

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	26/02/2018 14:15
Date Of Accident	24/02/2018 13:00
Exact Location Of Accident	JUNC BENCOLEEN ST & MIDDLE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM3080H
Insured/Policyholder	
Name Of Registered Owner	MDM TAN MEI WAH
NRIC No	S7318918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94504159
Alternative Phone No	OFFICE-94504159

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60 T5 2.0 AT ABS D/AB 2WD 5DR TURBO
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3054151700
Cover Note Number	

Driver

Name of Driver	TAN YEOW LEONG, BOBBY (CHEN YAOLONG, BOBBY)
NRIC No	S7310026G
Date Of Birth	25/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2008
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97615729
Fax Number	
Contact Number	OFFICE-97615729
EEmail Address	NOEMAIL

Address	BLK 11 HAIG ROAD #08-387
Postcode	430011
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	2
Passenger 1	NAME: : TAN MEI WAH (CHEN MEIHUA) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180224/2104.

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	SJG3210K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 TAN YEOW LEONG, BOBBY (CHEN YAOLONG, BOBBY)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SDM3080H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN MEI WAH (CHEN MEIHUA)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SDM3080H
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.

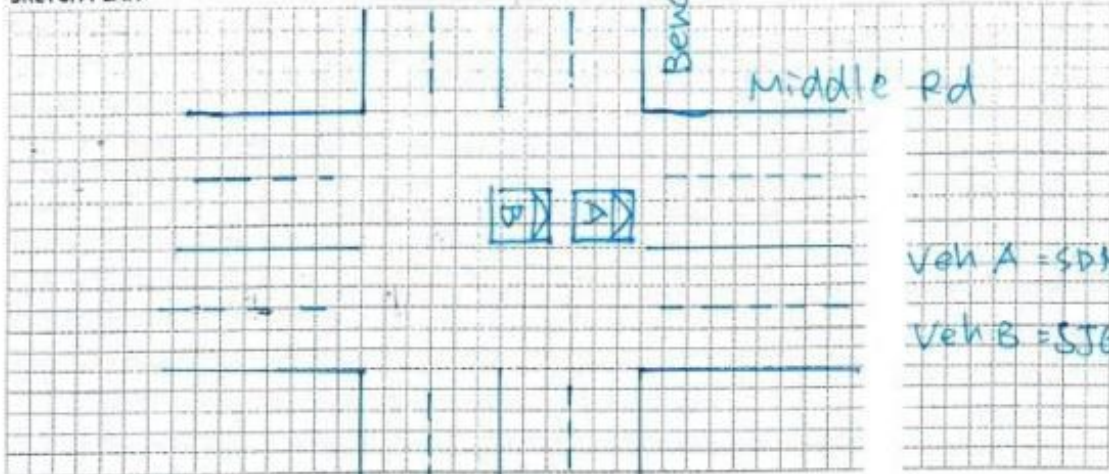
Policyholder's Signature
Date & Time:

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

Please refer to Police report : T/20180224/2104

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.:


Accident Sketch Plan

2/26/2018

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**SINGAPORE
POLICE FORCE**



T/20180224/2104

1 of 3

Report No. T/20180224/2104

Police Station Of Origin:
Joe Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2018 17:19 Vide Report No.: Station Diary No.: 11

Informant's Particulars

Name of Informant: TAN YEOW LEONG, BOBBY		Address: APT BLK 11 HAIG ROAD #08-387 SINGAPORE 430011	
ID Type / ID No.: NRIC NO / S7310026G		Contact No.: Home/Office: Mobile: 97615729	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 25/03/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 24/02/2018 13.00	Type of Location:
Location: MIDDLE ROAD				
JUNCTION OF BENCOLEEN STREET AND MIDDLE ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	


Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM3080H	Car				Slightly Damaged	1
SJG3210K	Car				No Damage	0


Accident Sketch Plan

2/26/2018

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 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999


T/20180224/2104

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Report No: T/20180224/2104




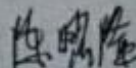


CONTINUATION OF REPORT

Brief Details.
On 24/02/2018 at about 1330hrs, I driving along Middle Road with my wife sitting at the passenger sit.
As we reached the traffic light junction of Middle Road and Bencoleen Street, I came to a stop as the car in front of us was stationary. Although, the traffic light was green at that point of time, due to traffic congestion, the car in front of us stopped.
As I came to a complete stop, suddenly one car from behind hit my rear bumper. We then got out from our vehicle and made a check. I noticed that my rear bumper was dented, however I did not notice about the other vehicle damages. I took photographs of the accident, however, I did not note the driver's particulars.
As my wife and I felt discomfort at our neck area, we decided to go to see a doctor at Mount Alvernia Hospital and were given 5 days of Medical Leave.
I wish to state that I do not have any in-car camera in my vehicle.

Accident Sketch Plan

2/26/2018

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 SINGAPORE POLICE FORCE		 T/20180224/2104
Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999		3 of 3 Report No. T/20180224/2104
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD IDRIS BIN MOHD ISMAIL 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 24/02/2018 17:19
Officer In Charge Of Case: TP / AEIT / S. ANG YU TING STEPHANIE Control No. 65476414 		Classification Of Case:
Authentication Stamp NP158  SIGNATURE		65476414 Stephanie.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

