

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	08/01/2018 10:12
Date Of Accident	04/01/2018 13:25
Exact Location Of Accident	BENDEMEER RD TWDS JLN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5044X
Insured/Policyholder	
Name Of Registered Owner	MISSION LAND ENTERPRISE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98376890

Vehicle Particulars

Manufacturer	RENAULT
Model	-
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ17-002566
Cover Note Number	

Driver

Name of Driver	TAN KOK KIAN
NRIC No	S1119085E
Date Of Birth	29/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2002
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96987092
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 68 LOR 5 TOA PAYOH #12-488
Postcode	310068
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNOWN (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

POLS REFER TO THE POLICE REPORT: T/20180104/2106

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

Mission Land Enterprise
Tel: 9698 7092

Policyholder's Signature
Date & Time:

Chris

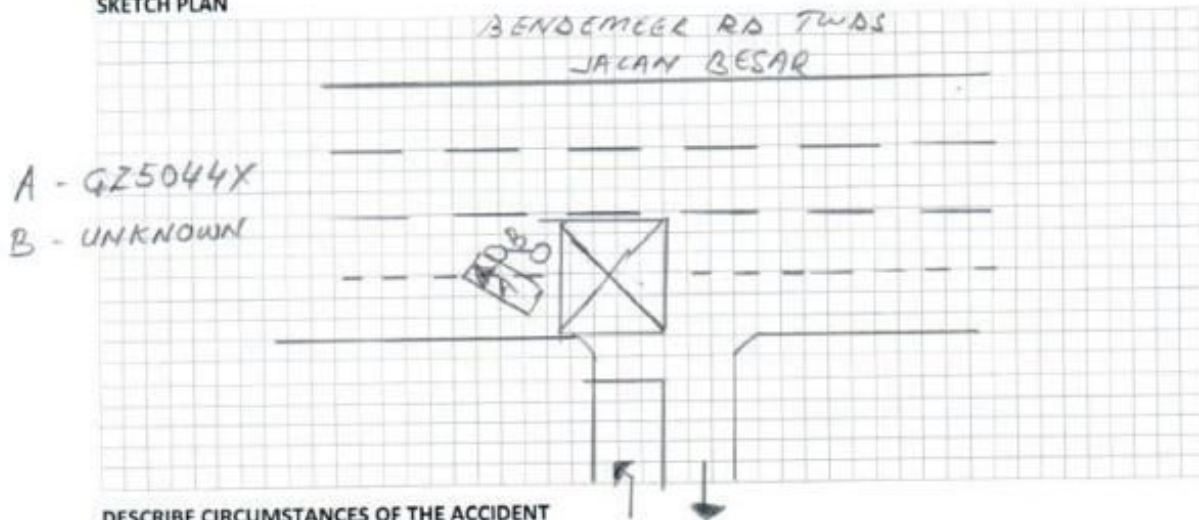
Driver's Signature
(If driver is not the policyholder)
Date & Time:

sfy 08/01/18

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20180104/2106

DECLARATION

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

Mission Land Enterprise
Hsp: 9698 7092

Policyholder's Signature
Date & Time:

Chrs

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

sfm 08/01/18

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180104/2106

Police Station Of Origin:

2 of 3

Toa Payoh N.P.C

Report No. T/20180104/2106

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	TAN KOK KIAN	ID No.	S1119085E
Related Vehicle	GZ5044X (Van)	Contact No.	96987092
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 4/1/2018 at about 1.25pm, I was exiting car park of Bk 44 into Bendemeer Road towards Jln Besar. I checked for traffic, and when I saw that it was clear, I entered into Bendemeer Road cutting across left and 2nd left of 4 lanes into the 2nd right lane. When I was about to be in that lane, I felt an impact on the front right side of my van. I realized that a motorbike had collided into my van, and fell towards the right side after. I do not know where he came from before colliding into my van.

Police and ambulance were called, and the motorist was eventually conveyed to the hospital. As a result of the collision, the driver's window was smashed, and my whole front bumper came off. I was advised by Traffic Police to lodge a report.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



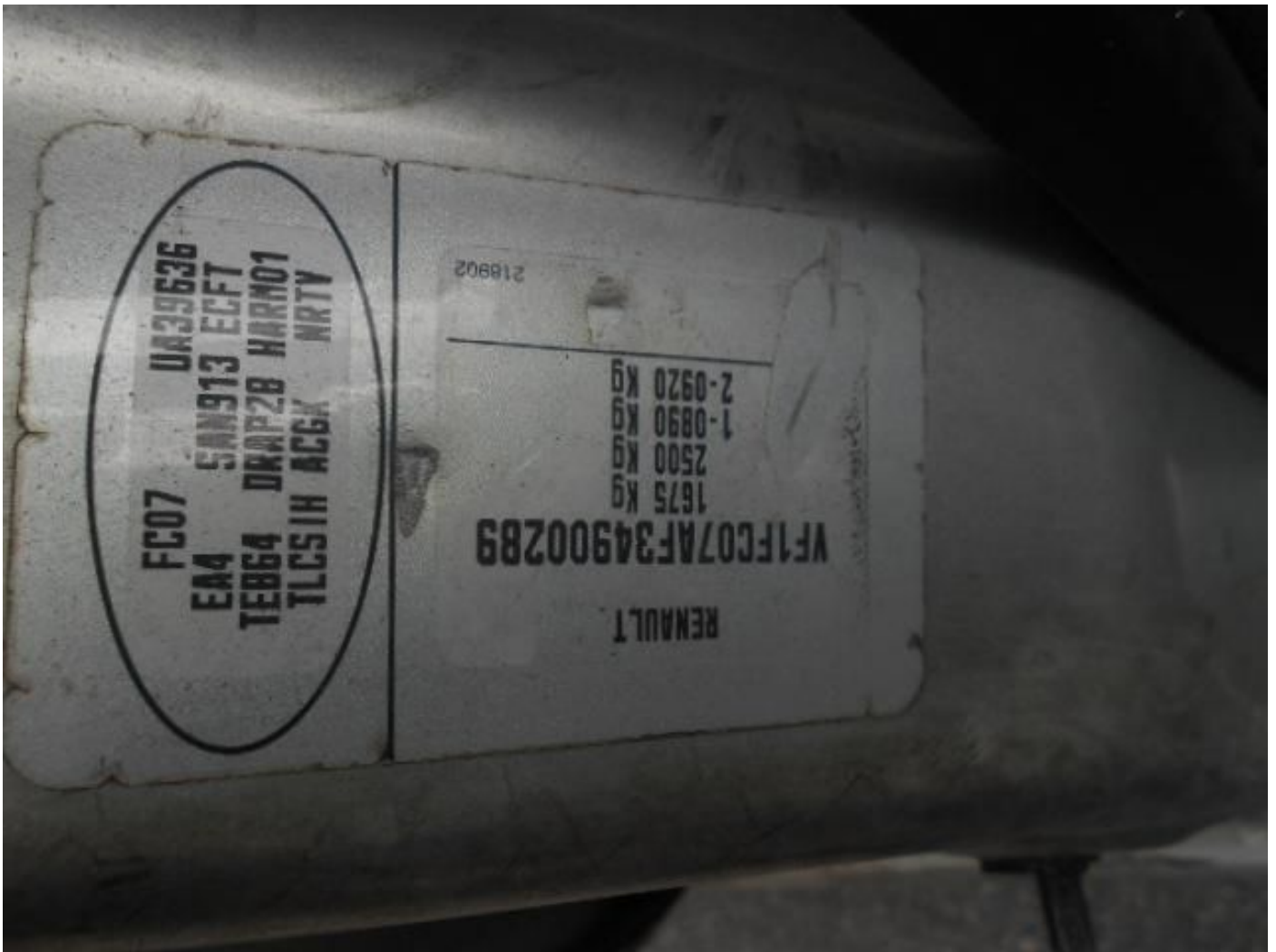
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180104/2106

1 of 3

Report No. T/20180104/2106

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2018 17:11		Vide Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: TAN KOK KIAN			Address: APT BLK 68 LORONG 5 TOA PAYOH #12-488 SINGAPORE 310068		
ID Type / ID No.: NRIC NO / S1119085E			Contact No.: Home/Office:		Mobile: 96987092
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 29/11/1948	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/01/2018 13:25	Type of Location: Y-Junction
Location: Along Road 1 Traveling Toward Road 2 BENDEMEER ROAD				
Towards Jln Besar				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ5044X	Van	RENAULT	KNG 1.5 6DR	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180104/2106

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20180104/2106

CONTINUATION OF REPORT

Driver			
Name	TAN KOK KIAN	ID No.	S1119085E
Related Vehicle	GZ5044X (Van)	Contact No.	96987092
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.

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Police and ambulance were called, and the motorist was eventually conveyed to the hospital. As a result of the collision, the driver's window was smashed, and my whole front bumper came off. I was advised by Traffic Police to lodge a report.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180104/2106

3 of 3

Report No. T/20180104/2106

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 NURUL NADIAH BINTE MOHAMED
SARIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2018 17:11

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp
NP108