

## 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 ability.
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 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 Report	25/09/2017 17:19
Date Of Accident	22/09/2017 08:05
Exact Location Of Accident	ROAD 1 EAST COAST PARKWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN9166S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LI ZI
NRIC No	S8015406B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97103813
Alternative Phone No	OFFICE-97103813

### Vehicle Particulars

Manufacturer	VOLVO
Model	V40-1.6 D CROSS COUNTRY D2 (M)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1532601702
Cover Note Number	

### Driver

Name of Driver	TAN LI ZI
NRIC No	S8015406B
Date Of Birth	27/05/1980
Occupation	INDOOR
Date Of Driving Pass	15/07/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97103813
Fax Number	
Contact Number	OFFICE-97103813
EMail Address	NOEMAIL

Address	1 KAMPONG KAYU RD #04-18
Postcode	431001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3290Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF208S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address

## SKETCH PLAN

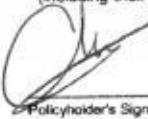
### IMPORTANT NOTICE

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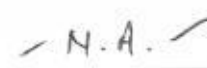
### 8. Consent under the Personal Data Protection Act (PDPA)

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.

 23/9/17  
1200

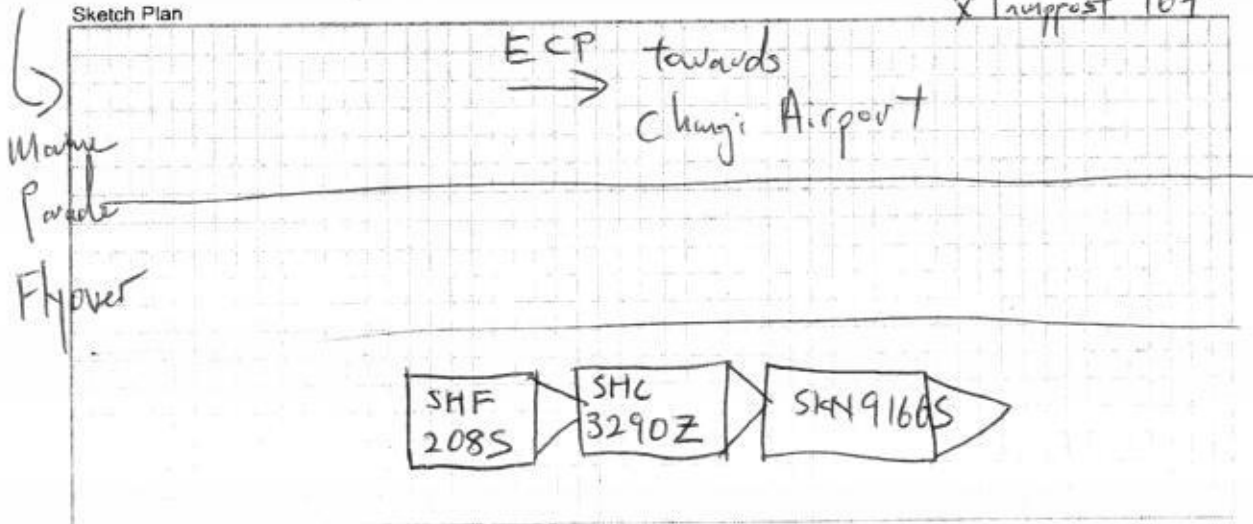
Policyholder's Signature / Date & Time

 N.A.

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident


- Brief to the Police Report —  
D.O. 22/9/17 1703  
Report # T/20170922/2142

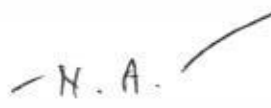
**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

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

  
Policyholder's Signature / Date & Time  
23/9/17  
1200

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

Witnessed by Reporting Centre Personnel



Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20170922/2142

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/09/2017 17:03	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: TAN LI ZI			Address: APT BLK 1 KAMPONG KAYU ROAD #04-18 SINGAPORE 431001		
ID Type / ID No.: NRIC NO / S8015406B			Contact No.: Home/Office: Mobile: 97103813		
Nationality: SINGAPORE CITIZEN			Email: hungarica@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 27/05/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2017 08:05	Type of Location: Straight Road
Location: Along Road 1 EAST COAST PARKWAY  East Coast Parkway towards Changi Airport near lamppost 167				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3290Z	Car				Slightly Damaged	1
SHF208S	Car				Seriously Damaged	1
SKN9166S	Car	VOLVO	V40 CROSS COUNTRY D2	Orange	Slightly Damaged	1



Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN9166S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN15326017 02	30/07/2017	29/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	GOH MING RONG		ID No.	S8108226Z
Related Vehicle	SKN9166S (Car)		Contact No.	96398336
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2017		Date Discharge	22/09/2017
No. of Days granted Medical Leave	04	Degree of Injury	NIL	
Driver				
Name	TAN LI ZI		ID No.	S8015406B
Related Vehicle	SKN9166S (Car)		Contact No.	97103813
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2017		Date Discharge	22/09/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	NG ENG CHUAN		ID No.	S0030798Z
Related Vehicle	NIL		Contact No.	98241837
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMAD YUSOF BIN KAMMO	ID No.	S1826414E
Related Vehicle	NIL	Contact No.	88665066
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22.09.2017 at 0803hrs I was driving my car (SKN9166S) on the first lane from east coast parkway toward Changi Airport together with my wife inside the car. When I was driving after marine parade fly over near to lamppost 167 a vehicle SJV848L applied a brake and the hazard light was on. I was driving from a safe distance thus I managed to stop in time and did not collided with it.

However I felt a loud bang coming from the rear of my car and followed by another bang. I checked on my wife first, after which I stepped out from my car and discovered that the vehicle behind me (SHC3290Z) had collided with me and vehicle (SHF208S) has collided with him.

I make a checked and discovered that my car rear bonnet and fender were dent and it was out from its original position. The vehicle SHC3290Z damages as follows: dent and deform on the front fender and dent on the rear bonnet. The vehicle SHF208S was unable to start and on his engine.

On 22.09.2017 at 0845hrs my wife and I went to Changi General Hospital and both of us were give mc. I would like to state that I have an in built camera in my car and everything was recorded in it. There is no traffic police and ambulance at scene.





**SINGAPORE  
POLICE FORCE**



T/20170922/2142

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20170922/2142

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt SALINA BINTE ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/09/2017 17:03

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp

NP168

SN

Signature:

Singapore Police Force