

## 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	19/11/2018 12:16
Date Of Accident	19/11/2018 10:00
Exact Location Of Accident	CRAWFORD ST TWDS NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6038H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being used at time of accident	OTW TO FOOD CENTRE
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MJ001257-R00
Cover Note Number	

### Driver

Name of Driver	TAN SIONG HOE(CHEN XIANGHE)
NRIC No	S7809478H
Date Of Birth	13/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91140422
Fax Number	
Contact Number	
EEmail Address	CHLOETAN2405@GMAIL.COM

Address	BLK 217A SUMANG WALK #15-246
Postcode	821217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181122/2064.

#### 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	SLQ3850L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOE CHEE KHIONG
NRIC/Passport Number	S1591114Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN SIONG HOE(CHEN XIANGHE)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SMC6038H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

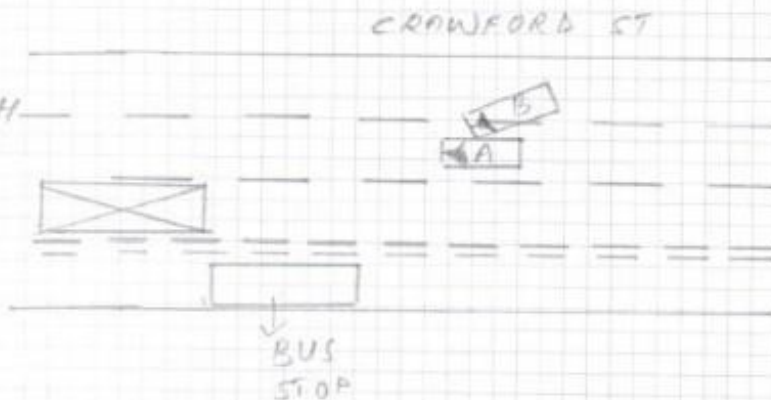
Reporting Centre Personnel's Signature  
Name: *Shym* 19/11/18  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

A - SMC 6038H

B - SLQ3850L



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

### 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/20181122/2064

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20181122/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2018 12:29		Vide Report No.:		Station Diary No.: 10
<b>Informant's Particulars</b>				
Name of Informant: TAN SIONG HOE		Address: APT BLK 217A SUMANG WALK #15-246 SINGAPORE 821217		
ID Type / ID No.: NRIC NO / S7809478H		Contact No.: Home/Office: Mobile: 91140422		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 40	Date of Birth: 13/04/1978	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 CRAWFORD STREET				
CRAWFORD STREET TOWARDS NORTH BRIDGE ROAD MARKET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ3850L	Car	CITROEN		Red	Slightly Damaged	1
SMC6038H	Car	KIA		Silver	Seriously 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/20181122/2064

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20181122/2064

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Hoe Chee Khiong		ID No. S1591114Z
Related Vehicle	SLQ3850L (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
<b>Driver</b>			
Name	TAN SIONG HOE		ID No. S7809478H
Related Vehicle	SMC6038H (Car)		Contact No. 91140422
Hospital/Clinic	VITACARE FAMILY CLINIC (PUNGGOL CENTRAL)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2018		Date Discharge 21/11/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight

### Brief Details.

I was driving my car bearing the registration plate number, SMC6038H (Silver Kia Carens) along Crawford street towards north bridge road market on lane 2. Suddenly, there was one car bearing the registration plate number, SLQ3850L (Red Citroen) that was driving on lane 1 had hit onto the right side of my car. I was in my lane the whole time and the car on the right had tried to change lane into my lane as there was some roadwork up ahead on lane 1. My car then suffered dents and scratches on the right side of my car between the front driver door and the rear passenger door. Initially, I felt pain on my right lower back area however I did not think that it was a big matter. On the 20/11/2018, the pain got worse and I went to see a doctor on 21/11/2018 and was given 3 days mc. My MC no is as follow: 0000009893. Thus, I am lodging this report for record purposes and for any insurance claims.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181122/2064

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20181122/2064

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 ONG WEI XING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

22/11/2018 12:29

Classification Of Case:

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



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: S66550020G / 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 : MNA118/49328 Vehicle Registration No: SMCG038H  
Name (as shown in NRIC) : TAN SIONG HUE (CHEN XIANG HE) NRIC/FIN/Passport No : S7609478H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 317A SUMANG WALK #15-246 Singapore ( 821217 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91140422  
Email Address : \_\_\_\_\_  
Date of Accident : 19/11/18 Time of Accident : 10:00  
Place of Accident : CRAWFORD ST TWAS NORTH BRIDGE RD  
Insurance Company : NTUC

#### (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:

AMEND HANDLING INSURER

Policyholder / Driver's Signature  
Date:

sfm 19/11/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

## Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580  
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Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: N1400017735

**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 : MIDA118149328-01 Vehicle Registration No: 6MC60384  
Name(as shown in NRIC) : Tan Seng Hoe (Chen Xinghe) NRIC/FIN/Passport No : 578094784  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 272 Sumang walle #15-246 Singapore(821717)  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 9140422  
Email Address : \_\_\_\_\_  
Date of Accident : 19/11/18 Time of Accident : 10:00  
Place of Accident : Carried off towards North Bridge Rd.  
Insurance Company: TM2

#### (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:

1. Add in police report - 7/20181122/2014.
2. Add in injuries.

  
Policyholder / Driver's Signature  
Date:

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