

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	23/12/2017 17:00
Date Of Accident	23/12/2017 03:50
Exact Location Of Accident	ALONG SLIP RD A/F ECP EXIT 10B INTO STILL RD SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6857E
Insured/Policyholder	
Name Of Registered Owner	LIM KEE SING
NRIC No	S1745834E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346438
Alternative Phone No	OTHERS-97346438

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088291182
Cover Note Number	

Driver

Name of Driver	TAN AH CHWEE
NRIC No	S1518228H
Date Of Birth	03/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1983
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346438
Fax Number	
Contact Number	OTHERS-97346438
Email Address	NOEMAIL

Address	BLK 5 BEACH ROAD #05-4905
Postcode	190005
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171223/2090

Attachment(s)

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

DETAILS OF INJURED PERSON 1

Name	TAN AH CHWEE
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBE6857E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

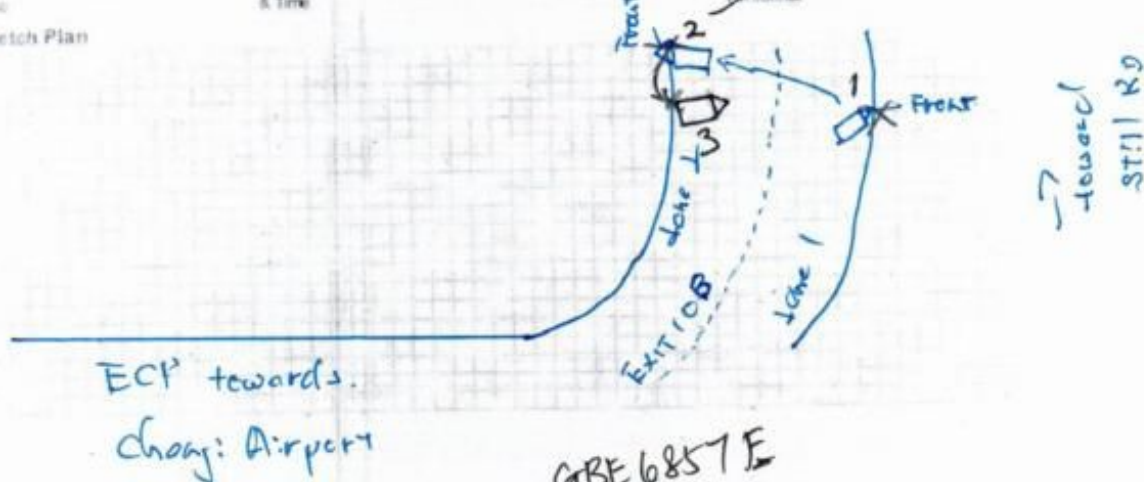
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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 submission 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, undersigned, acknowledge, agree and consent that:
- (a) the insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 disclosed 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 taking 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 be 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 based outside of Singapore, 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 Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

On 23/12/2017 at about 0250, I was driving my employer's van G66 6257E along ECP expressway to Changi Airport. I have intend to drive to Marine Terrace

As such I then headed to Exit 10B. I then entered the bend towards still Rd south. I wished to inform TC at that moment, it was drizzling & the road was wet. I wish to inform that I was driving along the 1st lane of the bend & was travelling at about 60 km/h. As I was about to merge from the Exit 10B, my vehicle skidded due to wet road & knocked into the metal railing which was located near to ~~back lane~~ lane 1.

The impact of the collision to the metal railing have resulted my vehicle to sway left. I wish to inform TC a passenger from a nearby car came towards me & ask me to get down from my car.

I observed the passenger seat window of the van to be shattered. I have also observed the front bumper to be detached from my vehicle. I have observed the metal railing to be dented.

Personnel were called but after the observation, I do not need to require to be recovery.

Police came & TIA police came & towed away my vehicle to East Rd by Car port.

POLICE REPORT 7/2017/223/2090.

Declaration

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

Insured's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171223/2090

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20171223/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
23/12/2017 14:11

Vide Report No.:
G/20171223/0059

Station Diary No.:
17

Informant's Particulars

Name of Informant: TAN AH CHWEE			Address: APT BLK 5 BEACH ROAD #05-4905 SINGAPORE 190005		
ID Type / ID No.: NRIC NO / S1518228H			Contact No.: Home/Office: Mobile: 97346438		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 03/12/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 23/12/2017 03:50	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST PARKWAY STILL ROAD SOUTH Along Slip road after ECP exit 10B INTO STILL RD SOUTH				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6857E	Van				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBE6857E	NTUC Income Insurance Co-Operative Limited	5088291182	05/03/2017	04/03/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171223/2090

2 of 3

Report No. T/20171223/2090

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN AH CHWEE	ID No.	S1518228H
Related Vehicle	GBE6857E (Van)	Contact No.	97346438
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/12/2017 at about 0350, I was driving my employer van GBE6857E along ECP expressway to Changi Airport. I have intend to drive to Marine Terrace.

As such I then headed to Exit 10B. I then entered the bend towards still road south. I wished to inform that at the moment, it was drizzling and the road was wet. I wish to inform that I was driving along the 1st lane of the band and was travelling about 60km/hr. As I was 20 metre from the Exit 10B, my vehicle have skidded and knocked into the metal railing which was located near to lane 1. The impact of the collision to the metal railing have resulted my vehicle to swayed left. I wished to inform that a passenger from a nearby car have then came towards me and ask me to get down from my car. I have observed the left passenger seat window of the van to be shattered. I have also observed the front bumper to be detached from my vehicle. I have observed the metal railing to be dented. I have then called my Boss about the incident.

The passerby have then informed me that I am bleeding from my face. The passerby have then called for ambulance. Paramedic have then came to give me medical attention. The paramedic told me that my face suffered some minor cuts and proceed to clean my wound. The paramedic told me I do not suffered any other injury other than the cut. and thus I do not require to be convey. I have tried starting my vehicle and It was able to start but however it was unable to reverse. LTA officer have came and told me that EMAS will towed away my car to the FORT road car park.

IO Bei Feng have then came to the scene and pass me a case card and asked me to lodge a Traffic incident report Vide G/20171223/0059

I wished to inform that I have in built CCTV in the vehicle.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171223/2090

3 of 3

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20171223/2090

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 TAY WEI SIANG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

23/12/2017 14:11

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

