

## 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	23/11/2017 15:02
Date Of Accident	22/11/2017 20:00
Exact Location Of Accident	JUNC OF YIO CHU KANG RD & HOUGANG AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB7854C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR SEAH KIM FOUNG
NRIC No	S1648634E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96230776
Alternative Phone No	OFFICE-96230776

### Vehicle Particulars

Manufacturer	GEELY
Model	GEELY CK 1.5 AUTO
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
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3012631700
Cover Note Number	-

### Driver

Name of Driver	MR SEAH KIM FOUNG
NRIC No	S1648634E
Date Of Birth	08/12/1964
Occupation	INDOOR
Date Of Driving Pass	30/09/1986
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96230776
Fax Number	
Contact Number	OFFICE-96230776
Email Address	NOEMAIL

Address	BLK 951 HOUGANG AVE 9 #14-506
Postcode	530951
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	COLLISION - CROSS JUNCTION
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1915T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	GEORGE LIEW
NRIC/Passport Number	S0047869E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name SEAH KIM FOUNG

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? SJB7854C

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

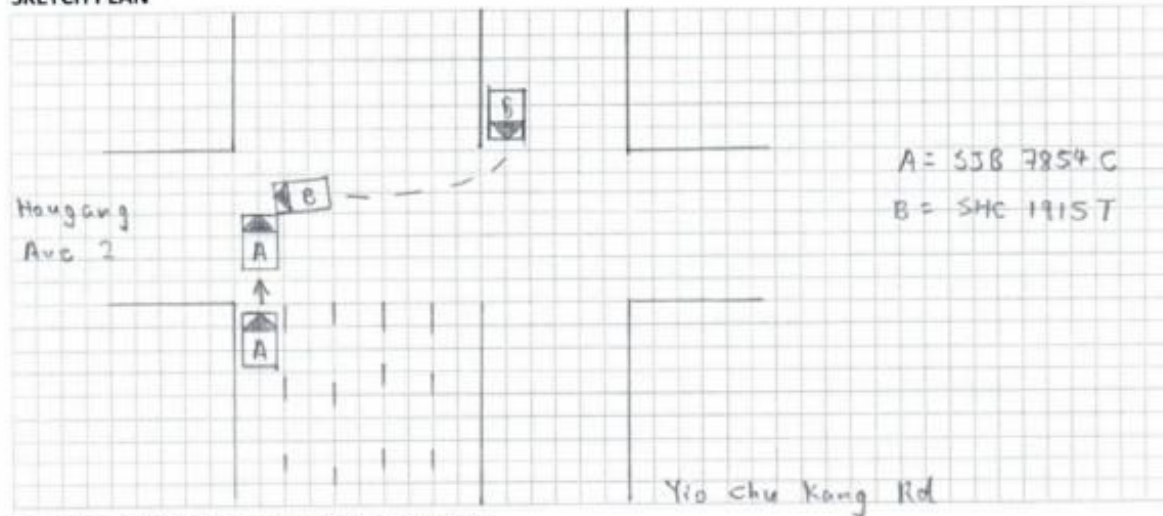
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature  
(If driver is not the policyholder)

**Date & Time:**

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171122/2181

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No: T/20171122/2181

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 21:16	Vide Report No.:	Station Diary No.: 119
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<b>Informant's Particulars</b>			
Name of Informant: SEAH KIM FOUNG		Address: APT BLK 951 HOUGANG AVENUE 9 #14-506 SINGAPORE 530951	
ID Type / ID No.: NRIC NO / S1648634E		Contact No.: Home/Office: Mobile: 96230776	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 08/12/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Admin Officer		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/11/2017 20:00	Type of Location:
Location: YIO CHU KANG ROAD ANG MO KIO AVENUE 3 TRAFFIC JUNCTION				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1915T	Car					0
SJB7854C	Car	GEELY	GEELY CK 1.5 AUTO	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB7854C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30126317 00	08/02/2017	07/02/2018



## POLICE REPORT



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POLICE FORCE**



T/20171122/2181

Police Station Of Origin:  
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60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20171122/2181

### CONTINUATION OF REPORT

#### Brief Details.

I am the mentioned person and is working as an Admin Officer for the past 8 years.

On 22/11/2017 at about 1950hrs, I was travelling in my Blue Geely car bearing registration number SJB7854C along Yio Chu Kang Rd towards Upper Serangoon Rd and nothing was amiss.

On the same day at about 2000hrs at the traffic junction of Yio Chu Kang Rd and Ang Mo Kio Ave 3, I noticed that the traffic light were indicating green. As such I continue to proceed. To my amiss, there were a Blue ComfortDelgro taxi bearing registration number SHC1915T which were travelling on the opposite side making a right turn into Hougang Ave 3 and as such the said taxi collided onto my vehicle.

I then went down to make a check and both vehicle were in terrible state with multiple severe dents and scratches. Both drivers were not injured and no police attended to scene. I then managed to obtained the particular of the said taxi driver one namely George Liew (S0047869E). Both driver agreed to pursue insurance claim. Both vehicle were then towed away due to the damage. There were an in-built CCTV installed in my vehicle.

I am lodging this report for insurance claims.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20171122/2181

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20171122/2181

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:

F /

Sgt 2 SYED NAFIS BIN SYED HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

22/11/2017 21:16

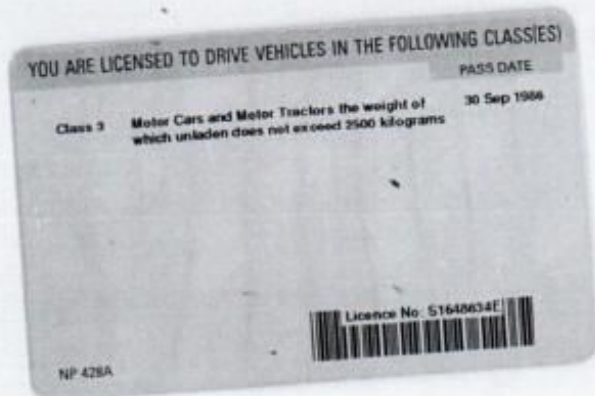
Classification Of Case:

Authentication Stamp

NP168



## DRIVING DOC



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

