

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	15/01/2018 15:48
Date Of Accident	13/01/2018 14:00
Exact Location Of Accident	JUNC KALLANG RD & LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5428B
Insured/Policyholder	
Name Of Registered Owner	EAST ASIA ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	201002118K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63924905

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250CGI
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU012713
Cover Note Number	

Driver

Name of Driver	TAN CHIN HAI
NRIC No	S2018509J
Date Of Birth	15/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1976
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91592621
Fax Number	
Contact Number	OFFICE-91592621
Email Address	NOEMAIL

Address	83 LORONG TANGGAM
Postcode	798767
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180115/2078.

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	SHF1038J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KWEK KIM MIN
NRIC/Passport Number	S1603042B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	TAN CHIN HAI
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SKB5428B
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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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.



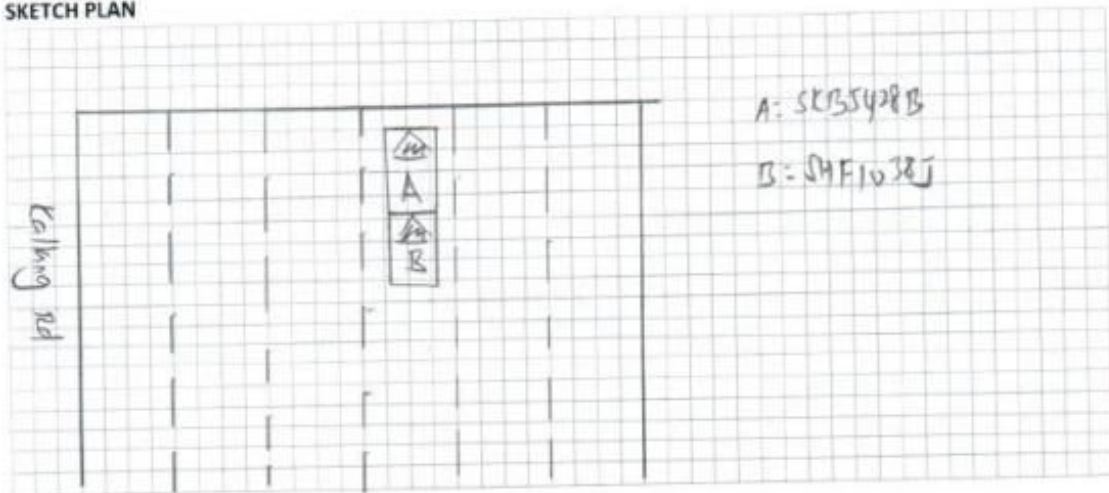
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/1/18 14:00 I was stationary stopped along Kallang Rd as the traffic light along the junction was yellow. Suddenly vehicle B collided onto my vehicle rear portion.

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/20180115/2078

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890689

Report No: T/20180115/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 14:03		Vide Report No.:		Station Diary No.: 65
Informant's Particulars				
Name of Informant: TAN CHIN HAI		Address: 83 LORONG TANGGAM SINGAPORE 798767		
ID Type / ID No.: NRIC NO / S2018509J		Contact No.: Home/Office: Mobile: 91592621		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 15/03/1951	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/01/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG WAY 1 LAVENDER STREET				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF1036J	taxi				Slightly Damaged	0
SKB5426B	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



1/20180115/2078

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No.: 1/20180115/2078

CONTINUATION OF REPORT

Brief Details.

On 13/1/2018 at about 1400hrs, I was driving my car with vehicle no. SKB 5428B along Kallang Way going towards Lavender Street and approaching the traffic light. The traffic light turn red and I stopped my car at the traffic light. While waiting for the traffic light to change, a SMRT taxi with vehicle no SHF1038J suddenly hit the rear of my car. Both of us then exchanged particulars with each other. The particular of driver SHF1038J as follows: Kwek Kim Min S1603042B DOB 18/02/1963. There is slight damages on both cars. The rear part of my car was abit dented while the other party car damages is that the headlight is cracked and damaged. After the accident, we both left the location. On the same day, I went to TTSH as I felt a bit aching on the neck area and I was given MC from 13/1/2018 to 15/1/2018.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180115/2078

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No: T/20180115/2078

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 65474895 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 NUR KHAIRIAH BINTE KHAIRIL ANWAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/01/2018 14:03

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No : 65476430

Classification Of Case:

Authentication Stamp
NP165



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308130
TEL: (65) 6295 6211

MEDICAL CERTIFICATE	ORIGINAL	TTSH18010944
NAME: TAN CHIN HAI		NRC: S2018508J

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 3 day(s) from 13-Jan-2018 to 15-Jan-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 13-Jan-2018 16:22 to 13-Jan-2018 19:37

ONG JIN HAN MALCOLM

(1965EG)

Issued by

13-Jan-2018

Date

Emergency Department

Location

Signature

A member of Medical Healthcare Group
Working under a Health Care

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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