## 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 witholding 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/06/2018 12:42
Date Of Accident	15/06/2018 21:30
Exact Location Of Accident	JURONG WEST CENTRAL 3 NEAR TO BOON LAY BUS INTERCH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP2412D
Insured/Policyholder	
Name Of Registered Owner	TAN TECK SAI
NRIC No	S0749874H
Email Address	STT@BLITW.COM
Mobile Phone No	(LOCAL) +65-96217783
Alternative Phone No	OTHERS-96217783
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.4 ABS AIRBAG (A)
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?	YES
If No, Please state action to be taken	
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	DMPCSN3033811702
Cover Note Number	

## Driver

Name of Driver TAN TECK SAI NRIC No S0749874H Date Of Birth 22/02/1951 Occupation **OUTDOOR Date Of Driving Pass** 12/04/1973

**Driving Experience** 45 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96217783

Fax Number

**Contact Number** OTHERS-96217783 **EMail Address** STT@BLITW.COM

Address BLK 552 BEDOK NORTH AVENUE 1

#11-488

Postcode 460552

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 SIDE SWIPE
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 1

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180613/2002

## 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 FBD9088T

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

## **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBD9088T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

## Sketch Plan Pg. 1

## **SKETCH PLAN**

## **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 liability.
- 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. 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)
  - (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.
- 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:

18 JUN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. Poh Kwee Choo S6840583A

Sketch Plan Pg. 2 SKETCH PLAN Bus **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** Please refer to Police report = T/ 201806161 2002. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A Policyholder's Signature Driver's Signature Date & Time8 JUN 2018 (If driver is not the policyholder) Date & Time: GIARWO SLEDYS GOME





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20180616/2002

REPORT OF A TRAFFIC ACCIDEN	REPOR	T OF A	TRAFFIC	ACCIDENT
-----------------------------	-------	--------	---------	----------

Date/Time 16/06/201	•	ade:	Vide Report No.: J/20180615/0260	Station Diary No.:	
Informan	t's Particu	lars			
Name of I	nformant:	•	Address:		
TAN TEC	K SAI		APT BLK 552 BEDOK NO	ORTH AVENUE 1 #11-488	
			SINGAPORE 460552		
ID Type /	ID No.:		Contact No.:		
NRIC NO	/ S074987	4H	Home/Office:	Mobile: 96217783	
Nationality	/:		Email:		
SINGAPO	RE CITIZI	EN			
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	67	22/02/1951	Driver		
Race:			Language:	Institution / School Name:	
Chinese					
Occupatio	n:		Driving Licence Information	on:	
CONTRA	CTOR	•	Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 15/06/2018 21:3	Type of Location: Straight Road	
	ST CENTRAL 3				
Weather: Clear			·	Road Speed Limit:	
Traffic Flow: Two Way	11		orking	Traffic Volume: Light	
Type of Collisi Between Movi	on: ng Vehicles - Head To Sid	de		Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model 🟃	Color	Condition	No of Passenger
FBD9088T	Motorcycle				Seriously	0
			<u> </u>		<u>Damaged</u>	
SJP2412D	Car	ТОУОТА	CAMRY 2.4 AUTO ABS AIRBAG	Black	Seriously Damaged	0

Details of Vehicle Insurance	
Vehicle No. Insurance Company	Insurance No Effective Expiry Date





Police Station Of Origin: Bedok North N.P.C

Report No. T/20180616/2002

2 of 4

30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of Ve	hicle insurance	erena i arrena en la como de la c	nie de la companya d	e de la companya de l
Vehicle No.	Insurance Company	Insurance No 4	Effective	Expiry Date
SJP2412D	CHINA TAIPING INSURANCE	DMPCSN30338117	16/09/2017	15/09/2018
	(SINGAPORE) PTE. LTD.	02		

Details of Perso	n Involved			16,448			
Any Pedestrian II	nvolved: No						
No. of Pedestrian	s Injured: NIL			edestrian Crossing: NA			
Driver							
Name	TAN TECK SAI			ID No	•	S0749874H	
Related Vehicle	SJP2412D (Car)		Conta	ct No.	96217783		
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL	
				Expiry	Date		
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL.	Degree of	Injury	NIL		

## Brief Details.

On 15/06/2018, at about 2130hrs, I was travelling along Jurong West Central 3 near to Boon Lay Bus Interchange in my vehicle bearing registration plate number SJP 2412D. I was travelling on the right side of a 2 lane road with a bus on the left lane. The left lane allows buses to turn left into the bus interchange while my lane only allows vehicles to go straight. Both the bus and myself were the first vehicles in line at the traffic light which was red at the point of time. When the traffic lights turned green, the bus that was situated on my left, slightly behind me signalled for me to move. Thinking that the bus may require more space for the left turn. I inched slightly to the right to create more space for the bus. I wish to say that the bus was quite close to me when we were at the traffic light.

While I was inching, I suddenly felt an impact from right side of my vehicle. After seeing that a motorcycle had collided into my vehicle. I immediately came out of my vehicle to make a check. I admit that it is my negligence to not check for vehicle coming on my right while inching however; I believe that the said motorcycle was travelling at a fast speed and was trying to squeeze through the space between my vehicle and the center divider. The female rider was conscious and told me that her legs were injured and she was subsequently conveyed by ambulance at scene.

After a short while, traffic police attended to the incident and interviewed me. The officer questioned if I had intentions to make an illegal U-turn resulting in this accident, and I denied. I was on my way to fetch my wife from Jurong Point Pick up point and to reach there, I would have to make a left turn further down the road, thus, there was no reason for me to make a U-turn at that junction. I then left the scene after the Police officer interviewed me.

I am not injured from this accident. As a result of this collision, my vehicle sustained damages to the right side and lights of the car. The motorcycle was also quite severely damaged. I do not have the particulars of the rider as she was conveyed by ambulance. The bus was not involved in this accident as well.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Report No. T/20180616/2002

Tel No: 1800-2449999 CONTINUATION OF REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Report No. T/20180616/2002

Tel No: 1800-2449999 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 NG YU NING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/06/2018 00:14
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIELSHIE FORCE Contact No.: 65476252	Classification Of Case:
Authentication Stamp NP168 SIGN	TURE

#### CERTIFICATE OF INSURANCE Pg. 1



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Co. Reg. No. 200208384E

MX1F R SN AN0365A Cov.Type: C

CERTIFICATE OF INSURANCE
Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
for Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act. 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3033811702

Engine No :2AZE130880 Chano: MR053BK4007033254

1. Index Mark and Registration

MOTOR PRIVATE CAR

SJP24120

AUTOSAFE

Number of Vehicle

4. Date of Expiry of Insurance

2. Name of Policy Holder

MR TAN TECK SAI

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

16 September 2017 Named Drivers Ex Sect. I .......... \$\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25...... \$\$3,000.00

15 September 2018 Ex Sect. I - Age >= 26...... \$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN ...... \$\$100.00

- 5. Persons or Classes of Persons entitled to drive
  - (a) The Policyholder.
  - (b) Any other person who is driving on the Policyholder's order or with his permission.

provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6, Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: TAI THONG LEE TDG (PTE) LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

HIGH POWER ENTERPRISE

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HIGH POWER ENTERPRISE Authorised Officer

Blk 150 Bishan Street 11 #01-137 Singapore 570150 Tel: 6258 1968 Fax: 6258 7167 Email: gl@highpower.sg

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

## DRIVER'S NRIC & DRIVING LICENCE Pg. 1







## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S0/498/4H

NP 428A

# **Accident Photo**





# **Accident Photo**



# **CHASSIS NUBER**

