

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	02/01/2018 17:59
Date Of Accident	31/12/2017 02:25
Exact Location Of Accident	CTE TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM9630X
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN BOON DAMIEN
NRIC No	S9045748I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86121323
Alternative Phone No	OFFICE-86121323

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
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	5096164069
Cover Note Number	

Driver

Name of Driver	TAN KIAN BOON, DAMEIN
NRIC No	S9045748I
Date Of Birth	07/11/1990
Occupation	INDOOR
Date Of Driving Pass	06/12/2012
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86121323
Fax Number	
Contact Number	OFFICE-86121323
EEmail Address	NOEMAIL

Address	BLK 106 LORONG 1 TOA PAYOH #06-355
Postcode	310106
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20171231/7005.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6693U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE LI YUAN
NRIC/Passport Number	S7824560C
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name TAN KIAN BOON, DAMEIN

Approximate Age

Injuries Sustain SPINE

Injured person in which vehicle? SGM9630X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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:

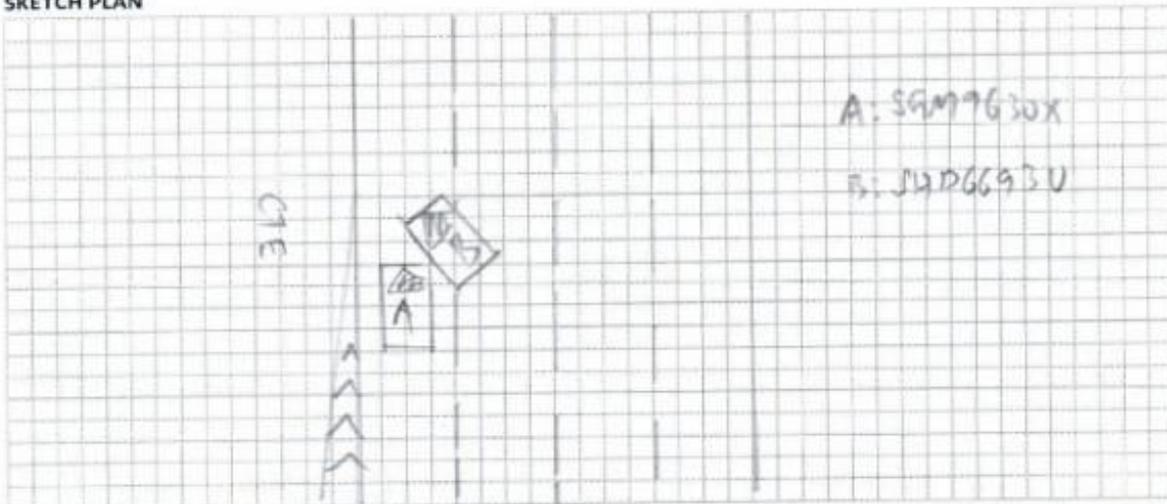
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN

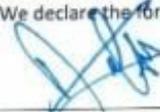


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - E/20171231/7003.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



E:20171231/7005

1 of 2

POLICE REPORT (NP299)

Report No. E:20171231/7005

Police Station Of Origin
Tanglin Police Divisional HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 31/12/2017 14:26	Video Report No.	Station Diary No.
Name Of Informant TAN KIAN BOON, DAMEIN	Address APT BLK 108 LORONG 1 TOA PAYOH #08-355 SINGAPORE 310106	
ID Type / ID No. NRIC NO / S90457481	Contact No. Home/Office:	Mobile: 86121323
Nationality SINGAPORE CITIZEN	Email Address Damienn@live.com	
Occupation SAFETY OFFICER	Sex Male	Age 27
Institution/School Name	Date of Birth 07/11/1990	Race Chinese
Date/Time Of Incident 31/12/2017 02:25 - 31/12/2017 02:30	Location Of Incident JALAN BAHAGIA NIL	

Brief details.

As my vehicle(SGM 9630X) was exiting the tunnel of central expressway towards moulmein road, I was driving at the most left lane, White Merc taxi Vehicle number SHD 6693U(Driver: Lee Li Yuan S7824560C) was on the 3rd lane. SHD 6693U sudden slide towards my lane causing damage to my vehicle. I immediately applied emergency brake. The sudden brake has also cause me injuries on my spine. We then proceed to stop at the road shoulder to exchange for particulars.

Subjects Involved

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2017 14:26
Officer In-Charge Of Case.	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



E/20171231/7005

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20171231/7005

Victim			
Person Name	TAN KIAN BOON, DAMEIN		
ID Type	NRIC NO	ID No	S90457481
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	SAFETY OFFICER	Address Type	
Address	APT BLK 106 LORONG 1 TOA PAYOH #06-355 SINGAPORE 310106	Mobile No	86121523
Is Informant A Victim?	Yes		
Person Name	TAN KIAN BOON, DAMEIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

31/12/2017 14:28

Classification Of Case:

Medical Cert

WONG FAMILY CLINIC & SURGERY PTE LTD
Blk 117, Bedok Reservoir Road #01-65, Singapore 470117
Tel: 65481613 Fax: 65480926

Medical Certificate

Date : 02 Jan 2018
MC No. : 0000071720

This is to certify that

Name : TAN KIAN HOKIN DAMEN
NRIC : S9045748I

is Unfit for Duty for 3 days

from 02/01/2018 to 04/01/2018 inclusive

Remarks : WEIPLASH NECK INJURY / LOWER BACK STRAIN

DR. WONG JEE PAO
MEDICAL REGISTRAR (S) 000933
WONG FAMILY CLINIC & SURGERY PTE LTD
BLK 117, BEDOK RESERVOIR ROAD
SINGAPORE 470117
TEL: 65481613 FAX: 65480926
CORPORATE NO: 201101001

DR. WONG JEE PAO

*This certificate is not valid for insurance claims unless otherwise indicated, please refer to the actual policy wording for details.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

