

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	26/09/2018 15:29
Date Of Accident	26/08/2018 20:00
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8899D
Insured/Policyholder	
Name Of Registered Owner	TAN HAN KIN
NRIC No	S1102119J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96223615
Alternative Phone No	OFFICE-96223615

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5052329811-06
Cover Note Number	-

Driver

Name of Driver	TAN HAN KIN
NRIC No	S1102119J
Date Of Birth	01/01/1937
Occupation	INDOOR
Date Of Driving Pass	07/04/1963
Driving Experience	55 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96223615
Fax Number	
Contact Number	OFFICE-96223615
Email Address	NOEMAIL

Address	BLK 161 HOUGANG ST 11 #14-63
Postcode	530161
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF4714Z
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

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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

Unable to provide sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:

Accident Sketch Plan Form 202

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180911/2054

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

1 of 3

Report No. T/20180911/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2018 12:20	Vide Report No.:	Station Diary No.: 6
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Informant's Particulars				
Name of Informant: TAN HAN KIN		Address: APT BLK 161 HOUGANG STREET 11 #14-63 SINGAPORE 530161		
ID Type / ID No.: NRIC NO / S1102119J		Contact No.: Home/Office: Mobile: 96223615		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 81	Date of Birth: 01/01/1937	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PRINTING COMMERCIAL AGENT		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2018 20:00	Type of Location:
Location: Along Road 1 YIO CHU KANG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN8899D	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN8899D	NTUC Income Insurance Co-Operative Limited	5052329811-06	15/12/2017	14/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180911/2054

Police Station Of Origin:

2 of 3

Boon Teck NPP

Report No. T/20180911/2054

207 Toa Payoh North #01-1231 SINGAPORE

310207

CONTINUATION OF REPORT

Tel No: 1800-2549999

Brief Details.

Yesterday, I opened up my letter box and received a letter from TP dated on 04/09/2018 stating that I was involved in an accident dated on 26/08/2018 at about 2000hrs. The letter stated that the accident occurred along Yio Chu Kang Road however at that date and time, I could not recall being there however I will not deny that I may have driven along that road at some point in time. My vehicle SJN8899D has no damage on any sides. I am here to lodge a report to assist in Police investigation.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180911/2054

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 3

Report No. T/20180911/2054

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:

E /

Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/09/2018 12:20

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 062



SINGAPORE
POLICE FORCE

SIGNATURE

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

