

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 | 14/01/2019 16:46 |
| Date Of Accident | 14/01/2019 09:20 |
| Exact Location Of Accident | MCE (AYE) BEFORE EXIT 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SLQ166Z |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|---|
| Name Of Registered Owner | TANG WAI LING, DOREEN (DENG WEILING,DOREEN) |
| NRIC No | S8219409F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97457360 |
| Alternative Phone No | OFFICE-97457360 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C 180 KOMPRESSOR |
| 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 | 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 | DMPCSN3111441802 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | TANG WAI LING, DOREEN (DENG WEILING,DOREEN) |
| NRIC No | S8219409F |
| Date Of Birth | 16/06/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/04/2005 |
| Driving Experience | 13 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97457360 |
| Fax Number | |
| Contact Number | OFFICE-97457360 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 348D YISHUN AVENUE 11 #16-603 |
| Postcode | 764348 |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190114/2109.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SJU2267E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MUTHIAH SREETHARAN |
| NRIC/Passport Number | S2645534J |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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.

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

Accident Sketch Plan

SKETCH PLAN

A: JLO 166Z
B: JLO 2767E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/12/2014/2109

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/20190114/2109

1 of 4

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

Report No. T/20190114/2109

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 14/01/2019 16:17 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: TANG WAI LING,DOREEN | | Address: APT BLK 348D YISHUN AVENUE 11 #16-603 ADORA GREEN SINGAPORE 764348 | |
| ID Type / ID No.: NRIC NO / S8219409F | | Contact No.: | Mobile: 97457360 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 36 | Date of Birth: 16/06/1982 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: OTHERS | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|----------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 14/01/2019 09:20 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL BOULEVARD MCE BEFORE EXIT 3 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------------|-------------------|-------|------------------|-----------------|
| SJU2267E | Car | | | | Slightly Damaged | 1 |
| SLQ166Z | Car | MERCEDES BENZ | C 180 KOMPRESS OR | Blue | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|

Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2109

2 of 4

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

Report No. T/20190114/2109

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|-------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLQ166Z | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSN31114418 02 | 26/12/2018 | 25/12/2019 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | TANG WAI LING,DOREEN | | ID No. | S8219409F |
| Related Vehicle | NIL | | Contact No. | 97457360 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL |
| Driver | | | | |
| Name | MUTHIAH SREETHARAN | | ID No. | S2645534J |
| Related Vehicle | NIL | | 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 |

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY CAR ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 3 OF 5 .THE OTHER DRIVER WAS DRIVING ALONG ON LANE 1.AS I WAS GOING STRAIGHT,I SWITCHED LANE AND MOVED TO LANE 2 .AFTER I SUCCESSFULLY MOVED TO LANE 2,THE OTHER DRIVER TRIED TO FILTER TO LANE 2 AS WELL AND COLLIDED ON MY CAR.AFTER THE HIT, MY RIGHT SIDE MIRROR WAS TWISTED OUTWARDS DUE TO THE HEAVY IMPACT.

THE DRIVER HIT THE RIGHT PORTION OF MY VEHICLE AND DROVE AWAY.I KEPT HORNING AT HIM BUT HE REFUSED TO STOP AND NEVER GAVE ME ANY SIGNAL OR INDICATION.

I CHASED AFTER THE DRIVER FOR ABOUT 1 KM AND WE STOPPED BEFORE THE EXIT 3 AND HAD AN INTERACTION WITH THE DRIVER.AFTER SOME TIME THE DRIVER REFUSED TO EXCHANGE PARTICULAR.THEN ONE LTA OFFICER CAME DOWN TO THE LOCATION AND

Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2109

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

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Report No. T/20190114/2109

CONTINUATION OF REPORT

HELPED TO TALK TO THE DRIVER.

THE DRIVER WAS KEPT DENYING TO EXCHANGE PARTICULARS AND CLAIM THAT HE DID NOT HIT MY CAR. THE LTA OFFICER SUGGESTED TO DROVE OUT OF THE EXPRESSWAY TO SETTLE THE ISSUE DUE TO THE HEAVY TRAFFIC.

BOTH THE VEHICLE WAS SLIGHTLY DAMAGED. BUT THE OTHER DRIVER'S CAR WAS BADLY DAMAGED EARLIER BEFORE THE ACCIDENT.

THATS ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2109

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

4 of 4

Report No. T/20190114/2109

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/01/2019 16:17

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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