SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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?	NO
If No, Please state action to be taken	THIRD PARTY
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	

NOEMAIL

BLK 5 HAIG RD #02-465 Address

430005 Postcode

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 1

YES

Details of Police Action

Was the accident reported to the police?

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?

If Yes, against whom?

NO

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?

Was this injured conveyed to hospital by ambulance? Address

Postcode

YES

YES

SKETCH PLAN

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- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- (iii) 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:
 - 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:
 - 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:

SEC NO

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

Juron	g Town Hall Road towards	AYE
SKETCH PLAN		
		vehicle A = GBA 3558 J
	Contract of the second	Vahide B = 99x 88483
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
	to police report	
OECLARATION We declare the foregoing par	ticulars are true in every respect.	Int
olicyholder's Signature late & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name:

POLICE REPORT





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	
Informa	nt's Partic	ulars			
Name of Informant. TAN KIAN HIN			Address: APT BLK 5 HAIG ROAD	#02-465 SINGAPORE 430005	
ID Type / ID No.: NRIC NO / S0069803B		03B	Contact No.: Home/Office:	Mobile: 91158862	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 64 14/02/1954			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DELIVERY DRIVER		3	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ar	mbulance	Drink Drive: No	Date/Time of Accident: 19/10/2018 10:00		Type of Location Bend
JURONG TO AYER RAJAH	Traveling Toward Ro WN HALL ROAD I EXPRESSWAY Hall Road going towa	rds AYE C	ity Surface:		Roa	nd Speed Limit:
raffic Flow: Traffic Control:				Traffic Volume:		
Traffic Flow: One Way						

Vehicle No.	Туре	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



T/20181019/2174

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 2 of 3 Report No. T/20181019/2174

CONTINUATION OF REPORT

Driver			821325233	O BHILLIAN	ALL LAND MENTAL PROPERTY OF THE PARTY OF THE
Name	TAN KIAN HIN				S0069803B
Related Vehicle	GBA3558J (Van)			ct No.	91158862
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Class: NIL Date of Explication Date	
Date Treatment	19/10/2018	Date Dis	charge 19/10/2018		
No. of Days gran	ted Medical Leave 03	Degree o	of Injury	Slight	t
Driver	The second second second	Section 1		10000	
Name	Tan Jiat Meng Timothy	ID No		S8728771H	
Related Vehicle	SGX8848J (Car)	Conta	ct No.	NIL	
Hospital/Clinic	NIL	Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o	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 tied 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





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

3 of 3 Report No. T/20181019/2174

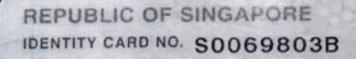
CONTINUATION OF REPORT

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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 Informant:
Date/Time: 19/10/2018 18:46
Classification Of Case:





Name



TAN KIAN HIN

Race

CHINESE

Date of birth

14-02-1954

Country of birth

SINGAPORE



S0069803B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Liberica Aumiter \$ 0 0 6 9 8 0 3 B

Sex

TAN KIAN HIN

Birth Date: 14 Feb 1954 Issue Date: 31 Mar 2003



DRIVING DOC













