____ (Driver is not the policyholder) Date: _____
 & Time: _____

Witness's Signature: _____ Date: 12/05/2023
 Address: _____
 Telephone: _____



**SINGAPORE
POLICE FORCE**



T/20230510/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20230510/2106

CONTINUATION OF REPORT**Brief Details.**

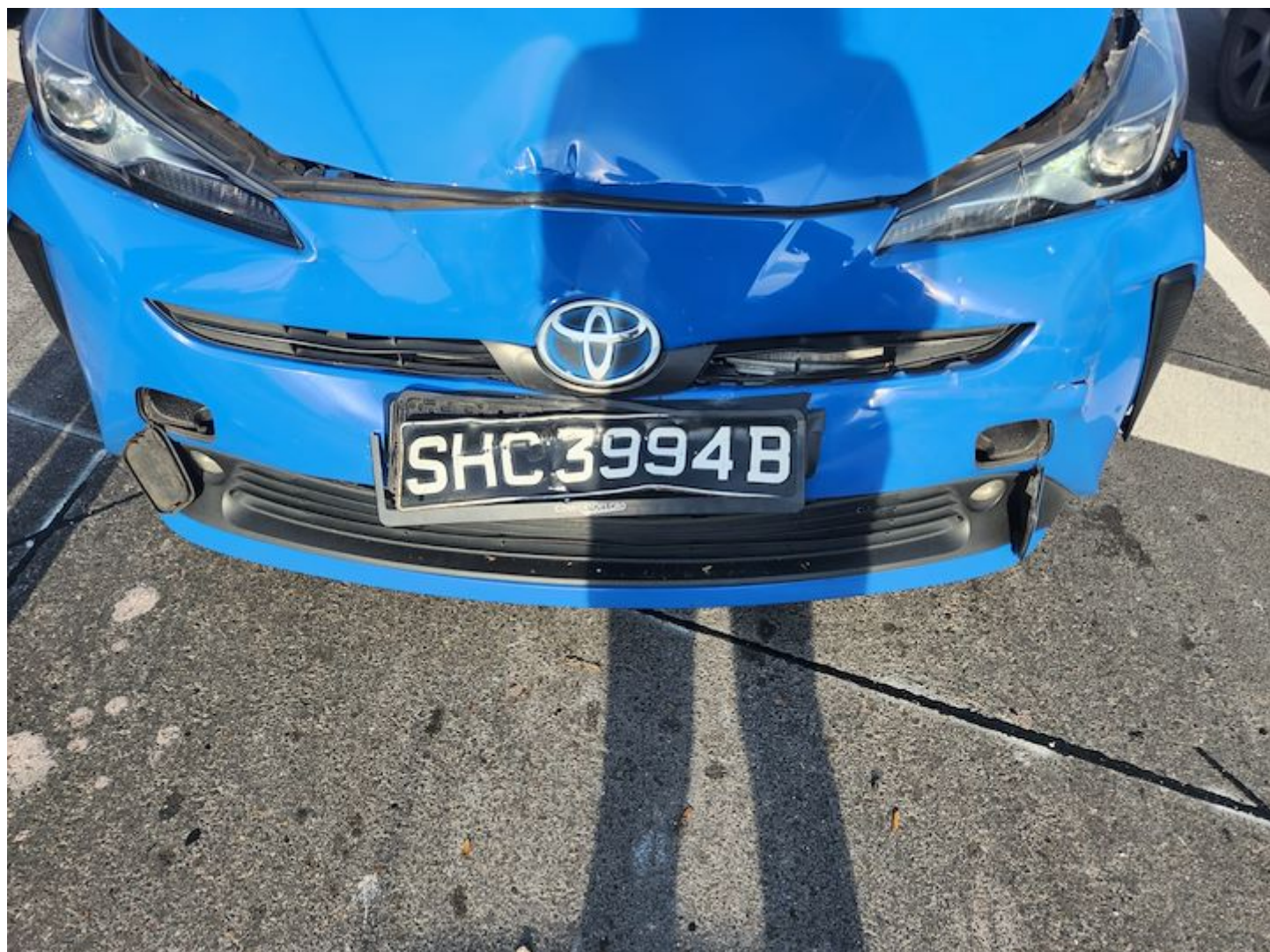
On the 10/05/2023 at around 1723hrs I was traveling along Jurong East Central in my car (SME5548Z) with my 2 kids. While I was approaching a cross junction, I noticed that the traffic light had turned amber, thus, I slowed my car to a stop. All of the suddenly I felt an impact on the rear of my car, when I got off, I noticed that a taxi (SHC3994B) had collided with me.

Both the taxi driver and I had gotten off our vehicle to check on the situation. The damages on my car are there are dents and scratches on the rear bumper and also the boot door. The damage on the taxi are the dents and scratches on the front bumper. The taxi driver had check on the damages and took photo of both vehicles. Subsequently, the taxi driver asked me to lodge a police report and just drove off without giving me his phone number.

I have yet to sent my kids to the doctor thus, I am unsure if they have suffered any injuries due to the incident.

There were no police or ambulance that attend to the scene.











































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T/20230510/2106

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20230510/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2023 18:36		Vide Report No.:		Station Diary No.: 122
Informant's Particulars				
Name of Informant: TAN HUI LING		Address: APT BLK 804B KEAT HONG CLOSE #07-30 SINGAPORE 682804		
ID Type / ID No.: NRIC NO / S8821661Z		Contact No.: Home/Office: Mobile: 85885548		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 34	Date of Birth: 23/06/1988	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: ASSISTANT		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2023 17:25	Type of Location: Straight Road
Location: JURONG EAST CENTRAL				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3994B	Car				Slightly Damaged	0
SME5548Z	Car				Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230510/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3
Report No. T/20230510/2106

CONTINUATION OF REPORT

Brief Details.

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230510/2106

3 of 3

Report No. T/20230510/2106

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
SGT 2 Patrick Ang Juin Hun

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

Date/Time:
10/05/2023 18:36

Classification Of Case: