

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	20/08/2018 14:36
Date Of Accident	13/08/2018 21:10
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6620Y
Insured/Policyholder	
Name Of Registered Owner	GAN AH BAH
NRIC No	S2550097J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97635986
Alternative Phone No	OTHERS-97635986

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	PTE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1620881802
Cover Note Number	

Driver

Name of Driver	GAN AH BAH
NRIC No	S2550097J
Date Of Birth	27/07/1956
Occupation	INDOOR
Date Of Driving Pass	02/06/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97635986
Fax Number	
Contact Number	OTHERS-97635986
EEmail Address	NOEMAIL

Address	BLOCK 65 MARINE DRIVE #10-178
Postcode	440065
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 - 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	2
Was any body injured in the Accident?	NO
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 13/08/2018 AT ABOUT 2110HRS, I WAS DRIVING MY VEHICLE, SJT6620Y(TOYOTA CAMRY) ALONG THE LEFT LANE OF LOWER DELTA ROAD TOWARDS TIONG BAHRU ROAD. THERE WAS ONE TAXI, SHD6346Y WHICH WAS DRIVING SLOWLY. AS SUCH I HIGH BEAMED THE TAXI TO ALERT THE SAID DRIVER. AS HE CONTINUED TO DRIVE SLOWLY, I OVERTOOK THE TAXI. WHILE OVERTAKING THE TAXI, THE VEHICLE CHANGED LANE AND HIT ONTO MY LEFT SIDE OF VEHICLE, CAUSING A SMALL DENT. THE DRIVER, WHO IS A MALE CHINESE APPREARED TO BE IN HIS 60S SHOWED ME HIS RIGHT FIST AND WAS CALLING ME IN CHALLENGING MANNER TO ALIGHT FROM MY VEHICLE. AS I DEEMED IT UNSAFE FOR ME, I CONTINUED AND DROVE TO A NEIGHBOURING POLICE STATION TO REPORT THE ACCIDENT AS WELL. I DID NOT SUFFER ANY INJURY AND I DO NOT KNOW THE DRIVER.

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	SHD6346Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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) 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: 20/8/18

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

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



Accident Sketch Plan

SKETCH PLAN


DCA: 13-8-2018
A: SST6620Y
B: SHD6346Y


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO THE POLICE REPORT ATTACHED

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: Cassandra
NRIC/FIN No.:



Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2187

1 of 3

Report No. T/20180813/2187

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 21:40	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars				
Name of Informant: GAN AH BAH		Address: APT BLK 65 MARINE DRIVE #10-178 SINGAPORE 440065		
ID Type / ID No.: NRIC NO / S2550097J		Contact No.: Home/Office:		Mobile: 97635986
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 27/07/1956	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2018 21:10	Type of Location: Straight Road
Location: LOWER DELTA ROAD towards Tiong Bahru Plaza				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6346Y	Car				Slightly Damaged	1
SJT6620Y	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Beige	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT6620Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN16208818 02	26/04/2018	25/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2187

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20180813/2187

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN AH BAH	ID No.	S2550097J
Related Vehicle	SJT6620Y (Car)	Contact No.	97635986
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 13.08.2018 at about 2110hrs, I was driving my vehicle SJT6620Y (Toyota Camry) along the left lane of Lower Delta Road towards Tiong Bahru Road. There was one taxi reg no SHD6346Y which was driving slowly. As such I high beam the taxi to alert the said driver. As he continued to drive slowly, I overtook the taxi on the right. While overtaking the taxi, the vehicle changed laned and hit onto my left side of vehicle, causing a small dent. The driver, who is a male Chinese appeared to be in his 60s, showed me his right fist and was calling me in a challenging manner to alight from my vehicle. As I deemed it unsafe for me, I continued and drove to a neighboring Police station to report the accident as well. I did not suffer any injury and I do not know the driver. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20180813/2187

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

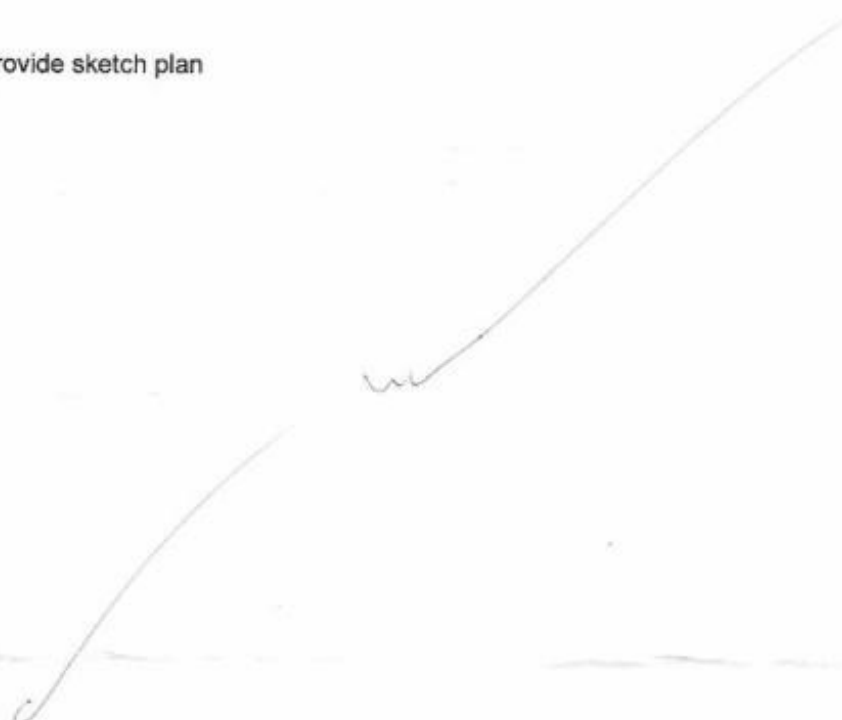
3 of 3

Report No. T/20180813/2187

CONTINUATION OF REPORT

Sketch Plan

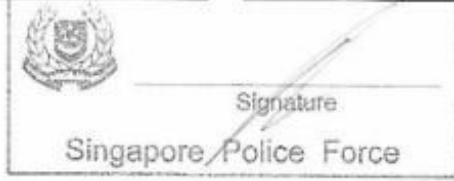
Informant is not able to provide sketch plan



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 / SI ABDUL RAHIM BIN JUMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 21:40
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2550097J**



Name
GAN AH BAH




Race
CHINESE

Date of Birth **27-07-1956** Sex **M**

Country of Birth
JOHORE


S2550097J

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number **S2550097J**
Name
GAN AH BAH

Birth Date: **27 Jul 1956**
Issue Date: **23 Jun 2004**



001244575J



Driving Licence

0447382



NRIC No: S2550097J



Blood Group: O+ Date of issue: 04-08-1992

APT BLK 65 MARINE DRIVE #10-178
SINGAPORE 440065

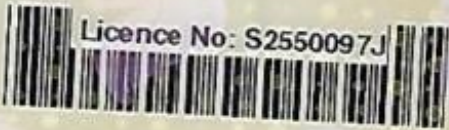
NRIC No: S2550097J Date: 05/02/2009 No: 6069447

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

	PASS DATE
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	02 Jun 1976

NP 428A

Licence No: S2550097J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

