#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companie 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.

| ACC | IT C. | ТАТ | <b>- 1.4</b> |  |
|-----|-------|-----|--------------|--|
| ACC | 110   | IAI |              |  |
|     |       |     |              |  |

 Date Of Report
 27/02/2018 14:16

 Date Of Accident
 27/02/2018 07:00

Exact Location Of Accident ALONG SENGKANG EXIT TOWARDS TAMPINES

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJS5477G

#### Insured/Policyholder

Name Of Registered Owner TAN CHENG CHWEE

NRIC No S1398209J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96783996
Alternative Phone No OFFICE-96783996

#### **Vehicle Particulars**

Manufacturer HYUNDAI

Model AVANTE-1.6 (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?

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE CAR

#### **Insurance Company**

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z17VP05015421

Cover Note Number

#### Driver

Name of Driver JUSTIN TAN JUN HAN

 NRIC No
 \$9532798B

 Date Of Birth
 11/09/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 20/09/2016

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83223481

Fax Number

Contact Number

EMail Address NOEMAIL

28/2/18

Address

BLK258D COMPASSVALE ROAD

#07-595

Postcode

544258

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

**CHAIN COLLISION** 

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JPB4138 (MOTORCYCLE)

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

TAMPINES N.P.C

Police Station Address

ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# **Circumstances of Accident**

AS PER SKETCH PLAN ATTACHED

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

SKA6825L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

### Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJE7430B

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKZ9352H

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 OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

JPB4138

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)

#### 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>.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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 Personne s Signature Name:

NRIC/FIN No .:

Page 4 of 15

SKETCH PLAN

| A-SJS54776 (Insd) |       |     |       |                               |   |  |
|-------------------|-------|-----|-------|-------------------------------|---|--|
| B-SKA68)5L        |       |     |       |                               |   |  |
| (-SJE7430B E      | 3 A   | BDI | 6 > 1 | D.                            | > |  |
| D-SK29352H        | hisd. |     |       | Andread Services and Services |   |  |
| E-JP134138        |       |     |       |                               |   |  |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT   |
|--|
| There has a Cove of Minimum Things in The account  |
| There was 4 Cars & MojorCicle INVolvep IN THIS ACLIDENT.   |
|  |
| THE FIRST CAR JAMMES BREAK, THE SUBSEQUENT 2 CARS HIT  |
| THE FIRST CAIZ BEFORE I MIT THE 3"D CAIR, FOllow by the  |
| motorcycle histing me from the back.   |
| 100 Welle harry of from the one.   |
| Nil A Visit of the last of the |
| ALL & VENTILES DETAILS was EXCHAINGED LESS THE (JB) MOTOR CYCLE.   |
| BECAUSE When he's bike fell on the ground, he took it up and   |
| lock ground before taking off , Suying that he has largene work and needs  |
| to go, and rook as shortly,  |
| INCROENT HAPPENED AT Sengicong the exist towards tampines, on the  |
| firsy lane.  |
|  |
| When the first car had a collision with the 2nd car, it was too late   |
| for the 3's car & mase is (ath) to bruke and avoid the consion.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

DECLARATION

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

Sti

Reporting Certifice Personnel's Signature

Name: V NRIC/FIN No.:

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





Report No. T/2018022//2090

1 of 4

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

| REPORT                                   | F A TRAFFIC             | ACCIDENT   |  | p.                         |  |
|--|-------------------------|--|--|----------------------------|--|
| Date/Time Report Made: 27/02/2018 14:13  |                         |  | Vide Report No.:                             | Station Diary No.:<br>74   |  |
| Informa                                  | nt's Particu            | ulars  |  |                            |  |
|  | Informant:<br>TAN JÙN F | AN   | Address:<br>APT BLK 258D COMPASSV/<br>544258 | ALE ROAD #07-595 SINGAPORE |  |
| ID Type / ID No.:<br>NRIC NO / S9532798B |                         |  | Contact No.: Home/Office: Mobile: 83223481   |                            |  |
| Nationality:<br>SINGAPORE CITIZEN        |                         | 1  | Email:                                       |                            |  |
| Sex: Age: Date of Birth:                 |                         | - Andrew Committee of the Committee of t | Type of Informant:<br>Driver                 |                            |  |
| Race:<br>Chinese                         |                         |  | Language:<br>English                         | Institution / School Name: |  |
| Occupation:<br>SAF Regular               |                         |  | Driving Licence Information:<br>Class: 3A    | Date of Expiry:            |  |

| Type of<br>Accident:  | nation of the Accide<br>Non-Injury | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>27/02/2018 07:00 | Type of Location<br>Straight Road |
|---|------------------------------------|-----------------------|---|-----------------------------------|
|   | XPRESSWAY                          | Road Surface:         |   | Road Speed Limit:                 |
| Clear Dry Traffic Flow: Traffic Control: One Way Not Controlled |                                    |                       | Traffic Volume:<br>Moderate                   |                                   |
| Type of Collis  | ion:<br>ing Vehicles - Head To     |                       |   | Anyone conveyed by ambulance: No  |

| Vehicle No. | ehicle Involve | Make   | Model | Color | Condition           | No of Passenger |
|-------------|----------------|--|-------|-------|---------------------|-----------------|
|             | Motorcycle     | New Process Control of the Control o |       |       |                     | 0               |
| SJE7430B    | Car            |  |       |       |                     | 0               |
| SJS5477G    | Car            |  |       |       | Slightly<br>Damaged | 0               |
| SKA6825L    | Car            |  |       |       |                     | 0               |
| SKZ9352H    | Car            |  |       |       |                     | 0               |





Police Station Of Origin:

Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180227/2090

CONTINUATION OF REPORT

|                                 | nvolved: No        |  |            |   |           |                                   |  |
|---------------------------------|--------------------|--|------------|---|-----------|-----------------------------------|--|
| No. of Pedestrians Injured: NIL |                    |  | Use of Pe  | Use of Pedestrian Crossing: NA                  |           |                                   |  |
|                                 | T.,,,              |  |            | Market No.                                      |           | - N. 111                          |  |
| Name                            | Unknown            |  |            | ID No.  |           | NIL                               |  |
| Related Vehicle                 | SJE7430B (Car)     |  |            | Contact No.                                     |           | 96711005                          |  |
| Hospital/Clinic                 | NIL                |  |            | Class of<br>Driving<br>Licence &<br>Expiry Date |           | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                  | NIL                | ************************************** | Date Disc  |   |           |                                   |  |
|                                 |                    | VIL.                                   | Degree of  |   | NIL       |                                   |  |
| Driver                          |                    |  |            |   | \$650E    |                                   |  |
| Name                            | JUSTIN TAN JUN HAN |  | ID No.     |   | S9532798B |                                   |  |
| Related Vehicle                 | SJS5477G (Car)     |  |            | Contact No.                                     |           | 83223481                          |  |
| Hospital/Clinic                 | NIL                |  |            | Class<br>Drivin<br>Licent<br>Expiry             | g<br>ce & | Class: 3A<br>Date of Expiry: NIL  |  |
| Date Treatment                  | NIL Date Dis       |  |            |   |           |                                   |  |
| No. of Days grant               | ed Medical Leave   | IIL                                    | Degree of  |   | NIL       |                                   |  |
|                                 |                    |  |            |   |           |                                   |  |
| Name                            | Unknown            |  |            | ID No.  |           | NIL                               |  |
| Related Vehicle                 | SKA6825L (Car)     |  |            | Contact No.                                     |           | 83400687                          |  |
| Hospital/Clinic                 | NIL                |  |            | Class<br>Driving<br>Licence<br>Expiry           | g<br>e &  | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                  | NIL                |  | Date Discl |   | NIL       |                                   |  |
|                                 |                    | IL                                     | Degree of  |   | NIL       |                                   |  |





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 Report No. T/20180227/2090

CONTINUATION OF REPORT

| Name                                  | Unknown        |   |           | ID No                             |         | NIL                               |
|---------------------------------------|----------------|---|-----------|-----------------------------------|---------|-----------------------------------|
| Related Vehicle                       | SKZ9352H (Car) |   |           | Conta                             | ict No. | 92375351                          |
| Hospital/Clinic                       | NIL            |   |           | Class<br>Drivin<br>Licen<br>Expin | g       | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                        | NIL            | · /// · · · · · · · · · · · · · · · · · | Date Disc | charge                            | NIL     |                                   |
| No. of Days granted Medical Leave NIL |                | NIL                                     | Degree o  | f Injury                          | NIL     |                                   |

### Brief Details.

On 27/02/2018 at about 0700hrs, I was travelling in the first lane of TPE (near Sengkang exit, towards Tampines) vehicle SJS5477G. I had just performed a right turn and after travelling up the said road for about 2-3 minutes, I saw up ahead of me that there were vehicle jam braking. I then started to apply my brakes, however I was unable to stop in time, and I as such collided into SKA6825L (which was behind SJE7430B, and SKZ9352H). And soon after, I felt a collision from behind, and I discovered that there was a Malaysian motorcycle, JPB4138 that had collided into the rear of my vehicle.

I wish to state that none of us were seriously injured. There was no Traffic Police nor ambulance at scene.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE

Report No. T/20180227/2090

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

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: G / Sr Staff Sgt NURUL HUDA BINTE HASHIN  |                             |
|--|-----------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 27/02/2018 14:13 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case:     |
| Authentication Stamp NP168   | SIGNATURE                   |

# **Driving License**









