

## 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 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	12/02/2018 13:43
Date Of Accident	09/02/2018 16:25
Exact Location Of Accident	JALAN TAN TOCK SENG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9267L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VFM PTE. LTD.
Co Reg No	201523773K
Email Address	DANNYTANHAIHEOK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86469000
Alternative Phone No	OFFICE-86469000
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076629069-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN HAI HEOK
NRIC No	S1670850Z
Date Of Birth	03/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1987
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600933
Fax Number	
Contact Number	
Email Address	DANNYTANHAIHEOK@GMAIL.COM

Address	BLK 617A PUNGGOL DRIVE #12-797
Postcode	821617
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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	SHD3207K
Vehicle Make/Model/Colour	HYUNDAI / BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GIAN MENG PIN
NRIC/Passport Number	S1452037F
Contact Number	
Address	BLK336D ANCHORVALE CRESCENT #11-68
Postcode	544336
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN HAI HEOK
Approximate Age	53
Injuries Sustain	NECK AND BACK STRAIN
Injured person in which vehicle?	SLP9267L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 617A PUNGGOL DRIVE #12-797
Postcode	821617

**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:

12 FEB 2018

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

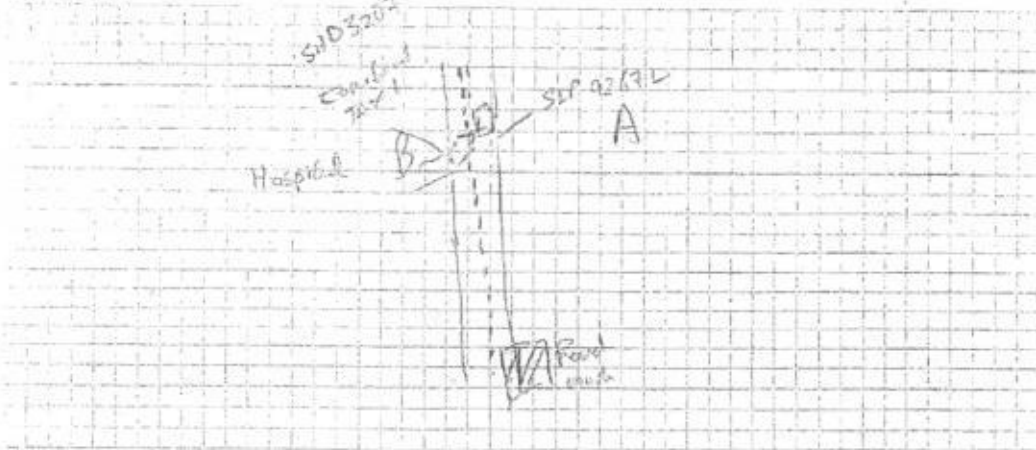
12 FEB 2018

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

NG WING KIN JAMES  
S7927881E

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Police  
Report

DECLARATION

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

Policyholder's Signature

Date & Time:

12 FEB 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12 FEB 2018

Reporting Centre Personnel's Signature

Name:

NG WING KIN JAMES

NRIC/FIN No.:

S7927881E



**SINGAPORE  
POLICE FORCE**



T/20180210/2113

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No: T/20180210/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2016 16:20	Video Report No.:	Station Diary No.: 74
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**Informant's Particulars**

Name of Informant: TAN HAI HEOK			Address: APT BLK 617A PUNGGOL DRIVE #12-797 SINGAPORE 821617	
ID Type / ID No.: NRIC NO / S1670850Z			Contact No.:	Mobile: 90600933
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 53	Date of Birth: 03/06/1964	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: TOUR MANAGER			Driving Licence Information: Class:	
			Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury: Others:	Drink Drive: No	Date/Time of Accident: 09/02/2018 16:25	Type of Location: Straight Road
Location: Along Road 1 JALAN TAN TOCK SENG				
GOING TOWARDS TAN TOCK SENG HOSPITAL				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHD3207K	Car				Slightly Damaged	2
SLP9267L	Car	HONDA	Vezel	Silver	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180210/2113

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Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20180210/2113

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN HAI HEOK		ID No. S1670850Z
Related Vehicle	SLP9267L (Car)		Contact No. 90600933
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2018	Date Discharge	09/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	GIAN MENG PIN		ID No. S1452037F
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL 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 9/02/2018 at about 1626hrs, I was travelling towards Tan Tock Seng Hospital, along Jalan Tan Tock Seng, when a blue Comfort Taxi, suddenly came out of a minor road and turned into my lane. The front right of the taxi's bumper hit the rear left passenger door and left rear tyre of the car that I was driving. I was driving for UBER at the time of accident. The Comfort taxi had 2 passengers with him. He stopped and gave me his ID to take down his particulars and he left in a hurry as he had passengers. He blamed the road works that were on-going for the accident that occurred. However, I wish to state that the accident occurred after the road work area. I believe he turned out of the A & E car park exit. He did not leave his contact details behind. At about 7pm, I felt pain in my neck from the impact of the accident and went to Tan Tock Seng Hospital to seek treatment.



**SINGAPORE  
POLICE FORCE**



T/20180210/2113

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Report No. T/20180210/2113

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828937  
Tel No: 1800-6049999

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:

F /  
Sr Staff Sgt JASINTHA D/O SUDHAGAR

Signature Of Interpreter:

Not applicable

Officer-in Charge Of Case:

TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No: 65476151

Authentication Stamp

NP188

Signature Of Informant:

Date/Time:

10/02/2018 16:20

Classification Of Case:

Traffic Accident - Injury