

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	16/08/2018 15:20
Date Of Accident	15/08/2018 19:15
Exact Location Of Accident	MINOR ROAD ALONG GEYLANG LORONG 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4916U
Insured/Policyholder	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE. LTD.
Co Reg No	201509693D
Email Address	DANJX02@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85228855
Alternative Phone No	OFFICE-85228855

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS J AUTO
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	NO
Policy Number	5100217913
Cover Note Number	

Driver

Name of Driver	TAN JUN XIAN, DANNY
NRIC No	S8604339D
Date Of Birth	18/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86868977
Fax Number	
Contact Number	OTHERS-86868977
Email Address	DANJX02@GMAIL.COM

Address	BLK 118D JALAN MEMBINA #23-105
Postcode	164118
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180815/2190

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX510B
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)

DETAILS OF INJURED PERSON 1

Name TAN JUN XIAN, DANNY
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJM4916U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name GOH HUI LIAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJM4916U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Sketch Plan

SKETCH PLAN

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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.



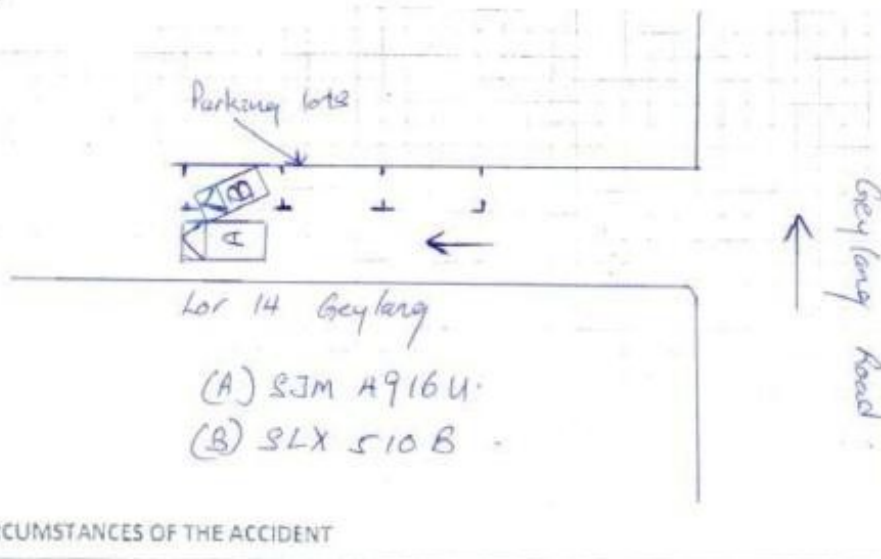
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s Refer To Police Report
No: T/20180815/2190



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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180815/2190

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
TelNo: 1800-3779999

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Report No. T/20180815/2190

CONTINUATION OF REPORT

Passenger			
Name	GOH HUI LIAN	ID No.	S8632355I
Related Vehicle	SJM4916U (Car)	Contact No.	96263324
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	03	Degree of Injury	Slight
Driver			
Name	TAN JUN XIAN, DANNY	ID No.	S8604339D
Related Vehicle	SJM4916U (Car)	Contact No.	86868977
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ALEX TAY BOON HUAT	ID No.	S7517729A
Related Vehicle	SLX510B (Car)	Contact No.	88088308
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 15/8/18 at about 1915hrs, I was driving my vehicle (SJM4916U) with my girlfriend inside the car along Geylang Lorong 14. While I was driving along the road, I noticed that there was a car (SLX510B) at the parallel parking lot ready to move off. Therefore, I was cautioned when I drove pass it. However as I drove, the said vehicle just came out of the parking lot and hit my driver side of the door. I then stopped my vehicle and went out of the vehicle. I then exchanged particulars with the other driver. I wish to state that I felt pain at my neck and shoulder and also my back because of the impact. My girlfriend felt giddy and also felt a strain on her neck. My vehicle suffered a deep dent at the driver side of the door. It could not be opened from the outside. The other vehicle suffered some cracks on the left side bumper and also cracks on the left front headlight. There is no in-car camera inside my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180815/2190

Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180815/2190

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 23:53	Vide Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: TAN JUN XIAN, DANNY			Address: APT BLK 118D JALAN MEMBINA #23-105 SINGAPORE 164118	
ID Type / ID No.: NRIC NO / S8604339D			Contact No.: Home/Office: Mobile: 86868977	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 18/02/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CARPAL DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 19:15	Type of Location: Straight Road
Location: Along Road 1. GEYLANG ROAD				
Minor road along Geylang Lorong 14				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SJM4916U	Car				Slightly Damaged	1
SLX510B	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180815/2190

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Report No. T/20180815/2190

CONTINUATION OF REPORT

Passenger			
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Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN JUN XIAN, DANNY	ID No.	S8604339D
Related Vehicle	SJM4916U (Car)	Contact No.	86868977
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ALEX TAY BOON HUAT	ID No.	S7517729A
Related Vehicle	SLX510B (Car)	Contact No.	88088308
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.

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Police Report



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T/20180815/2190

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Report No. T/20180815/2190

CONTINUATION OF REPORT

Police Report



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T/20180815/2190

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Report No. T/20180815/2190

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:

D /

Sgt 3 NURJANNAH BINTE AMRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

15/08/2018 23:53

Classification Of Case:

Authentication Stamp

NP168