

## 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             | 05/01/2018 10:20                        |
| Date Of Accident           | 04/01/2018 09:40                        |
| Exact Location Of Accident | BEFORE JUNC BALESTIER RD & SERANGOON RD |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJP6310M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN KAH SIONG JOSEPH |
| NRIC No                     | S1397750Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-84880234 |
| Alternative Phone No        | OFFICE-84880234      |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | HYUNDAI                                |
| Model  | AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD |
| 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 HIRE                           |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5095787273                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN KAH SIONG, JOSEPH |
| NRIC No              | S1397750Z             |
| Date Of Birth        | 24/04/1959            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 09/03/1977            |
| Driving Experience   | 40 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-84880234  |
| Fax Number           |                       |
| Contact Number       | OFFICE-84880234       |
| Email Address        | NOEMAIL               |

|   |                       |
|---|-----------------------|
| Address   | 10 AVA ROAD<br>#15-05 |
| Postcode  | 329949                |
| 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 | -<br>-<br>-           |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-           |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180105/2027

#### 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 | XD7873X            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name TAN KAH SIONG, JOSEPH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJP6310M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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

A: SJP 636M  
B: XD7873X

POLICE DO

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/20180105/2027.

### 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**



T/20180105/2027

1 of 4

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20180105/2027

## REPORT OF A TRAFFIC ACCIDENT

|  |                   |                    |
|--|-------------------|--------------------|
| Date/Time Report Made:<br>05/01/2018 09:53 | Video Report No.: | Station Diary No.: |
|--|-------------------|--------------------|

### Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant<br>TAN KAH SIONG, JOSEPH |            |                              | Address:<br>10 AVA RD #15-05 AVA TOWERS SINGAPORE 329949           |  |                            |
| ID Type / ID No.<br>NRIC NO / S1397750Z    |            |                              | Contact No.:<br>Home/Office: Mobile: 84980234                      |  |                            |
| Nationality<br>SINGAPORE CITIZEN           |            |                              | Email:   |  |                            |
| Sex:<br>Male                               | Age:<br>58 | Date of Birth:<br>24/04/1959 | Type of Informant:<br>Driver                                       |  |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>BUSINESS                    |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3,4 Date of Expiry: |  |                            |

### General Information of the Accident

|   |                  |   |  |                                     |
|---|------------------|---|--|-------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>04/01/2018 09:40 | Type of Location:<br>X-Junction     |
| Location:<br>Along Road 1<br>BALESTIER ROAD<br>BEFORE JUNCTION OF SERANGOON ROAD TOWARDS CITY |                  |   |  |                                     |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                                  |                  |   |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type  | Make    | Model                                  | Color | Condition | No of Passenger |
|-------------|-------|---------|--|-------|-----------|-----------------|
| SJP8310M    | Car   | HYUNDAI | AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD | Black |           | 0               |
| XD7873X     | TRUCK | VOLVO   | FEE300 64R DC MANUAL                   | White |           | 0               |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180105/2027

2 of 4

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20180105/2027

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| SJP6310M                     | NTUC Income Insurance Co-Operative Limited | 5095787273   | 10/11/2017 | 09/11/2018  |

| Details of Person Involved        |                         |  |  |   |
|-----------------------------------|-------------------------|--|--|---|
| Any Pedestrian Involved: No       |                         |  |  |   |
| No. of Pedestrians Injured: NIL   |                         |  | Use of Pedestrian Crossing: NA         |   |
| Driver                            |                         |  |  |   |
| Name                              | TAN KAH SIONG, JOSEPH   |  | ID No.                                 | S1397750Z                                 |
| Related Vehicle                   | SJP6310M (Car)          |  | Contact No.                            | 84880234                                  |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL |  | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4<br>Date of Expiry: NIL |
| Date Treatment                    | 04/01/2018              |  | Date Discharge                         | 04/01/2018                                |
| No. of Days granted Medical Leave | 05                      |  | Degree of Injury                       | NIL                                       |
| Driver                            |                         |  |  |   |
| Name                              | ONG TECK LEE            |  | ID No.                                 | S0210751A                                 |
| Related Vehicle                   | XD7873X (TRUCK)         |  | Contact No.                            | 91769813                                  |
| Hospital/Clinic                   | NIL                     |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL         |
| Date Treatment                    | NIL                     |  | Date Discharge                         | NIL                                       |
| No. of Days granted Medical Leave | NIL                     |  | Degree of Injury                       | NIL                                       |

### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS STATIONARY AT THE JUNCTION OF BALESTIER ROAD BY SERANGOON ROAD ON THE EXTREME LEFT LANE WITH MY RIGHT SIGNAL ON, AS THE TRAFFIC LIGHT WAS RED AND I WANTED TO PROCEED STRAIGHT. THEREFORE I NEED TO MAKE A LANE CHANGE TO THE SECOND LANE FROM THE LEFT AS THE EXTREME LEFT LANE WAS A LEFT TURN ONLY. MY VEHICLE WAS ALREADY ONE QUARTER INTO THE SECOND LEFT LANE AND I STOPPED BECAUSE ALL TRAFFIC HAS STOPPED DUE TO TRAFFIC LIGHT BEING RED. AFTER THE TRAFFIC LIGHT TURN GREEN, I WANTED TO CONTINUE TO THE RIGHT, AS I WAS MOVING OFF, I FELT AN IMPACT FROM THE RIGHT REAR PORTION. AFTER WHICH WE CAME DOWN AND EXCHANGE PARTICULARS AND LEFT THE SCENE AS THERE WAS NO EXTERNAL INJURY. ABOUT 1 HOUR LATER, I FELT PAIN IN MY LOWER BACK AND SHOULDER NECK AREA, SO I PROCEEDED TO MOUNT ALVERNIA HOSPITAL TO GET MYSELF CHECK AND WAS GIVEN 5 DAYS MEDICAL LEAVE.

**Police Report**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180105/2027

3 of 4

Report No: T/20180105/2027

CONTINUATION OF REPORT



Police Report



**SINGAPORE  
POLICE FORCE**



T/20180105/2027

4 of 4

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180105/2027

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:  
TP /  
NICHOLAS YEO HAO QUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No: 65476179

Authentication Stamp  
NP-100

Signature Of Informant:

Date/Time:  
05/01/2018 09:53

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

Medical Cert



**Mount Alvernia Hospital  
Medical Certificate**

24-Hour Walk-In Clinic and  
Emergency Department  
No: M18000204

This is to certify that TAN KAH SIONG JOSEPH (S1387750Z) is granted medical leave for 5 day (s) from 04/01/2018 to 08/01/2018.

**Type of medical leave:**

- ☒ OUTPATIENT SICK LEAVE  
☐ HOSPITALISATION LEAVE  
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated

  
HO LI CHIN  
MBBS (SINGAPORE)  
MCR : 06147F

04/01/2018  
Date

**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

