

## 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	12/12/2018 08:43
Date Of Accident	11/12/2018 11:30
Exact Location Of Accident	CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF324B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAM KIM SENG
NRIC No	S2501170H
Email Address	SENGATAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90700852
Alternative Phone No	OFFICE-90700852

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MV005700-R01
Cover Note Number	

### Driver

Name of Driver	TAM KIM SENG
NRIC No	S2501170H
Date Of Birth	20/11/1956
Occupation	INDOOR
Date Of Driving Pass	10/08/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90700852
Fax Number	
Contact Number	OFFICE-90700852
Email Address	SENGATAN@HOTMAIL.COM

Address	BLK 704 WEST COAST ROAD #11-423
Postcode	120704
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : TAN SEOW WEI
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER SKETCH PLAN

#### 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	FBM9108Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

NA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM9108Y

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

SKETCH PLAN

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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.
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.

*[Signature]*

Policyholder's Signature / Date & Time

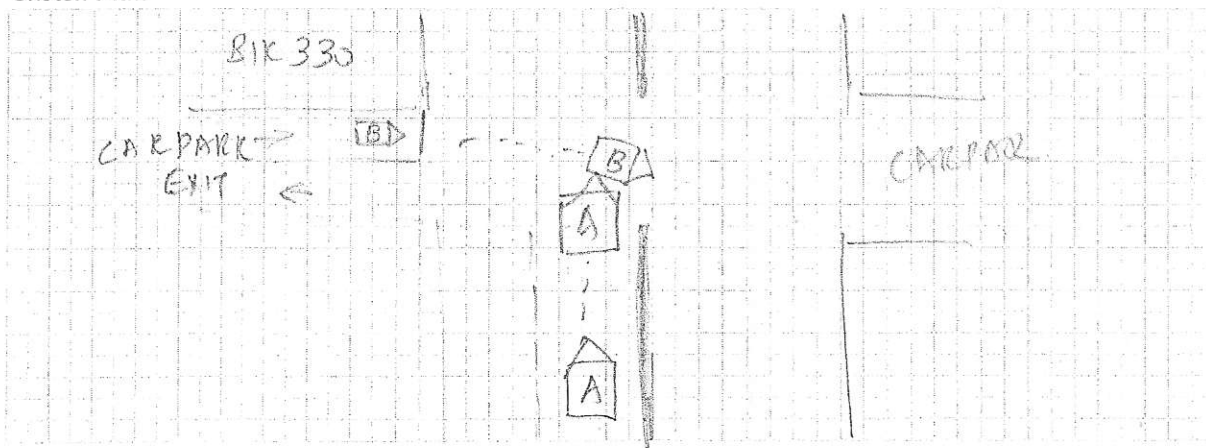
*[Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Refer Police Report-

## Declaration

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20181211/2070

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20181211/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2018 14:57		Vide Report No.: D/20181211/0045		Station Diary No.: 106	
<b>Informant's Particulars</b>					
Name of Informant: TAN KIM SENG			Address: APT BLK 704 WEST COAST ROAD #11-423 SINGAPORE 120704		
ID Type / ID No.: NRIC NO / S2501170H			Contact No.: Home/Office: Mobile: 90700852		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 20/11/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FREELANCE SURVEYOR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 2 CLEMENTI ROAD CLEMENTI AVENUE 2 TOWARDS CLEMENTI ROAD NEAR BLK 330				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9108Y	Motorcycle				Slightly Damaged	0
SGF324B	Car	MITSUBISHI	LANCER 1.6 M	Black	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF324B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MV005700	29/06/2016	29/03/2019



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T/20181211/2070

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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20181211/2070

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date and time, I was driving my car, which is a black coloured Mitsubishi Lancer along Clementi Avenue 2 towards Clementi Road. At this juncture, I was driving along the right lane of the two lane road. On board my vehicle was myself and one passenger.

As I drove along, suddenly one Motorcycle bearing plate number FBM9108Y came out from the car park slip road near Blk 330 intending to make a right turn cutting through my lane. I wanted to make an evasive action by jamming brakes however it was too late and my car collided onto the Motorcycle. As a result of this, my car had collided onto the right side of the motorcycle and the motorcyclist fell of the bike.

As a result of the collision, my car suffered some minor dents and scratches on the right front bonnet of the car and the right front door. On the other hand, there were some slight damages done to the Motorcycle as well. Subsequently, my passenger called for Ambulance who then came to scene and conveyed the motorcyclist, however I am unsure of the hospital he was conveyed to. I do not know of his particulars and injuries on him. However, as of the time of lodging this Police Report, my passenger and I were not injured.

Subsequently Police and Traffic Police also attended to the scene and I was advised to lodge a Police Report for the matter. I do not have any in-car camera installed in my car; however, I do have pictures related to this incident. I do not know if there were any CCTVs installed around the vicinity where the incident happened.



**SINGAPORE  
POLICE FORCE**



T/20181211/2070

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Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20181211/2070

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:

D /

Sgt 2 LIM WEI SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2018 14:57

Officer In Charge Of Case:

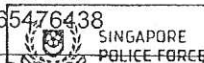
TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Classification Of Case:

Authentication Stamp  
NP168



SN 37

SIGNATURE