

## 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	07/05/2018 12:32
Date Of Accident	06/05/2018 13:15
Exact Location Of Accident	ALONG TAMPINES ST 11 NEAR BLK 139
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2627P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LAY NAH LINDA
NRIC No	S7127029G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87812627
Alternative Phone No	OFFICE-87812627

### Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094430024
Cover Note Number	

### Driver

Name of Driver	TAN LAY NAH LINDA (CHEN LINA LINDA)
NRIC No	S7127029G
Date Of Birth	27/07/1971
Occupation	INDOOR
Date Of Driving Pass	25/04/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87812627
Fax Number	
Contact Number	OFFICE-87812627
Email Address	NOEMAIL

Address	BLK 585 PASIR RIS STREET 53 #04-47
Postcode	510585
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	3
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 109 TAMPINES STREET 11 #01-261 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b> 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180506/2080.

#### 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	SKT4266M
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN7416X  
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)

1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The 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 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:

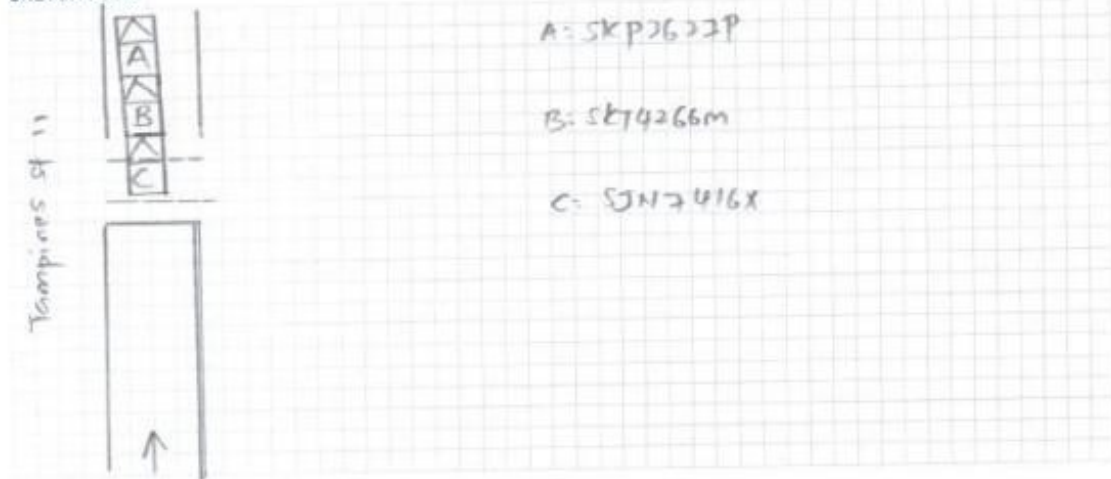
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2018 0506/2080.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_

Date &amp; 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/20180506/2080

1 of 4

Report No. T/20180506/2080

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2018 20:41	Vide Report No.:	Station Diary No.: 20
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<b>Informant's Particulars</b>		
Name of Informant: TAN LAY NAH LINDA		Address: APT BLK 585 PASIR RIS STREET 53 #04-47 SINGAPORE 510585
ID Type / ID No.: NRIC NO / S7127029G	Contact No.: Home/Office:	Mobile: 87812627
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Female	Age: 46	Date of Birth: 27/07/1971
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation: SELF-EMPLOYED	Language: English	Institution / School Name:
Driving Licence Information: Class: 3A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2018 13:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES STREET 11				
Along Tampines Street 11 near to Blk 139 Tampines Street 11				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume:		
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
SJN7416X	Car					0
SKP2627P	Car	BMW	523i 2.5 AT ABS D/AB 2WD 4DR GAS/D	White		1
SKT4266M	Car					0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180506/2080

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Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20180506/2080

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP2627P	NTUC Income Insurance Co-Operative Limited	5094430024	30/09/2017	29/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJN7416X (Car)		Contact No.	94357048
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 LAY NAH LINDA		ID No.	S7127029G
Related Vehicle	SKP2627P (Car)		Contact No.	87812627
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SKT4266M (Car)		Contact No.	93877194
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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180506/2080

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Report No. T/20180506/2080

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Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

### CONTINUATION OF REPORT

#### **Brief Details.**

On the 06/05/2018 at about 1315hrs, I was driving my vehicle (SKP2627P) along Tampines Street 11 toward Tampines Avenue 2 near to Blk 139 Tampines Street 11. I was travelling at low speed as there were vehicles in front of me which were also travelling at low speed. Suddenly I felt an impact from the rear of my vehicle. I then stopped my vehicle to make a check. I enquired with the driver of vehicle (SKT4266M) who informed me that his vehicle collided onto my vehicle rear portion due to the impact of another vehicle (SJN7416X) which collided onto the rear portion of his vehicle. As the road was narrow and I had to rush off, I managed to take the drivers contact numbers and photos of the accident. No one was injured during the accident.

On the same day I had texted both parties and asked them how they wanted to settle the issues. The male driver (SKT4266M) informed me that he will make insurance claims as it involve 3 vehicles and his vehicle was in the center. The lady driver (SJN7416X) told me that I should claim from the male driver (SKT4266M) and the male driver (SKT4266M) will make the claim from her.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180506/2080

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Report No. T/20180506/2080

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Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## 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 2 HASAN BIN SIDIK

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp

NP108

SIGNATURE

Signature Of Informant:

Date/Time:

06/05/2018 20:41

Classification Of Case:

Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo

