

## 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	04/04/2018 18:34
Date Of Accident	04/04/2018 07:30
Exact Location Of Accident	PIE (CHANGI) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM4194X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN ENG KIONG
NRIC No	S1615289G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91076639
Alternative Phone No	OFFICE-91076639

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005461
Cover Note Number	

### Driver

Name of Driver	TAN JIN FU
NRIC No	S9343544C
Date Of Birth	12/11/1993
Occupation	INDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93667497
Fax Number	
Contact Number	OFFICE-93667497
EEmail Address	NOEMAIL

Address	BLK 949 JURONG WEST STREET 91 #04-699
Postcode	640949
Was driver an employee of the Insured's Company	NO
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180404/2019.

#### 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	FBJ9560P
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)

**DETAILS OF INJURED PERSON 1**

Name	TAN JIN FU
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SGM4194X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.:



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180404/2019

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Report No. T/20180404/2019

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2018 10:43	Vide Report No.: E/20180404/0045	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: TAN JIN FU		Address: APT BLK 949 JURONG WEST STREET 91 #04-699 SINGAPORE 640949	
ID Type / ID No.: NRIC NO / S9343544C		Contact No.: Home/Office: Mobile: 93667497	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 12/11/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SITE COORDINATOR		Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2018 07:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE towards Changi, after ERP gantry.				
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: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9560P	Motorcycle				Slightly Damaged	0
PC1242G	Bus/Coach/Mi nibus				Slightly Damaged	0
SGM4194X	Car				Seriously Damaged	0

**Police Report**



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Report No. T/20180404/2019

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LOW YANG CHOON< KENNETH	ID No.	S9113095E
Related Vehicle	FBJ9560P (Motorcycle)	Contact No.	92222551
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	VICTOR CHAN YOU YUN	ID No.	S1578459H
Related Vehicle	PC1242G (Bus/Coach/Minibus)	Contact No.	87141242
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
<b>Driver</b>			
Name	TAN JIN FU	ID No.	S9343544C
Related Vehicle	SGM4194X (Car)	Contact No.	93667497
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/04/2018, at about 0730hrs, I was travelling along PIE towards the direction of Changi Airport, when I felt a collision behind my vehicle (SGM 4194 X). I then stopped my vehicle immediately with the intention to make a check on the situation. However, before I got off my vehicle, I saw a motorbike rider skidded before falling off from his motorbike (FBJ 9560 P) just slightly towards the left of my vehicle. I then immediately got out of my vehicle and make a check on the motorbike rider before checking on my vehicle.

After checking on the motorbike rider, I then help the rider to move his bike and himself to the road

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180404/2019

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### CONTINUATION OF REPORT

shoulder while calling and waiting for the Traffic Police and the ambulance. I also realized that the said Minibus (PC 1242 G) driver also came out from his vehicle to make a check on the motorbike rider. The Minibus driver then shifted his vehicle to the road shoulder afterwards.

I then checked on my vehicle and realized that there are a visible dent on the rear left of my vehicle, visible cracks on the cover of my rear left lights as well as slight scratches on the left side of my vehicle. Neither did the Minibus driver nor I suffered from any visible injuries. Only the motorbike rider suffered injuries from the accident.

Shortly after, the Traffic Police as well as the ambulance arrived at the incident location. After making a check on the motorbike rider, the paramedics then conveyed the motorbike rider to the Hospital. After interviewing us on the incident, the Traffic Police Officer then advised us to lodge a Traffic Accident report as soon as possible.

Police Report



SINGAPORE  
POLICE FORCE



T/20180404/2019

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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 LOW JIN KUN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORASHIKIN BINTE DAUD Contact No.: 65476439	

Signature Of Informant:	
Date/Time:	04/04/2018 10:43
Classification Of Case:	

Authentication Stamp

NP168 SN 12

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

