SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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 14:38
Date Of Accident	30/12/2017 21:30
Exact Location Of Accident	KRANJI EXPRESSWAY EXIT TO CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ7878T
Insured/Policyholder	
Name Of Registered Owner	TAY HANG HUAT
NRIC No	S1779190G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96246968
Alternative Phone No	OFFICE-96246968
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005875
Cover Note Number	
Driver Made Many	
Name of Driver	TAY HANG HUAT
NRIC No	S1779190G
Date Of Birth	22/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1987
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246968
Fax Number	

OFFICE-96246968

NOEMAIL

Address

BLK 676A CHOA CHU KANG CRESCENT #08-461

Postcode

681676

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

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)

3

Passenger 1

NAME:

: LEE HONG LAY

GENDER:

: FEMALE

Passenger 2

NAME:

: TAY JIAN HENG

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

CHOA CHU KANG NPC

Police Station Address

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

If Yes, against whom?

Was notice of intended Prosecution given?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20171230/2149

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

SLU1767L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 20

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 insurers) 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)

Reporting Cenfre Personnel's Signature

Name:

Sketch Plan #2 Pg. 1

SKETCH PLAN							
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DECLARATION							
I/We declare the fo	regoing particu	lars are true in ev	ery respect.		1		
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Policyholder's Signar Date & Time:	ure		ot the policyho	lder)	Name:	re Personnel's Sign	ature
		Date & Time	•		NRIC/FIN No .:		

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Police Report Pg. 1





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 1 of 3 Report No. T/20171230/2149

Date/Time Report Made: 30/12/2017 23:18		lade:	Vide Report No.: J/20171230/0263	Station Diary No. 149
Informar	nt's Particu	ulars		
	me of Informant: Address: Y HANG HUAT APT BLK 676A CHOA CHU KANG CRESCENT # SINGAPORE 681676			KANG CRESCENT #08-461
ID Type / ID No.: NRIC NO / S1779190G			Contact No.: Home/Office:	Mobile: 96246968
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Age: Date of Birth: Male 51 22/05/1966			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: .		(#E	Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2017 21:3	Type of Location Bend .	
Location: Along Road 1 KRANJI EXPR CHOA CHU K		2			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collisi	on: ng Vehicles - Side Swipe	e - Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ7878T	Car	ТОУОТА	COROLLA ALTIS 1.6 CVT	White	Slightly Damaged	2
SLU1767L	Car				Slightly Damaged	0 ,

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date

Police Report Pg. 1



T/20171230/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 3 Report No. T/20171230/2149

CONTINUATION OF REPORT

Details of Ve	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ7878T	EQ INSURANCE COMPANY LTD.	DMPPHQ17- 005875	17/11/2017	16/11/2018

Brief Details.

On 30 December 2017 at about 2130hrs, I was driving my car (SLJ7878T) along the Kranji Expressway on the left most lane. I intended to make an exit into Choa Chu Kang Drive. Another vehicle on my right (SLU1767L) also wanted to make an exit however drove close to my car. I horned at him as he did not give way, causing a slight collision between both cars. The left side of his car collided into the right side of my car, scratching my car in the process. My vehicle has an in-car camera.

Both vehicles then stopped and both drivers got into a heated argument whereby both parties could not settle the issue. In anger, the other driver hit my right side mirror. Hence Police was called down to scene to assist.

I did not get his particulars and he did not obtain mine.

Police Report Pg. 1





3 of 3 Report No. T/20171230/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

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NP168

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:	Signature Of Informant:
Sgt 2 FITRAH RADHIAH BINTE ZULKIFLI	July.
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2017 23:18
Officer In Charge Of Case:	Classification Of Case:
SI YEO CHUN JIAN Contact No.: 65476213	
Authentication Stamp)