

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	02/04/2018 14:10
Date Of Accident	30/03/2018 14:40
Exact Location Of Accident	ALONG 178 WATERLOO ST KWAN IM THONG HOOD CHO TEMPL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3963U
Insured/Policyholder	
Name Of Registered Owner	MR TANG HOCK LAM
NRIC No	S6912174H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83000900
Alternative Phone No	OTHERS-83000900

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	DMPCSN3034681700
Cover Note Number	

Driver

Name of Driver	MR TANG HOCK LAM
NRIC No	S6912174H
Date Of Birth	19/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83000900
Fax Number	
Contact Number	OTHERS-83000900
Email Address	NOEMAIL

Address	BLK 693B WOODLANDS AVE 6 #04-743
Postcode	732693
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	COLLISION - CHANGE/CROSS LANE
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20180331/2058

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5095H
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)

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

Along Waterloo
Street Kwan Im Thong
Hood Cho Temple.

vehicle A: 56H 3963U
vehicle B: 5LM 5095H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER 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.:



**SINGAPORE
POLICE FORCE**



F/20180331/2058

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POLICE REPORT (NP299)

Report No. F/20180331/2058

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Date/Time Report Made 31/03/2018 13:35	Vide Report No.	Station Diary No. 40
Name Of Informant TANG HOCK LAM	Address APT BLK 693B WOODLANDS AVENUE 6 #04-743 SINGAPORE 732693	
ID Type / ID No. NRIC NO / S6912174H	Contact No. Home/Office	Mobile 83000900
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Building structure cleaner and related worker	Sex Male	Age 49
Institution/School Name	Date of Birth 19/03/1969	Race Chinese
Date/Time Of Incident 30/03/2018 14:40 - 30/03/2018 14:40	Location Of Incident 178 WATERLOO STREET KWAN IM THONG HOOD CHO TEMPLE SINGAPORE 187964	

Brief details.

On 30/03/2018 at about 2.40pm, I was driving along Waterloo Street to fetch my friend when another vehicle hit the left side of my vehicle. We exchanged particulars at scene and nobody was injured after collision.

As my insurance company is close on weekends, they advised me to lodge a traffic accident for record purposes.

Signature Of Officer Recording The Report: F / Staff Sgt MOHAMED SOFFIAN BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2018 13:35
Officer In-Charge Of Case: F / Yishun South N.P.C / SI OMAR BIN HITAM Contact No.: 68522999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20180331/2058

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180331/2058

The vehicle is SLM5065H red colour and the driver is one Kong Zhi Kuang S8231568C.

Signature Of Officer Recording The Report:

F / Staff Sgt MOHAMED SOFFIAN BIN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Yishun South N.P.C /
SI OMAR BIN HITAM
Contact No.: 68522999

Authentication Stamp

Signature Of Informant:

Date/Time:
31/03/2018 13:35

Classification Of Case:



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

4/2/2018

IMG_3835.jpg



Identification Card

4/2/2018

IMG_2012.jpg

