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 <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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/11/2018 13:04
Date Of Accident	29/11/2018 20:30
Exact Location Of Accident	X-JUNC OF PAYA LEBAR ROAD AND GEYLANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG5105T
Insured/Policyholder	
Name Of Registered Owner	TAN TIAN FOO
NRIC No	S2675721E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94558538
Alternative Phone No	OTHERS-94558538
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PREVIA 7 SEATER
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 5065776879-04

Cover Note Number

Driver

Name of Driver TAN TIAN FOO

NRIC No S2675721E

Date Of Birth 01/07/1964

Occupation INDOOR

Date Of Driving Pass 28/04/1983

Driving Experience 35 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94558538

Fax Number

Contact Number OTHERS-94558538

EMail Address NOEMAIL

Address BLK 126 PENDING ROAD

#05-302

Postcode 670126

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 COLLIDED INTO PEDESTRIAN

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?

Was any injured conveyed to hospital by

ambulance?

NO NO

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181129/2163

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 5. 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:

- (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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

11-30/11/2018

Name:

NRIC/FIN No.:

Sketch Plan #2

PAYA LEG	AR MYAD		1		>	
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- SJG 5105T	-		21	6		
Pedestrian	-	- Te				
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SCRIBE CIRCUMSTANCES O	F THE ACCIDENT		1-112			
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Date & Time:

Sketch Plan #3





Police Station Of Origin; Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20181129/2163

CONTINUATION OF REPORT

Details of Perso		1045			25.00	23f Illy Confiden
Any Pedestrian I						
No. of Pedestrian	ns Injured: 1		Use of Pe	destriar	Cross	ing: Used
Driver		110000		acourid!	101000	mig. Oseu
Name	TAN TIAN FOO	TAN TIAN FOO			Ų.	S2675721E
Related Vehicle	SJG5105T (Car)			Conta	ct No.	94558538
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

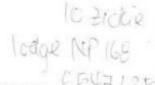
On 29th November 2018 between 2030hrs and 2100hrs, I was driving my vehicle SJG5105T(Toyota/Previa/Light green in colour) at the X junction between Paya Lebar road and Geylang road. The weather was clear and the road was dry at that point of time.

As I was making a right turn from Paya Lebar road towards Geylang road on the green light, one pedestrian(female/Filipino/ 20 to 30 years old) suddenly crossed the road. I immediately applied my vehicle's brakes but my vehicle could not stop in time, resulting in a collision with the said pedestrian. My vehicle was travelling at a low speed while maneuvering the turn.

Upon collision, I alighted from my vehicle and had rendered assistance to the said pedestrian. The said pedestrian was still able to stand on her own and I could not spot any visible injury on her. A passerby had called for an ambulance and the said pedestrian had been conveyed to the hospital not long later.

Traffic police was at scene and had seized my in-vehicle video recording system's memory card.





SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

MAI DECEM	
(Recipient's N	Name, NRIC or Passport No. / Rank and No.)
(Ad	dress / Police Station / NPC / NPP)
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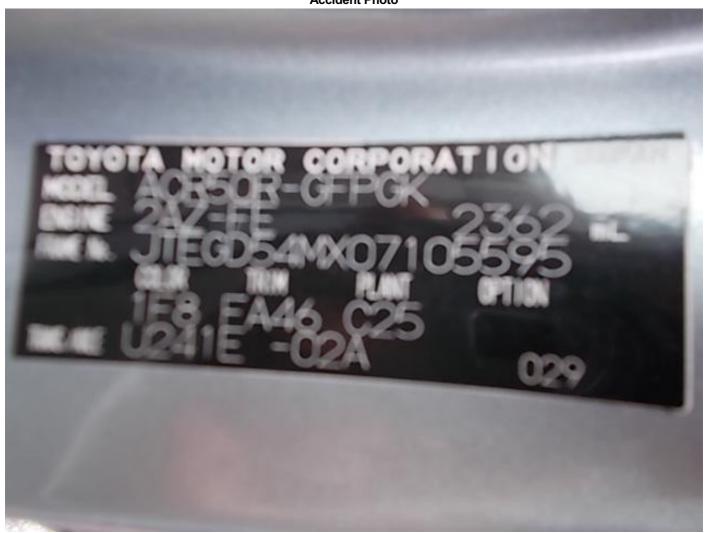












Police Report





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20181129/2163

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 29/11/2018 22:57		Vide Report No.:	Station Diary No.: 258	
Informa	nt's Partic	ulars	THE RESIDENCE OF STREET	EAC AL ARREST AND SO	
Name of	f Informant: AN FOO		Address: APT BLK 126 PENDING ROA	AD #05-302 SINGAPORE 670126	
	/ ID No.: O / S26757	21E	Contact No.: Home/Office:	Mobile: 94558538	
	Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 54	Date of Birth: 01/07/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Director			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambul	ance [Drink Drive: No	rive: Accident:		Type of Location X-Junction
PAYA LEBAR GEYLANG R	3000			ROAD		
Clear		Road Surface: Dry				d Speed Limit:
Traffic Flow:		Traffic C Traffic Li	Contract to the St.	rking	Traff	ic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian					-	one conveyed by

Details of V	ehicle Invo	lved		HIST works	ALICE LA LAURE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJG5105T	Car	ТОУОТА	PREVIA 7 SEATER	Green	No Damage	0

Details of V	ehicle Insurance	TATTO CONTRACTOR		
	The state of the s	Insurance No	Effective	Expiry Date
SJG5105T	NTUC Income Insurance Co-Operative Limited	5065776879-04	01/09/2018	31/08/2019

Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20181129/2163

CONTINUATION OF REPORT

Details of Perso	n involved	LAND THE	CHEST LAND	Hartel	to Lab	S. Nicolay of the challenge
Any Pedestrian I	nvolved: Yes					THE RESERVE AND RESERVE
No. of Pedestrian	ns Injured: 1		Lice of D	ada at da	- 0	
Driver		I DELETHI	Use of Pe	edestria	n Cross	sing: Used
Name	TAN TIAN FOO			TID N		
				ID No).	S2675721E
Related Vehicle	SJG5105T (Car)	SJG5105T (Car)			-4.44	
	STOCK (Call)			Conta	act No.	94558538
Hospital/Clinic	NIL			Class	- 6	01
				Class Drivin Licen	g	Class: 2B,2A,3 Date of Expiry: NIL
	8			Control of the Control	y Date	
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury		

Brief Details.

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Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20181129/2163

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

Sin . sore Police Force

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 MUHAMMAD SIDDIQ BIN RAMLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2018 22:57
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp	