

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	23/03/2018 09:54
Date Of Accident	22/03/2018 17:25
Exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1133B
Insured/Policyholder	
Name Of Registered Owner	TAN SENG ENG
NRIC No	S1322545A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90303168
Alternative Phone No	OFFICE-90303168

Vehicle Particulars

Manufacturer	BMW
Model	316I

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096012364(CLASSIC)
Cover Note Number	

Driver

Name of Driver	TAN SENG ENG
NRIC No	S1322545A
Date Of Birth	20/11/1958
Occupation	INDOOR
Date Of Driving Pass	22/08/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90303168
Fax Number	
Contact Number	OFFICE-90303168
EEmail Address	NOEMAIL

Address	45 BRIGHT HILL DR #21-15
Postcode	573895
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : --- GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20180322/2193

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	SH8503X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 2

Vehicle Registration Number SKZ2884K
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 PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJN1133B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DRIVER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SH8503X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name DRIVER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKZ2884K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode


SKETCH PLAN

IMPORTANT NOTICE

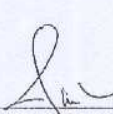
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

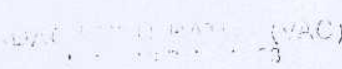
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

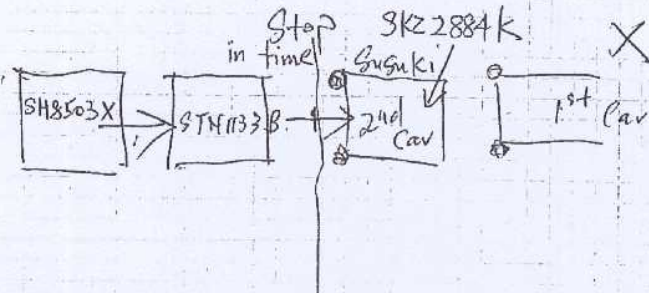


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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:~~

IDAC BUKIT BATOK (VAC)
 511 BUKIT BATOK ST 23

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



**SINGAPORE
POLICE FORCE**



T/20180322/2193

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180322/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2018 21:59			Vide Report No.:		Station Diary No.: 134
Informant's Particulars					
Name of Informant: TAN SENG ENG			Address: 45 BRIGHT HILL DRIVE #21-15 SINGAPORE 573895		
ID Type / ID No.: NRIC NO / S1322545A			Contact No.: Home/Office: Mobile: 90303168		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 59	Date of Birth: 20/11/1958	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CEO			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

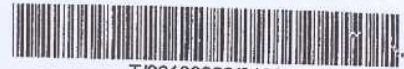
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/03/2018 17:25	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE TOWARDS CHANGI Lamp Post Number: 319F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8503X	Car				Slightly Damaged	0
SJN1133B	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	Black	Slightly Damaged	1
SKZ2884K	Car				Slightly Damaged	0



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T/20180322/2193

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180322/2193

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJN1133B	NTUC Income Insurance Co-Operative Limited	5096012364	18/11/2017	17/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	SHARIFF BIN IBRAHIM		ID No.	S1313978D
Related Vehicle	SH8503X (Car)		Contact No.	94871890
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
Driver				
Name	TAN SENG ENG		ID No.	S1322545A
Related Vehicle	SJN1133B (Car)		Contact No.	90303168
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	PEH CHIEW HIAP		ID No.	S1638493C
Related Vehicle	SKZ2884K (Car)		Contact No.	90122520
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



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T/20180322/2193

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Report No. T/20180322/2193

CONTINUATION OF REPORT

Brief Details.

On 22/03/2018 at about 1727hrs, I was driving (SJN1133B) along TPE towards Changi direction. While driving, in front of my car, SKZ2884K jammed brake as I quickly stepped on my brakes. However, I managed to brake in time, out of a sudden I felt a impact my car then moved forward and collided onto the rear portion of SKZ2884K.

After which, I alighted my car and discovered that my rear portion of my car was badly dented, behind of my car was a taxi and the car front portion was seriously damaged. Furthermore, I discovered the taxi driver was injured and there was as off duty LTA officer assisted to call for Ambulance.

I wish to state that all particulars were exchanged.

I am lodging this report for insurance claim purpose.

1st: SKZ2884K
2nd: SJN1133B
Last: SH8503X



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T/20180322/2193

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
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Report No. T/20180322/2193

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 /
Sgt 1 LOW JAMES GABRIEL

Signature Of Informant:

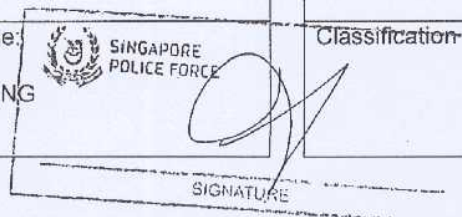
Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2018 21:59

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168



Vehicle Club

Enquire Vehicle & Owner Information (Vehicle No. SH8503X As At 22 Mar 2018 / 17:25:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: S26

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 363

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SH8503X

Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD