

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 10:13
Date Of Accident	30/03/2018 20:20
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6435G
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Insured/Policyholder

Name Of Registered Owner	SHAWN BERNARD TAN LIANG SWEE (SHAWN BERNARD CHEN L
NRIC No	S7224677B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97465078
Alternative Phone No	OTHERS-97465078

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 AWD (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPCSN3008751800
Cover Note Number	27/01/2018 - 25/10/2018

Driver

Name of Driver	SHAWN BERNARD TAN LIANG SWEE (SHAWN BERNARD CHEN L
NRIC No	S7224677B
Date Of Birth	14/07/1972
Occupation	INDOOR
Date Of Driving Pass	05/03/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97465078
Fax Number	
Contact Number	OTHERS-97465078
Email Address	NOEMAIL

Address	BLK 107 JALAN RAJAH #12-108
Postcode	310107
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 - 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: : CHEW CHER JOANNA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. : T/20180330/2124.

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	SGL72X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GISELLE NG PEI PEI
NRIC/Passport Number	S7435439D
Contact Number	92707720
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
CHEW CHER JOANNA
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SLV6435G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLV64359
INSURER: China
DATE & TIME: 30/03/18 @ 2020

IMPORTANT NOTICE

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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:

02/04/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

02/04/18

Sketch Plan #2

SKETCH PLAN

Sketch Plan area with grid and handwritten notes:

- Wanmpon Sv
- Bahariev Rd
- Three upward arrows indicating direction of travel.
- Vehicle A: SLV 64356 (1 passenger) (New Chev Joanna - F)
- Vehicle B: SGL 72X (Giselle Ng Pei Pei)
- SL 7435439D
- HP: 92707720

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SLV 64356 (China)

Date & Time: 30/03/18 @ 2020 (clear day)

Refer to police report no: 7/20180.330/2124.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (AMK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180330/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180330/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2018 22:12	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars

Name of Informant: SHAWN BERNARD TAN LIANG SWEE			Address: APT BLK 107 JALAN RAJAH #12-108 SINGAPORE 320107		
ID Type / ID No.: NRIC NO / S7224677B			Contact No.: Home/Office: Mobile: 97465078		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 14/07/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2018 20:20	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL72X	Car	PORSCHE	Panamera	Black	Slightly Damaged	0
SLV6435G	Car	SUBARU	FORESTER 2.0X AWD 4AT D/AIRBAGS	Gold	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180330/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180330/2124

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV6435G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30087518 00	27/01/2018	26/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Giselle Ng Pei Pei		ID No.	S7435439D
Related Vehicle	SGL72X (Car)		Contact No.	92707720
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	SHAWN BERNARD TAN LIANG SWEE		ID No.	S7224677B
Related Vehicle	SLV6435G (Car)		Contact No.	97465078
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
Passenger				
Name	Chew Cher Joanna		ID No.	S7530265G
Related Vehicle	SLV6435G (Car)		Contact No.	96826984
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	Slight



**SINGAPORE
POLICE FORCE**



T/20180330/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180330/2124

CONTINUATION OF REPORT

Brief Details.

On 30/03/2018 at about 2023hrs, I was driving along Balestier Road. There were about 4 other cars in front of me.

When the traffic light turned green, the first car inched forward a little and stopped. This caused the rest of the cars in front of me to stop too. However, when I stopped my car, the car behind me hit into my car's rear bumper.

As such, my car rear bumper is slightly damaged and my wife, who was sitting beside me, was injured. She was using her phone when the accident happened. The impact caused her phone to hit her left lower eye area.

That's all.

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 65474555 stating the report number as reference.

Signature Of Informant	Signature Of Officer Recording The Report
Date/Time	Signature Of Interpreter
30/03/2018 22:12	Not applicable
Classification Of Case	Officer In Charge Of Case
	TP 1 ABITY
	Sgt Sg WONG SENG LUI
	Contact No: 65474551

Authorisation Stamp

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20180330/2124

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180330/2124

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:

A /

Sgt 2 LIM MEI JING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2018 22:12

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

