

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	21/09/2018 14:20
Date Of Accident	20/09/2018 20:20
Exact Location Of Accident	ALONG YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7578E
Insured/Policyholder	
Name Of Registered Owner	ONG SWEE TIN JULIET (WANG RUIZHEN)
NRIC No	S7711975B
Email Address	DANTBC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98460102
Alternative Phone No	OTHERS-96818550

Vehicle Particulars

Manufacturer	BMW
Model	118I 2.0 AT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3040071800
Cover Note Number	

Driver

Name of Driver	TAN BEE CHENG (CHEN MEIQING)
NRIC No	S7210670I
Date Of Birth	03/04/1972
Occupation	INDOOR
Date Of Driving Pass	02/07/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96818550
Fax Number	
Contact Number	OTHERS-98460102
Email Address	DANTBC@GMAIL.COM

Address	70 JALAN MATA AYER #03-25 NORTHWOOD
Postcode	757488
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	AFTER RAIN
Road Surface	WET

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?	YES
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: : BRAYDEN TAN SHIH KIAT (SON) GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180921/2110

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	SGC6824B
Vehicle Make/Model/Colour	TOYOTA VIOS
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG7685S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 BRAYDEN TAN SHIH KIAT
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKM7578E
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident 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.

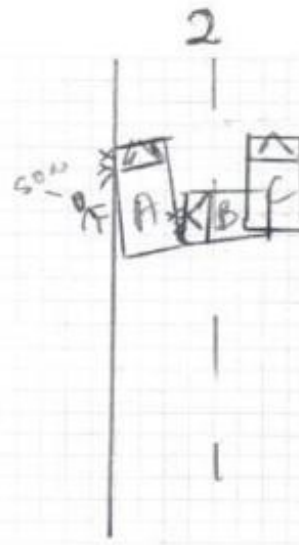
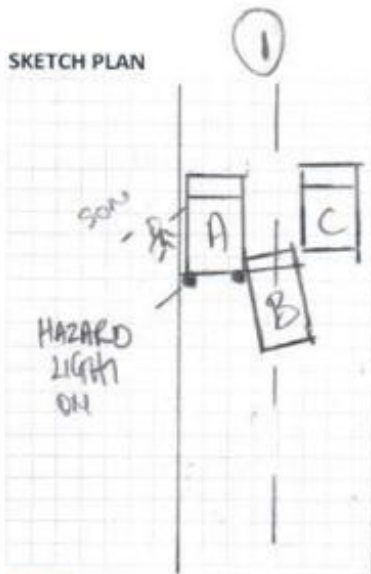
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



Along Yishin
CENTRAL 1

- A) SKM7578E
- B) SGC 6824B
- C) GBT7625S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
12080921

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.:

POLICE REPORT

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180921/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2018 15:23		Vide Report No.:		Station Diary No.: 79	
Informant's Particulars					
Name of Informant: TAN BEE CHENG			Address: 70 JALAN MATA AYER #03-25 SINGAPORE 757488		
ID Type / ID No.: NRIC NO / S72106701			Contact No.: Home/Office: Mobile: 96818550		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 03/04/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/09/2018 20:20	Type of Location: Straight Road
Location: Along Road 1 YISHUN CENTRAL 1				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC6824B	Car					0
SKM7578E	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180921/2119

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180921/2119

CONTINUATION OF REPORT

Driver			
Name	TAN BEE CHENG		ID No. S7210670I
Related Vehicle	SKM7578E (Car)		Contact No. 96818550
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
Passenger			
Name	Brayden Tan Shin Kiat		ID No. T0522121D
Related Vehicle	SKM7578E (Car)		Contact No. NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	20/09/2018	Date Discharge	20/09/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 20/09/2018 at about 2015hrs, I was alighting my son (Brayden Tan Shin Kiat/ 13 years) along Yishun Central 1 (infront of Blk 930 Yishun after the bus stop). I had switched on my hazard light to indicate that I was stopping.

2) My son had already alighted from the left back passenger door but his door was still open. It was at this point of time that I felt a collision from the back. I had then alighted from my vehicle. I observed that another vehicle (SGC6824B) had collided with the right rear of my car. I had then hurriedly went to check on my son and discovered that he had sustained injuries on his left leg and arm. I am not sure how my son had fallen or sustained his injuries. The said car which had collided with my vehicle had then moved infront of my car. I wish to state that this said car had apparently tried to overtake a van and had came onto the lane which my vehicle was stationery on; hence the collision. This was informed to me by the van driver (Reg no: GBG7685S)

3) A short while later , ambulance had arrived at scene together with the Traffic Police. My son was conveyed to KKH and was treated for his injuries, he was subsequently given 2 days medical leave.

4) I wish to state that I had not exchanged particulars with the said driver who collided with me as Traffic Police informed me that all details have been taken. My car had sustained dents and scratches to the right side bumper with the right rear and front left rims damaged (mounted kerb). My cars suspension was also affected by the impact. My car is not equipped with an in car camera. That is all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180921/2119

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Report No. T/20180921/2119

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

POLICE REPORT

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180921/2119

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 /

SI LEE YAO MING, KEVIN GABRIEL

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

21/09/2018 15.23

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD

YUSOF

Contact No: 65476358

Authentication Stamp

NP168

Singapore Police Force

Classification Of Case:

ID



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

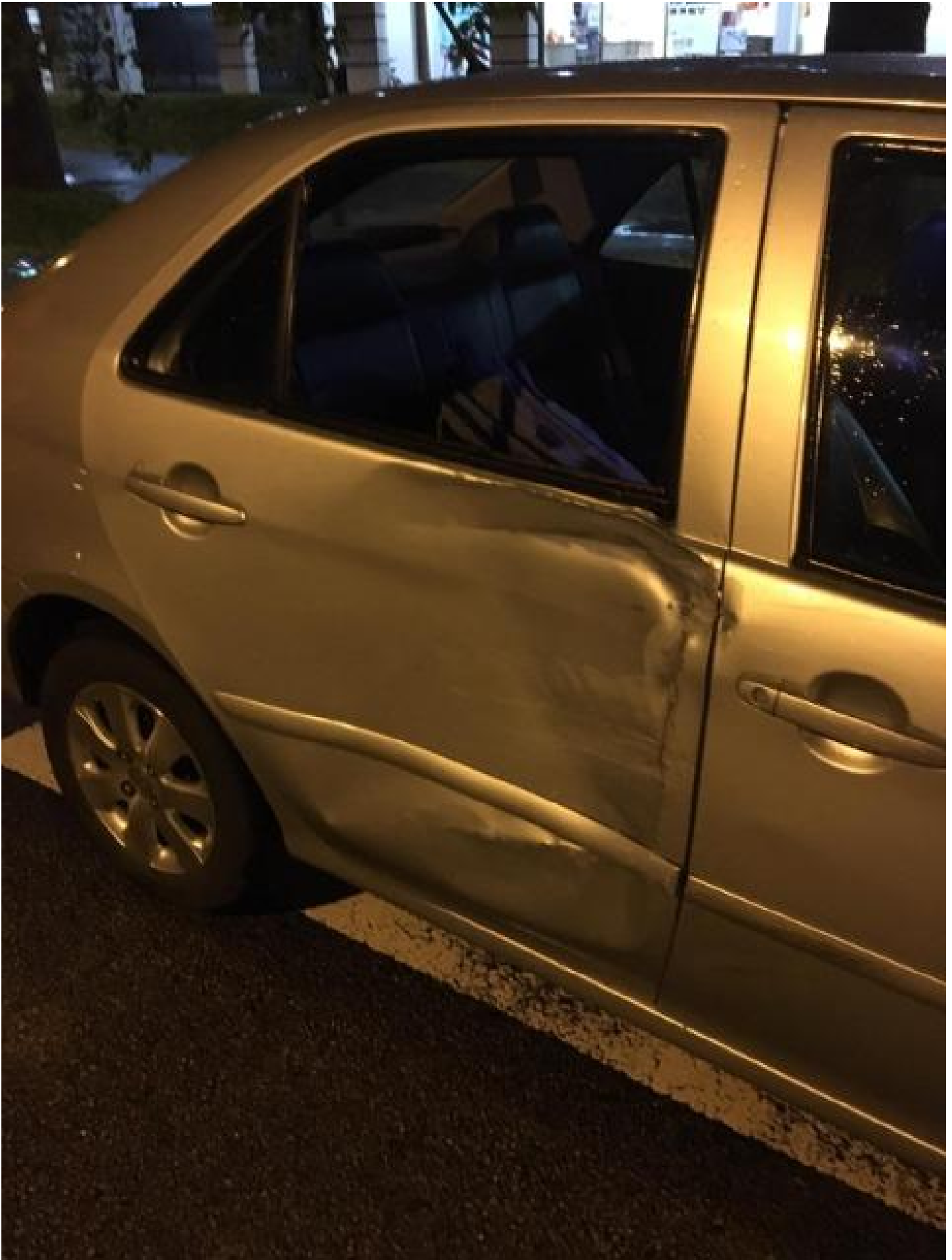


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAA418122612 Vehicle Registration No: SKM 7578E
Name (as shown in NRIC): Low Boon Chuan (Chuan Mak Lin) NRIC/FIN/Passport No: SD2106701
(*) Vehicle Driven / Vehicle Owner (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96818530
Email Address: _____
Date of Accident: 20/09/2018 Time of Accident: 20:20
Place of Accident: Branch Vietnam Center 1
Insurance Company: China Pacific

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Whether the Question should be at Room 4 Floor W17
- ② Someone conveyed to Hospital (Yes)
- ③ Police Station should be Vietnam North NP.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafael Lim
NRIC/FIN No.:
Date: 21/09/2018