

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	08/10/2018 18:04
Date Of Accident	07/10/2018 01:15
Exact Location Of Accident	PIE (TUAS) LAMP POST 688A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9341G
Insured/Policyholder	
Name Of Registered Owner	TAN CHIANG HWEE
NRIC No	S1225222F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93664773
Alternative Phone No	OTHERS-93664773

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3082751803
Cover Note Number	

Driver

Name of Driver	TAN ZHI GUANG
NRIC No	S9327438E
Date Of Birth	07/08/1993
Occupation	INDOOR
Date Of Driving Pass	30/10/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94721855
Fax Number	
Contact Number	
Email Address	TANZG78@GMAIL.COM

Address	BLK 839 JURONG WEST ST 81 #4-93
Postcode	640839
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20181007/2079

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7110D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TAN ZHI GUANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY9341G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD7110D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

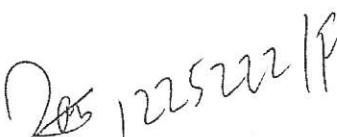
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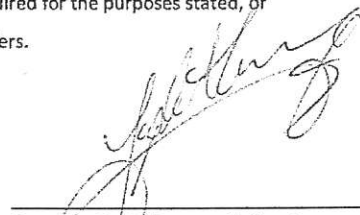
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

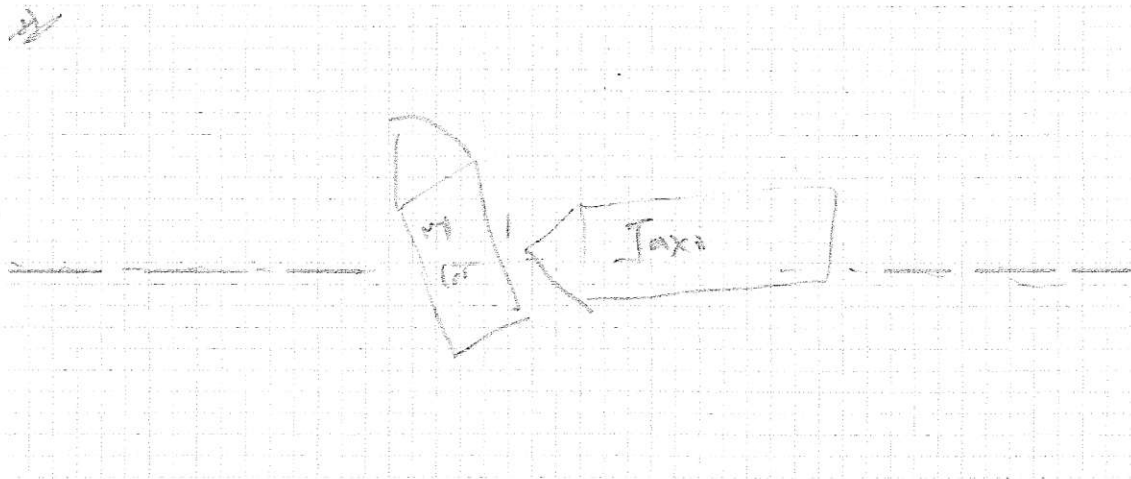
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

1225222

Policyholder's Signature _____
Date & Time: _____



Driver's Signature _____
(If driver is not the policyholder)

Spelling

Reporting Centre Personnel's Signature
Name:



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1F

R SN

AN0498A

Cov.Type: C

PLM 319245

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3082751803

Engine No :4G18KC8030

ChaNo:JMYSNCS3A9U004788

1. Index Mark and Registration
Number of Vehicle

SJY9341G



2. Name of Policy Holder

TAN CHIANG HWEB

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

14 October 2018

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance

13 October 2019

Ex Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a
Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability
trial, speed-testing, the carriage of goods other than samples in connection with any trade or business
or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)
will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event
of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : STANDARD CHARTERED BANK(S) LIMITED AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory

**SINGAPORE
POLICE FORCE**



T/20181007/2079

Station Of Origin:
 Anyang N.P.C
 2 Jurong West Avenue 5 SINGAPORE
 649482
 Tel No: 1800-7929999

1 of 3

Report No. T/20181007/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2018 18:33		Vide Report No.:		Station Diary No.: 77
Informant's Particulars				
Name of Informant: TAN ZHI GUANG		Address: APT BLK 839 JURONG WEST STREET 81 #04-93 SINGAPORE 640839		
ID Type / ID No.: NRIC NO / S9327438E		Contact No.: Home/Office: Mobile: 94721855		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 07/08/1993	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Information technology auditor		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: 07/10/2018 01:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (Tuas), Lamp post 688A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SHD7110D					Slightly Damaged	0
SJY9341G	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181007/2079

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20181007/2079

CONTINUATION OF REPORT

Brief Details.

On 07/10/18 at about 0115hrs, I was driving my vehicle bearing registration SJY9341G along PIE towards Tuas. I was behind a comfort taxi at the first lane bearing registration SHD7110D and was driving closely towards the white line. From my observations, I felt that it was dangerous to follow behind the taxi and observe that there were no vehicles in front of him. Hence, I decided to overtake him from the left. I then filtered to the second lane and suddenly the taxi drove towards the second lane. I then quickly sounded my horn twice however the taxi still continued coming into the second lane. I then swerve to the left and felt that I was going to hit a car. I then swerve back to the right to the second lane and did an emergency brake. Thereafter, my vehicle overturned and while I was in my vehicle, I escaped out from the passenger seat and subsequently was conveyed by the ambulance. I was then instructed by the TP investigation officer to lodge a traffic police report. There is no in-car recording in my vehicle. I have a 3 days MC from Tan Tock Seng Hospital.



**SINGAPORE
POLICE FORCE**



T/20181007/2079

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20181007/2079

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:

J /
Sgt 2 WONG JUN WEI, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2018 18:33

Officer In Charge Of Case:

TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

127

Singapore Police Force



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: S66500206 / 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 : MSYH18130615 Vehicle Registration No: SJY 9341G.
Name (as shown in NRIC) : Tan Zhi Guan NRIC/FIN/Passport No : S9327438E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Julang West Street 81 Bldg 39 #04-93 Singapore (646839)
Contact (Tel) : 9472 1855 Mobile No. : 9472 1855
Email Address : tanzy78@gmail.com
Date of Accident : 07 Oct 2018 Time of Accident : 0115
Place of Accident : PIE (TUAS) LAMP POST 688A
Insurance Company : China Taiping Insurance (Singapore) PTE. LTD

(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:

Revert to own damage claim

Policyholder / Driver's Signature
Date: 18/10/2018

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