

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	15/08/2018 16:31
Date Of Accident	14/08/2018 21:15
Exact Location Of Accident	HOUGANG AVE 1 INFRT OF BLK 137 LOR AH SOO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8834X
Insured/Policyholder	
Name Of Registered Owner	DARWIN AUTOMOBILE PTE LTD
Co Reg No	201612871M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093013949-01
Cover Note Number	

Driver

Name of Driver	TANG VINCENT
NRIC No	S8128172F
Date Of Birth	07/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93466118
Fax Number	
Contact Number	
Email Address	VINCENTTANG108@GMAIL.COM

Address	BLK 4 BEACH RD #05-4959
Postcode	190004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180815/2096

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU4971T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIVECK BALASINGAM
NRIC/Passport Number	S9104401C
Contact Number	85884591
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TANG VINCENT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLR8834X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

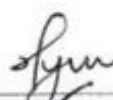
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

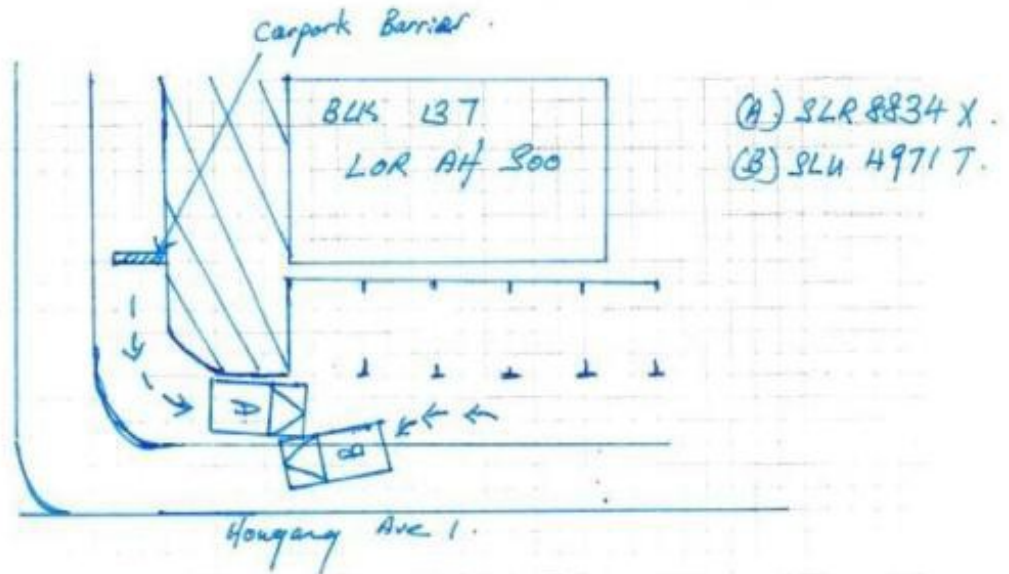
X 
Policyholder's Signature
Date & Time:


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

 15/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/08/18 at @ 2115 hrs, after dropping off my passenger, I exit the carpark of BLK 137 Lor Ah Soo. After passing the carpark barrier, there was a bent. After turning the bent, I saw a car (SLH 4971 T) approaching my direction in my lane. On seeing these, I stopped my vehicle. The said vehicle then keep to the left and drive pass me. While driving pass me, the said vehicle collided onto the right side of my vehicle.

DECLARATION

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

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180815/2096

2 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20180815/2096

CONTINUATION OF REPORT

Driver			
Name	TANG VINCENT	ID No.	S8128172F
Related Vehicle	SLR8834X (Car)	Contact No.	93466118
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Viveck balasingam	ID No.	S9104401C
Related Vehicle	NIL	Contact No.	85884591
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 14/8/2018 at around 2130hrs, as I was dropping off a passenger, I was turning out of the carpark turning to road 135 Hougang ave 1. As it was a two way road, when i was about to make a full turn out to the main road to hougang ave 1. I saw a opposite car coming towards me without his headlight on. I quickly stop to let him go pass me, as he was more into the first lane, he turn slightly back into the second lane before going pass my car, but he did not managed to turn enough and hit onto my car head light and the side of my driver door. we then exchange particulars and I told him that we will solve the problem by insurance.

Driver particulars
Viveck Balasingam
S9104401C
08/02/1991
85884591

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20180815/2086

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Orihan Road SINGAPORE 424773
Tel No: 1800-3459889

Report No: T/20180815/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 14:45		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: TANG VINCENT			Address: 473B CHANGI ROAD SINGAPORE 419891		
ID Type / ID No.: NRIC NO / S8128172F			Contact No.: Home/Office: Mobile: 93466118		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 07/09/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2018 21:30	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 1 135 Hougang Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: moving vehicle head on against stop vehicles				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR8834X	Car				Totally Damaged	0
SLU4971T	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180815/2095

2 of 3

Police Station Of Origin:

Joo Chiat NPP

267 Oran Road SINGAPORE 424773

Tel No: 1800-3459999

Report No: T/20180815/2095

CONTINUATION OF REPORT

Driver			
Name	TANG VINCENT	ID No.	S8128172F
Related Vehicle	SLR8834X (Car)	Contact No.	93466118
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Viveck balasingam	ID No.	S9104401C
Related Vehicle	NIL	Contact No.	85884591
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 14/8/2018 at around 2130hrs, as I was dropping off a passenger, I was turning out of the carpark turning to road 135 Hougang ave 1. As it was a two way road, when i was about to make a full turn out to the main road to hougang ave 1, I saw a opposite car coming towards me without his headlight on. I quickly stop to let him go pass me, as he was more into the first lane, he turn slightly back into the second lane before going pass my car, but he did not managed to turn enough and hit onto my car head light and the side of my driver door. we then exchange particulars and I told him that we will solve the problem by insurance.

Driver particulars:
Viveck Balasingam
S9104401C
08/02/1991
85884591

Police Report



**SINGAPORE
POLICE FORCE**



T/20180815/2098

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20180815/2098

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 TAN JUN JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/08/2018 14:45

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE