

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	28/01/2019 11:53
Date Of Accident	27/01/2019 02:40
Exact Location Of Accident	ALEXANDRA RD NEAR QUEENSWAY SHOPPING CENTER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2385Y
Insured/Policyholder	
Name Of Registered Owner	MR LAU TAY SENG
NRIC No	S1477375D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92328391
Alternative Phone No	OFFICE-92328391

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 LX CVT
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MH001261-R01
Cover Note Number	-

Driver

Name of Driver	LAU JUNSHEN ROLAND
NRIC No	S9410517Z
Date Of Birth	28/03/1994
Occupation	INDOOR
Date Of Driving Pass	17/09/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92328391
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 69 TELOK BLANGAH HEIGHTS #07-267
Postcode	100069
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	4
Passenger 1	NAME: : DESMOND GENDER: : MALE
Passenger 2	NAME: : GARY TAN GENDER: : MALE
Passenger 3	NAME: : RAFAEL RAJEEV GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NPP
Police Station Address	ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9120Z
Vehicle Make/Model/Colour	

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 LAU JUNSHEN ROLAND

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SLG2385Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. 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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SLG 23854
B - SLZ 91202

Alexandra Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20190127/2088

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.:

GLA/ACC Sketch Plan Form 1/2

2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190127/2088

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20190127/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2019 18:57	Vide Report No.:	Station Diary No.: 17
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LAU JUNSHEN ROLAND		Address: APT BLK 89 TELOK BLANGAH HEIGHTS #07-267 SINGAPORE 100069	
ID Type / ID No.: NRIC NO / S9410517Z		Contact No.: Home/Office: Mobile: 92328391	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 28/03/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name: SIT
Occupation: Student		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: 27/01/2019 02:40	Type of Location: X-Junction	
Location: Along Road 1 ALEXANDRA ROAD Near to Queensway Shopping Center				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2385Y	Car	HONDA	HRV		Seriously Damaged	3
SLZ9120Z	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SLG2385Y	TOKIO MARINE INSURANCE SINGAPORE LTD.	18-MH001261-R01	26/09/2018	25/09/2019	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190127/2088

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20190127/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU JUNSHEN ROLAND	ID No.	S9410517Z
Related Vehicle	SLG2385Y (Car)	Contact No.	92328391
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/01/2019	Date Discharge	27/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27.01.2019 at about 0235hrs, I was driving my vehicle bearing registration no: SLG2385Y and was driving along Alexandra Rd. I came to a full stop at the cross junction near to Queensway Shopping Center as the traffic light was red. While I was waiting for the traffic light to turn green, there was a sudden impact at the rear of my vehicle. I then realized that someone has knocked onto my vehicle. I got out of the vehicle and discovered that the rear bumper was badly dented. I took photographs of both vehicles and we exchanged particulars and contact numbers. After which, I dropped off my friends who were with me and subsequently went back home. On the same day at about 0900hrs, when I woke up, I felt pain at the back of my body and went to seek medical treatment at Mount Alvernia Hospital and was given outpatient sick leave for 5 days.

I wished to state there is a rear in car camera installed at my vehicle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190127/2088

3 of 3

Report No. T/20190127/2088

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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 /
Staff Sgt MUHAMMAD RASIDI BIN NGAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/01/2019 18:57

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

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 045

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

