

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	25/07/2018 11:15
Date Of Accident	24/07/2018 07:35
Exact Location Of Accident	ALONG RD 1 PAN-ISLAND EXPRESSWAY(JALAN TOA PAYOH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDX1968C
Insured/Policyholder	
Name Of Registered Owner	TAN LAI CHUAN
NRIC No	S1686581H
Email Address	TANLAICHUAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81833233
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA FIELDER-1.5 X (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5021491060-11
Cover Note Number	

Driver

Name of Driver	TAN LAI CHUAN
NRIC No	S1686581H
Date Of Birth	11/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81833233
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	TANLAICHUAN@YAHOO.COM.SG

Address	APT BLK 104 TOWNER ROAD #10-330
Postcode	322104
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	
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 N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SHF586A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HENG
NRIC/Passport Number	
Contact Number	98567421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN LAI CHUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SDX1968C

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:



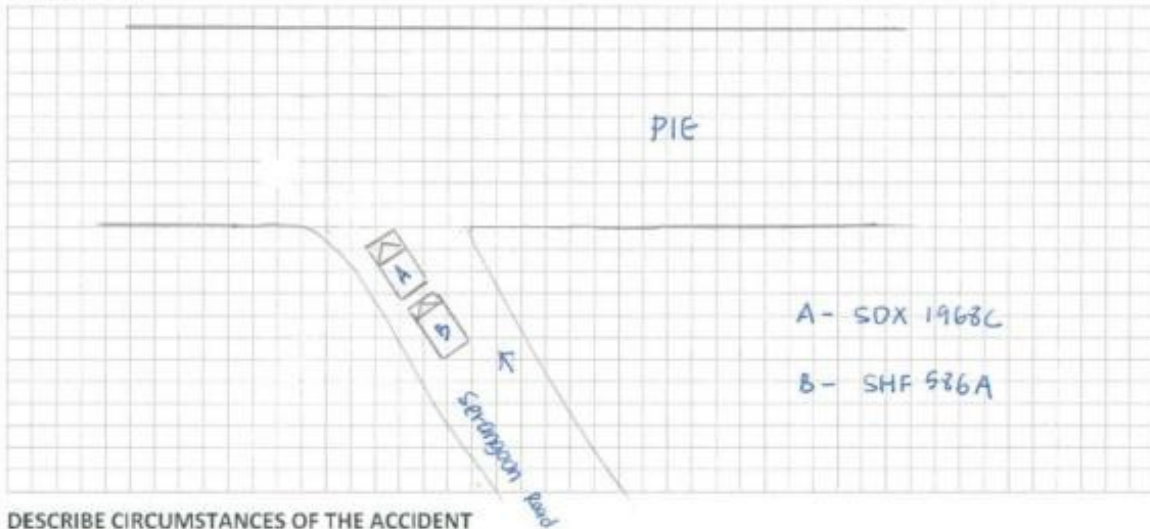
Driver's Signature
(If driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20180724/2177

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 25/7/18
10:54am

[Signature]

Driver's Signature

(If driver is not the policyholder)
Date & Time: 25/7/18
10:54am

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1285 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police report



**SINGAPORE
POLICE FORCE**



T/20180724/2177

1 of 4

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

Report No. T/20180724/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2018 20:55	Vide Report No.:	Station Diary No.: 184
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Informant's Particulars

Name of Informant: TAN LAI CHUAN	Address: APT BLK 104 TOWNER ROAD #10-330 SINGAPORE 322104		
ID Type / ID No.: NRIC NO / S1686581H	Contact No.: Home/Office: Mobile: 81833233		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 53	Date of Birth: 11/05/1965	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Sales Representative	Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2018 07:35	Type of Location: Bend
Location: Along Road 1 PAN-ISLAND EXPRESSWAY (JALAN TOA PAYOH)				
Slip road from Serangoon Road on to Jalan Toa Payoh				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDX1968C	Car	TOYOTA	COROLLA FIELDER 1.5X A	Silver	Seriously Damaged	0
SHF586A	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SDX1968C	NTUC Income Insurance Co-Operative Limited	5021491060-11	11/06/2018	10/06/2019

Police report



**SINGAPORE
POLICE FORCE**



T/20180724/2177

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/20180724/2177

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LAI CHUAN	ID No.	S1686581H
Related Vehicle	SDX1968C (Car)	Contact No.	81833233
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	24/07/2018	Date Discharge	24/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Heng	ID No.	NIL
Related Vehicle	SHF586A (Car)	Contact No.	98567421
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

Brief Details.

On the 24/07/2018, at about 0715hrs, I drove my car, SDX1968C, a Silver in color Toyota Corolla, from Towner Rd and was headed towards Jurong.

However at about 0735hrs, I was making a left turn from Serangoon Road towards Jln Toa Payoh, to enter into PIE(Jurong), via the slip road. But there was traffic coming from the main road as such I slowed to a stop at the stop line. I then suddenly felt an impact from the rear of my vehicle. I then turn around and saw that a taxi had collided into the rear of my car.

I then stopped my vehicle to take pictures of the accident and exchange contact details with the taxi driver. He then told me he would let the insurance company settle the issue.

I also felt giddy and went to a clinic at Shenton Family Medical Clinic(Towner) and was given a 3 days medical leave. (TWN00529244)

As such I am lodging this report for insurance purposes.

Police report



**SINGAPORE
POLICE FORCE**



T/20180724/2177

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/20180724/2177

CONTINUATION OF REPORT

Police report



**SINGAPORE
POLICE FORCE**



T/20180724/2177

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

Report No. T/20180724/2177

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 HENG CHENG SOON, DESMOND

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

24/07/2018 20:55

Classification Of Case:

Authentication Stamp

NP:68



Signature:

SN 13

Singapore Police Force



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5021491060-11

Cover : drivo CLASSIC

- | | |
|--|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SDX1968C |
| Chassis Number | : NZE1419022536 |
| 2. Name of Policyholder | : TAN LAI CHUAN |
| 3. Effective Date of Insurance | : 11 Jun 2018 |
| 4. Expiry Date of Insurance | : 10 Jun 2019 |
| 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/her 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (d) Use for any purpose in connection with the Motor Trade. | |
| # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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. | |

EXCESS (SECTION 1)	: \$5600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN LAI CHUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : VICOM LTD (00000614946)

Date of Issue : 06 Jun 2018 13:26 hrs



VICOM LTD for NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
 23 KAKI BUKIT AVENUE 4
 SINGAPORE 415933
 TEL: 6741 4803 FAX: 6744 8441



Countersigned By:

Authorised Officer

Chief Executive

NRIC & Driving license



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

