

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	24/09/2018 15:34
Date Of Accident	22/09/2018 15:45
Exact Location Of Accident	BEDOK RD TWDS NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GP9860H
Insured/Policyholder	
Name Of Registered Owner	WHITE HORSE MARKETING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93397863

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT102011
Cover Note Number	-

Driver

Name of Driver	CHAN YIU CHEUNG CHARLES
NRIC No	S8870733H
Date Of Birth	08/03/1988
Occupation	INDOOR
Date Of Driving Pass	26/06/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93397863
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 124 TAMPINES ST 11 #08-402
Postcode	521124
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	AFTER RAINED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ3150U
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)

Accident Sketch Plan

SKETCH PLAN

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 liability**.
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. 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.



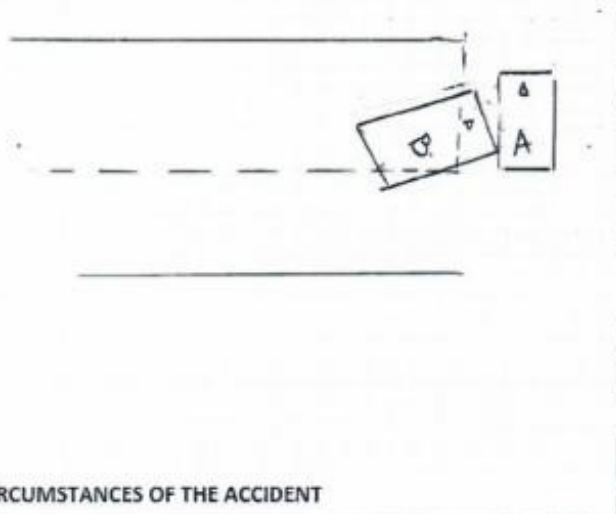
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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



**SINGAPORE
POLICE FORCE**



G/20180922/2105

1 of 2

POLICE REPORT (NP299)

Report No. G/20180922/2105

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Date/Time Report Made 22/09/2018 20:15		Vide Report No.		Station Diary No. 84	
Name Of Informant CHAN YIU CHEUNG CHARLES		Address APT BLK 124 TAMPINES STREET 11 #08-402 SINGAPORE 521124			
ID Type / ID No. NRIC NO / S8870733H		Contact No. Home/Office Mobile 93397863			
Nationality BRITISH NATIONAL OVERSEAS		Email Address			
Occupation SELF EMPLOYED		Sex Male	Age 30	Date of Birth 08/03/1988	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 22/09/2018 15:45		Location Of Incident BEDOK ROAD SINGAPORE BEDOK ROAD TOWARDS NEW UPPER CHANGI ROAD			

Brief details.

On 22 September 2018 at about 1545hrs, I was driving my vehicle GP9860H along Bedok Road towards New Upper Changi Road. As I was driving, my headlights was on. Upon approaching Jalan Kathi, which is a private residential road on my left, I noticed a car reversing slightly and after which making a right turn immediately onto Bedok Road. The vehicle did not slow down and went onto Bedok Road. I then quickly pressed my horn to alert him that I am oncoming. However, he did not stop and I quickly swerved my vehicle to the right slightly to avoid a head on collision. As a result, the vehicle then hit my rear left

Signature Of Officer Recording The Report G / Staff Sgt TRAVINDER JIT SINGH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2018 20:15
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 NG HONG SIM, JASON Contact No.: 62447200	Classification Of Case:

Authentication Stamp

Travinderjit Singh

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20180922/2105

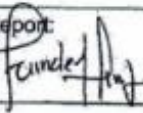

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180922/2105

bumper. I then quickly engage my brake and came to a complete stop. I exited my vehicle and exchanged particulars with the driver whom was a elderly male Chinese namely Tay Tian Kiong S13368271 (Telephone: 97383659) driving vehicle number SGJ3150U. I want to add that none of us was injured due to the accident. However, I want to state that, the accident occurred because the vehicle had make an illegal U-turn along Jalan Kathi. I am thus lodging this report for Traffic Police Actions. My vehicle is fitted with in car CCTV and I have downloaded the footages.

Signature Of Officer Recording The Report: G / Staff Sgt TRAVINDER JIT SINGH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2018 20:15
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 NG HONG SIM, JASON Contact No.: 62447200	Classification Of Case:

Authentication Stamp



POLICE REPORT

ANNEX E

NOTICE OF REPORTING

This is to confirm that Chan Yiu Cheung, Charles, NRIC: S8870733H, has reported to the Police a non-injury traffic accident which occurred at Bedok Road towards New Upper Changi Road on 22/9/2018 at 1545hrs involving the following vehicles:

- a) GP9860H (Nissan NV350 Van)
- b) SGJ3150U (Toyota Wish)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok North NPC
30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

Rank / Name of Issuing officer: SSgt Travinder Jit Singh



Date: 22/9/2018

Time: 2002hrs

S/D Ref: 85

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant
Duplicate- to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



