

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / ☒ Both

Date of Accident: 30/08/2024

Time of Accident: 6:40 (AM ☒ PM)

Location of Accident: 105 YISHUN RING ROAD OUTSIDE CHONG PANG MARKET

Country/State of Loss: SINGAPORE

Type of Accident: HEAD TO SIDE

Weather Condition: ☒ Clear / Raining Road Surface ☒ Dry / Wet

If Not in List, please specify N.A

Are you claiming under your own insurance policy for repair to your vehicle? Yes ☒ / No

If No, please state action to be taken ☒ Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes ☒ / No

If yes, please state Vehicle No & Vehicle Type: N.A

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes ☒ / No

Was the accident reported to the police? Yes ☒ / No

If yes, police station name: N.A

Was notice of Prosecution given? Yes ☒ / No

If yes, against whom? N.A

Files

Are accident photos available for attachment? ☒ Yes / No

Was there any video captured? Yes ☒ / No

Was there any audio captured? Yes ☒ / No

Details of Own Vehicle

Vehicle Registration No: SCJ2808K

Vehicle Category: B

Vehicle Manufacturer: MERCEDES BENZ Vehicle Model: E200K

Transmission: Manual / Auto Cc: 1800

Exact purpose for which vehicle was being used at the time of accident:

Private Hire / Private Use / Employment

No. of passengers (including driver) 2

Passenger Name: AAS SUWARSIH (HELPER)

Gender: Male / Female

Passenger Name: N.A

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTUC INCOME

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: TAN BOON CHIN

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S0679245F

Email: lawsbp@gmail.com

Mobile No: 90229868

Alt. No Type: Home / Office / Not in List

If Not in List, please specify N.A

Owner Alt Phone No: N.A

Driver's Information

Is the driver the policy holder? ☒ Yes / ☐ No

Name of Driver: TAN BOON CHIN

Gender: ☒ Male / ☐ Female

ID Type: ☒ NRIC / ☐ Passport or FIN / ☐ Work Permit

Driver's ID: S0679245F

Date of Birth: 25/04/1937

Driving Pass Date: 15/04/1958

Mobile No: 90229868

Email: lawsbp@gmail.com

Address 1: 19 SPRINGSIDE LINK SINGAPORE 786589

Address 2: _____ Postal Code: 786589

Occupation: ☒ Indoor / ☐ Outdoor

Driver Owner Relationship SAME

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: N.A

Handling Insurer: N.A

TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / ☐ No

If yes, please provide:

(i) Vehicle Registration No: SMZ5431R

(ii) Vehicle Category: PRIVATE AMBULANCE

(iii) No. of passengers (including driver) 1

Passenger Name: N.A

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / ☒ No

Name of Translator: N.A

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: N.A

Email: N.A

What is the original language used in the statement?

☒ English / ☒ Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- **Original report in original language**
- **Translated report to English**

Injured Person's Details

Was anyone injured in the accident? ☒ Yes / ☐ No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

(i) Name: TAN BOON CHIN

(ii) Gender: ☒ Male / ☐ Female

(iii) Injured Person in which Vehicle? SCJ2808K

(iv) Full Address: 19 SPRINGSIDE LINK SINGAPORE 786589

Witness Details

Was there any witnesses? ☐ Yes / ☒ No

If yes, please provide:

Witness Name: N.A

Witness Contact: N.A

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

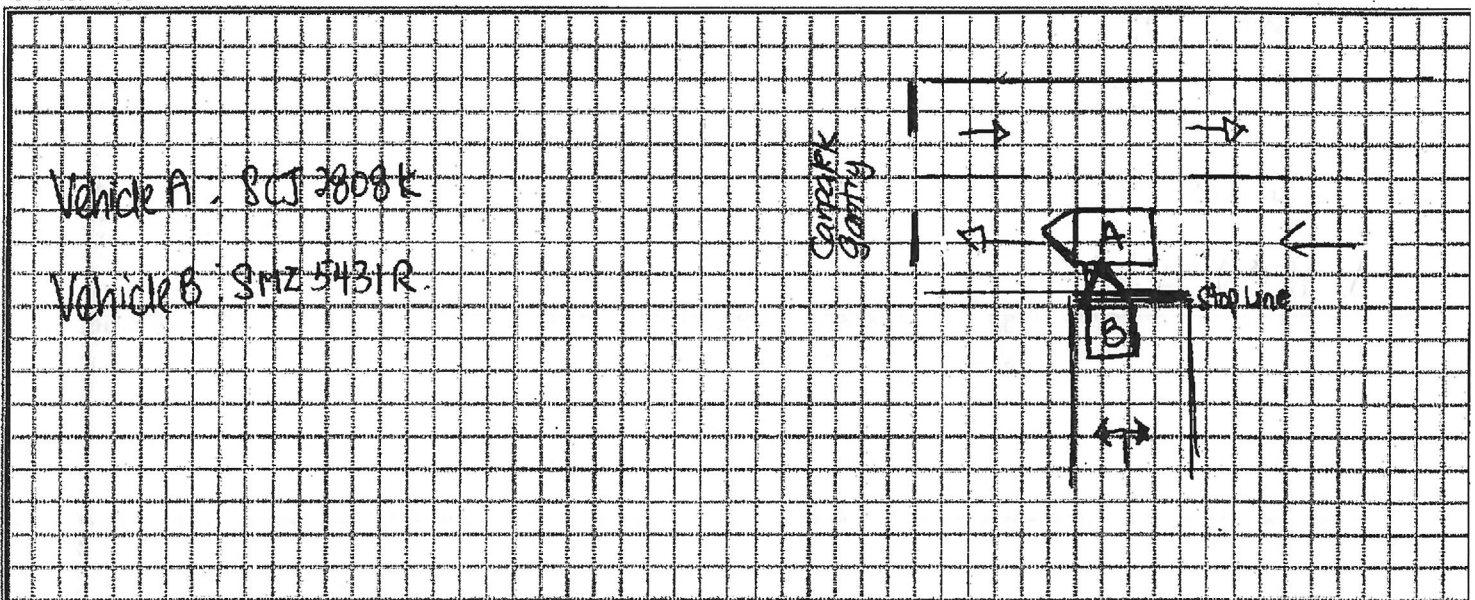
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I was at B1K 105
Yishun Ring Rd outside Chong Pang Market & Food Centre.
I was driving on a straight road towards the Exit
of carpark Exit.

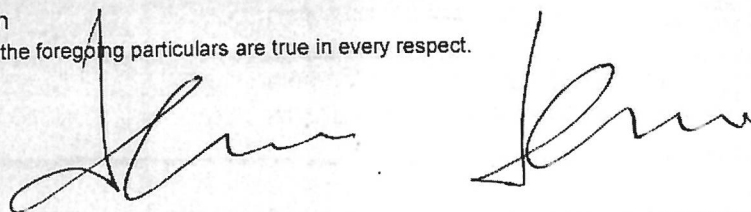
Suddenly, vehicle B, SMZ 5431 R, a medical Transport
Van didn't stop at the stop line & collided with my
vehicle A, SCJ 2808 K.

Vehicle A: SCJ 2808 K.

Vehicle B: SMZ 5431 R.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)