

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	24/12/2018 16:12
Date Of Accident	21/12/2018 14:40
Exact Location Of Accident	SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2787E
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Insured/Policyholder

Name Of Registered Owner	EDWIN TAN HOCK ENG
NRIC No	S8375634I
Email Address	EDWIN.TANHE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97975712
Alternative Phone No	OTHERS-97975712

Vehicle Particulars

Manufacturer	BMW
Model	318I-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	PTE
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3097371700
Cover Note Number	

Driver

Name of Driver	EDWIN TAN HOCK ENG
NRIC No	S8375634I
Date Of Birth	27/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97975712
Fax Number	
Contact Number	OTHERS-97975712
EEmail Address	EDWIN.TANHE@GMAIL.COM

Address	BLK 10 EUNOS CRESCENT #13-2713
Postcode	400010
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : LEONG KAR WAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING AROUND SENGKANG EAST ROAD TOWARD TPE. WHILE I WAS DRIVING SUDDENLY STRAIGHT SUDDENLY A VEHICLE FROM THE LEFT HIT INTO MY LEFT SIDE I BELIEVE HE DID NOT CHECK HIS BLIND SPOT WHILE CHANGING LANE.

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	SHA2186J
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 LEONG KAR WAI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJX2787E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name EDWIN TAN HOCJ ENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJX2787E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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: 24/12/18 1530hrs

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

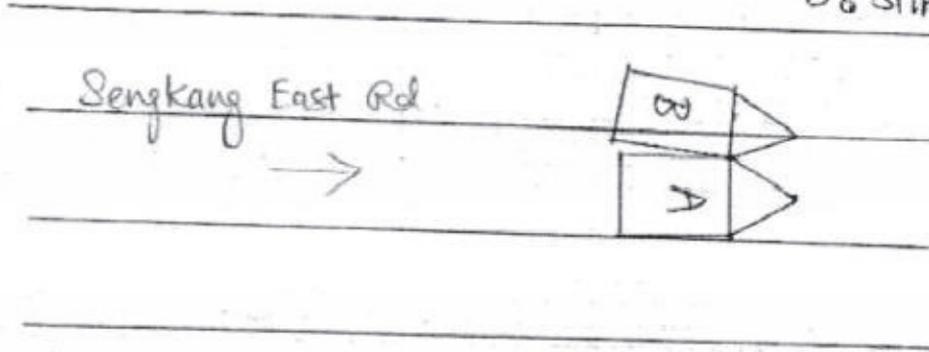
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SIX2787E
B: SH12186J



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: 24/12/18 1530 hrs

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/20181224/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20181224/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2018 14:54	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: EDWIN TAN HOCK ENG		Address: APT BLK 10 EUNOS CRESCENT #13-2713 SINGAPORE 400010	
ID Type / ID No.: NRIC NO / S8375634I		Contact No.:	Mobile: 97975712
Nationality: MALAYSIAN		Email: Edwin.tanhe@gmail.com	
Sex: Male	Age: 35	Date of Birth: 27/08/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Insurance Agent		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: 21/12/2018 14:40	Type of Location: Straight Road
Location: SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SHA2186J	Car	HYUNDAI	I40	Blue	Slightly Damaged	2
SJX2787E	Car	BMW	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR	Grey	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20181224/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. 1/20181224/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX2787E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30973718 01	22/12/2018	21/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LEONG KAR WAI		ID No.	S8139928Z
Related Vehicle	SJX2787E (Car)		Contact No.	98890241
Hospital/Clinic	EC FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/12/2018		Date Discharge	22/12/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	EDWIN TAN HOCK ENG		ID No.	S83756341
Related Vehicle	SJX2787E (Car)		Contact No.	97975712
Hospital/Clinic	EC FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/12/2018		Date Discharge	22/12/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181224/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20181224/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP162

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/12/2018 14:54

Classification Of Case: