

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	11/02/2019 17:29
Date Of Accident	10/02/2019 12:50
Exact Location Of Accident	PIE EXITING TO TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV2710Y
Insured/Policyholder	
Name Of Registered Owner	MISS TEO LILIN
NRIC No	S8304653H
Email Address	TIS.SOLDIER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82827207
Alternative Phone No	OTHERS-82827207
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	DMPCSN3036631803
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TISWAL BIN BACHOK
NRIC No	S8224730J
Date Of Birth	10/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82827207
Fax Number	
Contact Number	OTHERS-82827207
Email Address	TIS.SOLDIER@GMAIL.COM

Address	BLK 271 TAMPINES STREET 21 #06-117
Postcode	520271
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190211/2089

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	SHA8533B
Vehicle Make/Model/Colour	HYUNDAI

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LAW NGAN NGUAN
NRIC/Passport Number	S1281371F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD TISWAL BIN BACHOK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGV2710Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

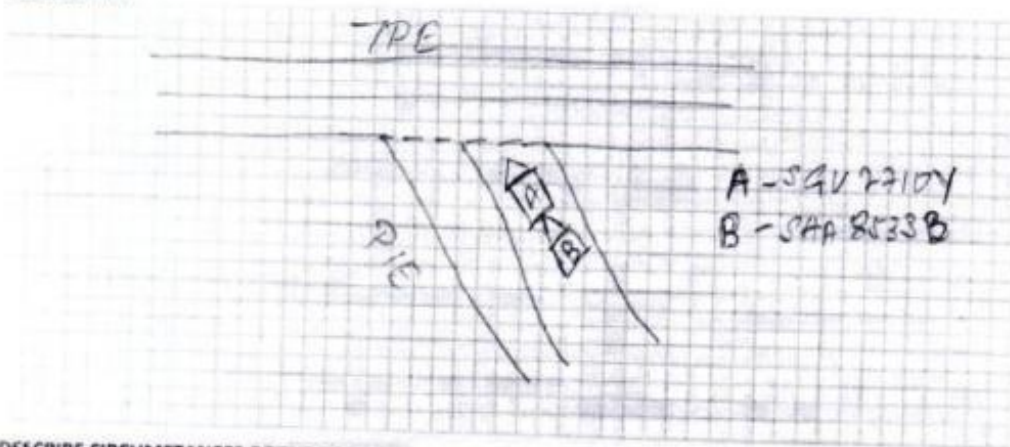
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/2/19

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ~~stop~~ at a stop and vehicle SHP 8533B hit my car from the rear.

I was stationary from P/E exiting to TPE and vehicle B (SHP 8533B) hit on to my rear.

Pls Refer to the Police Report
T/20190211/2089

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: 11/2/19

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

11/2/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190211/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20190211/2089

CONTINUATION OF REPORT

Driver:			
Name	MUHAMMAD TISWAL BIN BACHOK	ID No.	S8224730J
Related Vehicle	SGV2710Y (Car)	Contact No.	82827207
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2019	Date Discharge	10/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver:			
Name	LAW NGAN NGUAN	ID No.	S1281371F
Related Vehicle	SHA8533B (Car)	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 10/2/2019 at about 1251hrs, I was travelling along PIE towards TPE exit. I was about to move off from the exit when suddenly I heard a loud sound and felt a large impact to the rear of my vehicle. I then went out of my vehicle and discovered that my car had sustained main damages to rear right portion and slight damages to the left. There were passengers in my car however none of them were injured. There was no ambulance or police at scene. I went to make a check at the doctor and he provided me with 4 days medical leave. I suffered slight injuries to my neck, back and head.

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190211/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20190211/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2019 14:26		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: MUHAMMAD TISWAL BIN BACHOK			Address: APT BLK 271 TAMPINES STREET 21 #06-117 SINGAPORE 520271		
ID Type / ID No.: NRIC NO / S8224730J			Contact No.: Home/Office: Mobile: 82827207		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/08/1982	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2019 12:50	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY EXIT TOWARDS TPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SGV2710Y	Car	MITSUBISHI	lancer	Green	Slightly Damaged	4
SHA8533B	Car	HYUNDAI		Yellow	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190211/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20190211/2089

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD TISWAL BIN BACHOK	ID No.	S8224730J
Related Vehicle	SGV2710Y (Car)	Contact No.	82827207
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2019	Date Discharge	10/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	LAW NGAN NGUAN	ID No.	S1281371F
Related Vehicle	SHA8533B (Car)	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 10/2/2019 at about 1251hrs, I was travelling along PIE towards TPE exit. I was about to move off from the exit when suddenly I heard a loud sound and felt a large impact to the rear of my vehicle. I then went out of my vehicle and discovered that my car had sustained main damages to rear right portion and slight damages to the left. There were passengers in my car however none of them were injured. There was no ambulance or police at scene. I went to make a check at the doctor and he provided me with 4 days medical leave. I suffered slight injuries to my neck, back and head.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190211/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20190211/2089

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:

G /

Sgt 2 DANESH ASYRAFF BIN LEONADI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/02/2019 14:26

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #34-00 Singapore 048560
 Tel (65) 6324 0010 Fax (65) 6324 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S44386990 / RST Reg. No: S440001726

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119019050 Vehicle Registration No: SGV2710Y
 Name(s) shown in NRIC: Muhammad Tawal Bin Bachok NRIC/FIN/Passport No: S8224730J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 271 Tampines St 21 #0617 Singapore 150271
 Contact (Tel): 82827207 Mobile No.: _____
 Email Address: t/s.soldier@gmail.com
 Date of Accident: 10/02/2019 Time of Accident: 12:51PM
 Place of Accident: PTE Entry to TPE
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report.
* Amend Driving Pass Date
* Amend Pa Number of Passenger
1 female
3 Male.

Policyholder / Driver's Signature
 Date: _____

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S665500200 / GST Reg. No.: M400017725

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119019050 - 01 Vehicle Registration No: SGV 2710Y
 Name(as shown in NRIC) : Muhammad Ti'swal Bin Bachok NRIC/FIN/Passport No : S 8224730J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 271, TAMPINES STREET 21, #06-117 Singapore (520271)
 Contact (Tel) : _____ Mobile No. : 82827207
 Email Address : TIS.SOLDIER@GMAIL.COM
 Date of Accident : 10/2/19 Time of Accident : 12:50
 Place of Accident : PIE Exiting to TPE
 Insurance Company : China Taiping Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Number of Passengers (Include Driver) : 4
1 female
3 Male.

Policyholder / Driver's Signature
 Date:

20/2/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: