

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 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. 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	23/10/2018 15:07
Date Of Accident	19/10/2018 10:00
Exact Location Of Accident	JURONG TOWN HALL RD TWDS AYE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA3558J
Insured/Policyholder	
Name Of Registered Owner	M/S SQS SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90018044

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1226911705
Cover Note Number	-

Driver

Name of Driver	TAN KIAN HIN
NRIC No	S0069803B
Date Of Birth	14/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1975
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91158862
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 5 HAIG RD #02-465
Postcode	430005
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
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	SGX8848J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JIAT MENG TIMOTHY
NRIC/Passport Number	S8728771H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN KIAN HIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBA3558J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

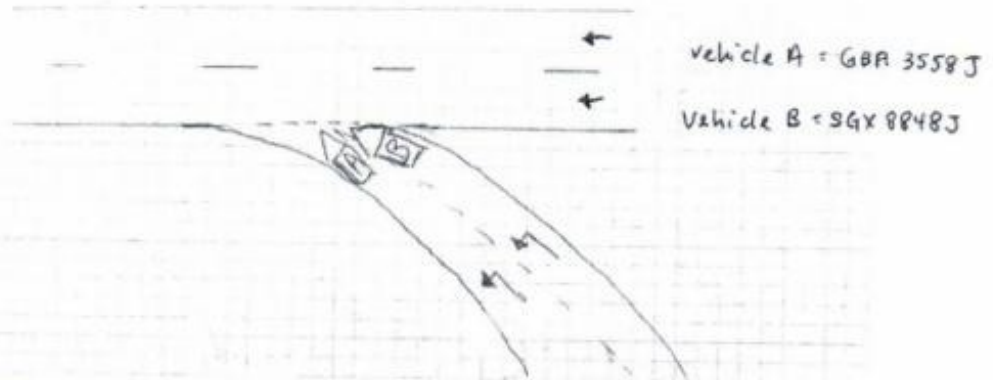
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

Jurong Town Hall Road towards AYE

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**



T/20181019/2174

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20181019/2174

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2018 18:46	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: TAN KIAN HIN		Address: APT BLK 5 HAIG ROAD #02-465 SINGAPORE 430005	
ID Type / ID No.: NRIC NO / S0069803B		Contact No.: Home/Office: Mobile: 91158862	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 14/02/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2018 10:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD AYER RAJAH EXPRESSWAY Jurong Town Hall Road going towards AYE City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA3558J	Van				Seriously Damaged	0
SGX8848J	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/20181019/2174

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20181019/2174

CONTINUATION OF REPORT

Driver			
Name	TAN KIAN HIN	ID No.	S0069803B
Related Vehicle	GBA3558J (Van)	Contact No.	91158862
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/10/2018	Date Discharge	19/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Jiat Meng Timothy	ID No.	S8728771H
Related Vehicle	SGX8848J (Car)	Contact No.	NIL
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 19/10/2018 at about 10am, I was driving my vehicle bearing registration plate number: GBA3558J along the left lane of Jurong Town Hall going towards AYE city. It was a two lane road merging into one road. The vehicle on the right lane bearing registration plate number: SGX8848J try to merge into the lane together with my vehicle thus resulted into the vehicle hit onto my right side of the vehicle. I tried to move my vehicle however my steering wheel are unable to rotate thus I stopped and called for a tow truck to tow my vehicle away.

As a result, my vehicle suffered a dent on my right side of my vehicle. I then went down and exchange particulars with the driver of the vehicle.

I felt very giddy thus I then called for ambulance and was conveyed to Ng Teng Fong General Hospital and was given 3 days Medical Leave.

The driver particulars:
Tan Jiat Meng Timothy
S8728771H, 15/09/1987

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181019/2174

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20181019/2174

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:

G /

Sgt 2 CHO JIA LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/10/2018 18:46

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No: 65476178

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0069803B



Name
TAN KIAN HIN

Race
CHINESE

Date of birth
14-02-1954

Sex
M

Country of birth
SINGAPORE

S0069803B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0069803B**

Name:
TAN KIAN HIN

Birth Date: **14 Feb 1954**

Issue Date: **31 Mar 2003**



000334349H

DRIVING DOC

4373394



NRIC No. S0069803B



Date of issue
21-03-2009

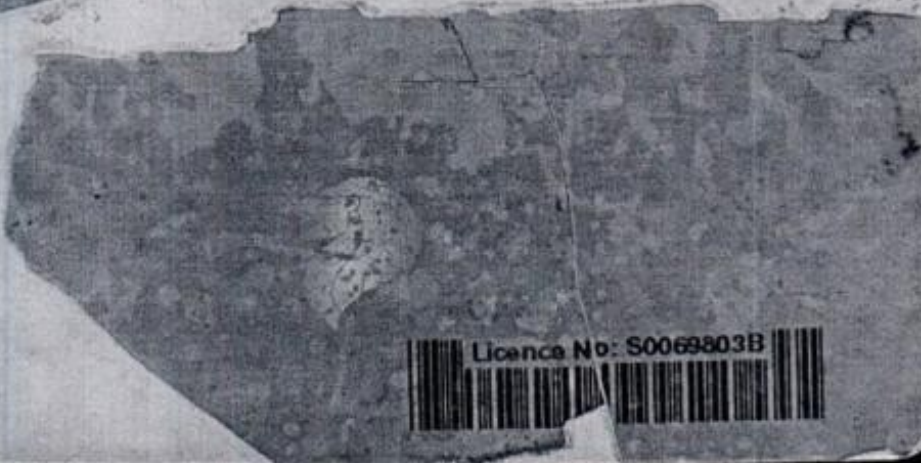
APT BLK 5 HAIG ROAD #02-465
SINGAPORE 430005

NRIC No: S0069803B Date: 08/09/2018

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

Motor Cars
which unladen

PASS DATE



Licence No: S0069803B



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: S665500206 / GST Reg. No.: M400017735

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 : MNA118137624 Vehicle Registration No: G8A3558J
Name(as shown in NRIC) : SOC Services NRIC/FIN/Passport No : 53200897M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 5 Hoig Road # 02-465 Singapore (431005)
Contact (Tel) : 90018044 Mobile No. : _____
Email Address : _____
Date of Accident : 19/10/18 Time of Accident : 1000
Place of Accident : Jurong Town Hall Road towards AYE
Insurance Company: China Taiping

(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:

Change to OD



Policyholder's Signature
Date:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 26/10/18