

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	16/07/2018 09:47
Date Of Accident	14/07/2018 12:05
Exact Location Of Accident	MANDAI RD TOWARDS BKE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7307Z
Insured/Policyholder	
Name Of Registered Owner	ONG BEE SUAN
NRIC No	S1661865I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93800636
Alternative Phone No	OFFICE-93800636

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	TAN JIAN ZHI
NRIC No	S9334232A
Date Of Birth	20/09/1993
Occupation	INDOOR
Date Of Driving Pass	25/07/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83252727
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 189A RIVERVALE DRIVE, #17-1022
Postcode	541189
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 - 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?	
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE 14/07/2018, AT ABOUT 12:05PM, I WAS ENTERING BKE FROM MANDAI ROAD. AT THE ENTRANCE OF THE BKE, I WAS DRIVING ALONG THE OUTER LANE. AS I WAS PASSING A VAN WHICH WAS AT THE INNER LANE. HOWEVER, THE VAN REALISED THAT HE WAS GOING TO THE WRONG WAY AND TRIED TO CHANGE LANE TOWARDS THE RIGHT AND MOVED INTO THE MY LANE. AS A RESULT, THE VAN COLLIDED ONTO MY PASSENGER DOOR AND BOTH OF US STOPPED. NOBODY WAS INJURED. THIS HAPPENED AT THE AREA WHERE THERE WAS A ZIG ZAG LINE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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;
- (f) 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
- (h) 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:

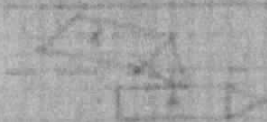
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Accident Sketch Plan

SKETCH PLAN

F 00071012

R 00041012



DETAILED CIRCUMSTANCES OF THE ACCIDENT

On the 14th July 2014, at about 2.00pm, I was driving
 driving off from Morda Road to the entrance round off.
 I was driving along the round off. As I was driving the car
 was hit from the rear by a car. The car was driving from the round off
 and moved into my lane. As a result, the car crashed into
 my passenger door and hit it as I was seated. The car was
 moving. The impact of the car was the car was a car.
 (over the road)

Vehicle Details

Car plate: JKE 0182

DECLARATION

I hereby declare that the above is a true and correct statement of the facts.

Reporting Officer's Signature
 Date & Time

Driver's Signature
 (If driver is not the injured person)
 Date & Time

Reporting Officer's Signature
 Name
 Date & Time



SINGAPORE POLICE FORCE



T/20180717/2193

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180717/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 23:22		Vide Report No.:		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: TAN JIAN ZHI			Address: APT BLK 189A RIVERVALE DRIVE #17-1022 SINGAPORE 541189		
ID Type / ID No.: NRIC NO / S9334232A			Contact No.: Home/Office: Mobile: 83232727		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 20/09/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Marketer			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: 14/07/2018 12:00	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 MANDAI ROAD BUKIT TIMAH EXPRESSWAY Mandai Road Slip road to BKE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6804Z	Van				Slightly Damaged	1
SKC7307Z	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180717/2193

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999.

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Report No. T/20180717/2193

CONTINUATION OF REPORT

Driver			
Name	DURASAMY MAHENDIRAN	ID No.	G2136506N
Related Vehicle	GBB6804Z (Van)	Contact No.	90397923
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 JIAN ZHI	ID No.	S9334232A
Related Vehicle	SKC7307Z (Car)	Contact No.	83232727
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NG GEOK TENG	ID No.	S9532316B
Related Vehicle	SKC7307Z (Car)	Contact No.	82017671
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/07/2018 at around 1200hrs, I was driving my vehicle bearing registration number SKC7307Z along Mandai Road. I had one passenger with me in my car. As I took the slip road turning left towards BKE, I was travelling on the right lane when a Van which was travelling on the left lane suddenly swerved and hit on to the left passenger door of my vehicle. I then stopped my vehicle together with the said van bearing registration number GBB6804Z. I then alighted from my vehicle and exchanged particulars with the other driver. The driver then informed that he was going the wrong way thus, he swerved to change lanes. I then spoke to the manager of the van driver who informed me that it was a rental van and the rental company will settle it. I then took pictures of the accident and informed the driver that we will settle by insurance. I then felt stiffness on my body and decided to seek treatment together with my passenger who was my girlfriend. We seek treatment at Mt Alvernia on 17/07/2018 for pain in neck area and was given 3 days of MC. I have reported the accident to my insurance company on 16/07/2018. I wish to state that



**SINGAPORE
POLICE FORCE**



T/20180717/2193

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Punggol N.P.C
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Tel No: 1800-6049999

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Report No. T/20180717/2193

CONTINUATION OF REPORT

there were cameras at the location where the accident happened. My vehicle is not equipped with any in-car camera.



**SINGAPORE
POLICE FORCE**



T/20180717/2193

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21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180717/2193

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:
F /
Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD
AKHTAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

Signature Of Informant:

Date/Time:
17/07/2018 23:22

Classification Of Case: