

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	24/11/2017 09:39
Date Of Accident	23/11/2017 21:00
Exact Location Of Accident	TIONG BHARU ROAD / ZION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8054D
Insured/Policyholder	
Name Of Registered Owner	TAN KHENG GEE <i>Jason</i>
NRIC No	S1484928I
Email Address	ANNIECHIA65@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91172927
Alternative Phone No	OTHERS-91172927

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081682201-01
Cover Note Number	

Driver

Name of Driver	TAN KHENG GEE
NRIC No	S1484928I
Date Of Birth	17/08/1961
Occupation	INDOOR
Date Of Driving Pass	06/01/1988
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91172927
Fax Number	
Contact Number	OTHERS-91172927
EEmail Address	ANNIECHIA65@HOTMAIL.COM

Address	30 BRISTOL ROAD #02-01
Postcode	219860
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?	NO
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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SLR6319E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LOW SHI PING
NRIC/Passport Number	S8309219Z
Contact Number	98218379
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

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.
- (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.



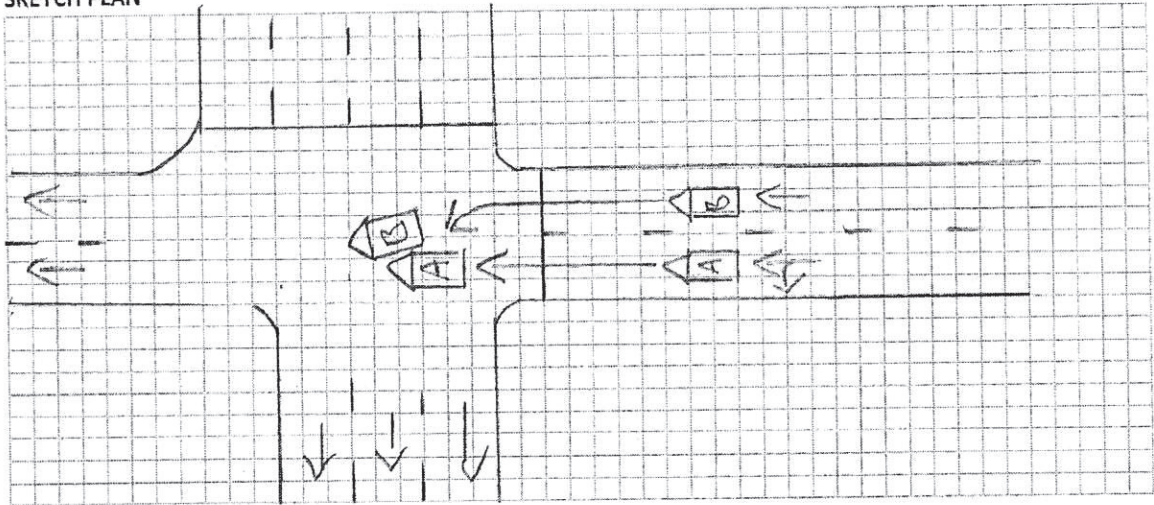
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

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

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.:



**SINGAPORE
POLICE FORCE**



A/20171124/2003

1 of 2

POLICE REPORT (NP299)

Report No. A/20171124/2003

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Date/Time Report Made 24/11/2017 00:37	Vide Report No.	Station Diary No. 5
Name Of Informant TAN KHENG GEE	Address 30 BRISTOL ROAD #02-01 SINGAPORE 219860	
ID Type / ID No. NRIC NO / S14849281	Contact No. Home/Office Mobile 91172927	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TECHINCAL SPECLIST	Sex Male	Age 56
Institution/School Name	Date of Birth 17/08/1961	Race Chinese
Date/Time Of Incident 23/11/2017 21:00 - 23/11/2017 21:00	Location Of Incident TIONG BAHRU ROAD SINGAPORE	

Brief details.

On 23 November 2017 at about 2100hrs, I was driving at the 2nd lane along tiong bahru road toward the cross junction going straight, then suddenly another car (SLR6319E) came from my right at the 1st lane and turn left into my lane as such her car left tires hit at my car (SLD8054D) right rims and the right bumper. My wife was sitting in front at the passage seat and my daughter was sitting behind, the both of them was not injured during the accident and no one was injured during the accident.

I have the driver (SLR6319E) particular:

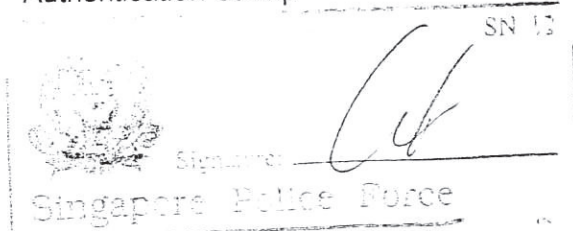
Low Shi Ping / Female

S8309219Z

Signature Of Officer Recording The Report: A / Sgt 2 CAI JINQUAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp NADIAH BINTE ISMAIL Contact No.: 65575076

Signature Of Informant:
Date/Time: 24/11/2017 00:37
Classification Of Case:

Authentication Stamp





SINGAPORE
POLICE FORCE



A/20171124/2003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20171124/2003

I am lodging this report record purpose and for Insurance Claim.

Signature Of Officer Recording The Report:

A / Sgt 2 CAI JINQUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp NADIAH BINTE ISMAIL
Contact No.: 65575076

Signature Of Informant:

Date/Time:
24/11/2017 00:37

Classification Of Case:

Authentication Stamp

