

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	17/03/2018 11:49
Date Of Accident	16/03/2018 21:40
Exact Location Of Accident	ALONG JLN BAHAR TWDS JLN BOON LAY AFTER PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2842R
Insured/Policyholder	
Name Of Registered Owner	MISS LOW LIAN CHING (LIU LIANQING)
NRIC No	S7506185D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86876446
Alternative Phone No	OFFICE-86876446

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	DMPCSN3003821800
Cover Note Number	-

Driver

Name of Driver	NOAH SEAH WEN YANG
NRIC No	S9600043Z
Date Of Birth	02/01/1996
Occupation	INDOOR
Date Of Driving Pass	03/08/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83663022
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 626 BT BATOK CENTRAL #08-630
Postcode	650626
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : LOW LIAN CHING GENDER: : FEMALE
Passenger 2	NAME: : JOEY LIM GENDER: : FEMALE
Passenger 3	NAME: : JANETTE LIM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

Details of Witness 1

Name	
Phone Number	90254135

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ7654R
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)	1

Accident Sketch Plan

SKETCH PLAN

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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.

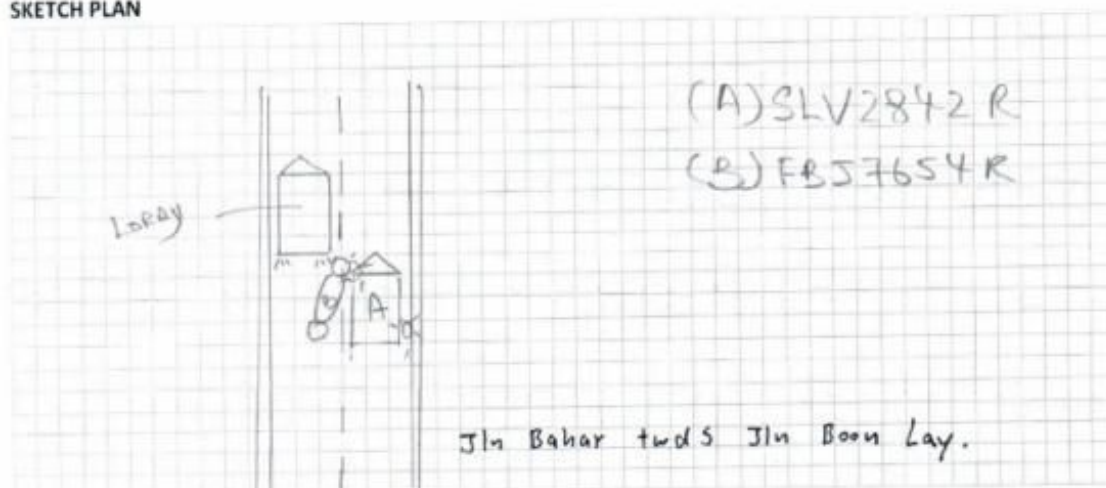
Policyholder's Signature
Date & Time:

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

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/20180316/2196

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180316/2196

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2018 22:49	Vide Report No.:	Station Diary No.: 210
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Informant's Particulars

Name of Informant: NOAH SEAH WEN YANG	Address: APT BLK 626 BUKIT BATOK CENTRAL #08-630 SINGAPORE 650626		
ID Type / ID No.: NRIC NO / S9600043Z	Contact No.:	Mobile: 83663022	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 22	Date of Birth: 02/01/1996	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: ARMY NSF	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2018 21:40	Type of Location: Straight Road
Location: Along Road 1 JALAN BAHAR				
Along Jalan Bahar heading towards Jalan Boon Lay, after PIE exit.				
Weather: Clear		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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7654R	Motorcycle				Slightly Damaged	0
SLV2842R	Car				Slightly Damaged	3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180316/2196

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180316/2196

CONTINUATION OF REPORT

Brief Details.

On 16/03/2018 at around 2140hrs, I was driving my car SLV2842R along the right lane of Jalan Bahar heading towards Jalan Boon Lay. There was a stationary lorry on the left lane of the road. Suddenly, a motorcycle FBJ7654R traveling on the left lane swerved onto my lane as there was a lorry in front of him. I did not notice him using his turn signal. The front of the motorcycle then hit the left side of my car, causing him to fly off the motorcycle and his motorcycle to skid on the ground. I then stopped my car and went to assist him. The rider complained of abrasions on his shoulder and left forearm and hence I called for the police.

On the same day at around 2200hrs, the ambulance arrived and conveyed him to the hospital. The traffic police also came down to my scene vide J/20180316/0213. There were also 3 eyewitnesses at the scene and I wish to state that I did not have a dashboard camera.

This is the first time I am involved in an accident and I am lodging this report for Insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180316/2196

3 of 3

Police Station Of Origin:
Nahiyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180316/2196

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:

J /

NG YUE HAO, SHAUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/03/2018 22:49

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP168

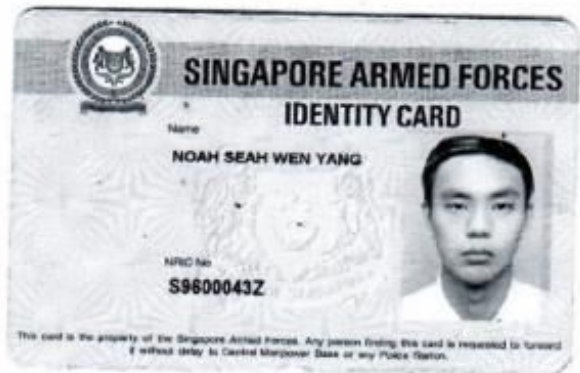


SN 127

Signature :

Singapore Police

DRIVING DOC



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 3A	Motor cars without clutch pedals (Auto) <= 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	03 Aug 2015

NP 426A



Accident Photo



Accident Photo



Accident Photo



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