

## 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	13/02/2019 17:19
Date Of Accident	12/02/2019 21:30
Exact Location Of Accident	BEDOK NORTH RD & TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7898K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHIEW PHENG
NRIC No	S0103075B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97344228
Alternative Phone No	OFFICE-97344228

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099812615
Cover Note Number	

### Driver

Name of Driver	CHRIS TAN
NRIC No	S8316911G
Date Of Birth	30/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87516626
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15 SIGLAP DRIVE
Postcode	456145
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	CHAIN COLLISION
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	4
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190213/2110.

#### 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	SHC8447G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	CHUNG CHEE LOONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKM8271H  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLJ6545K  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE D  
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 CHRIS TAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKQ7898K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

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.

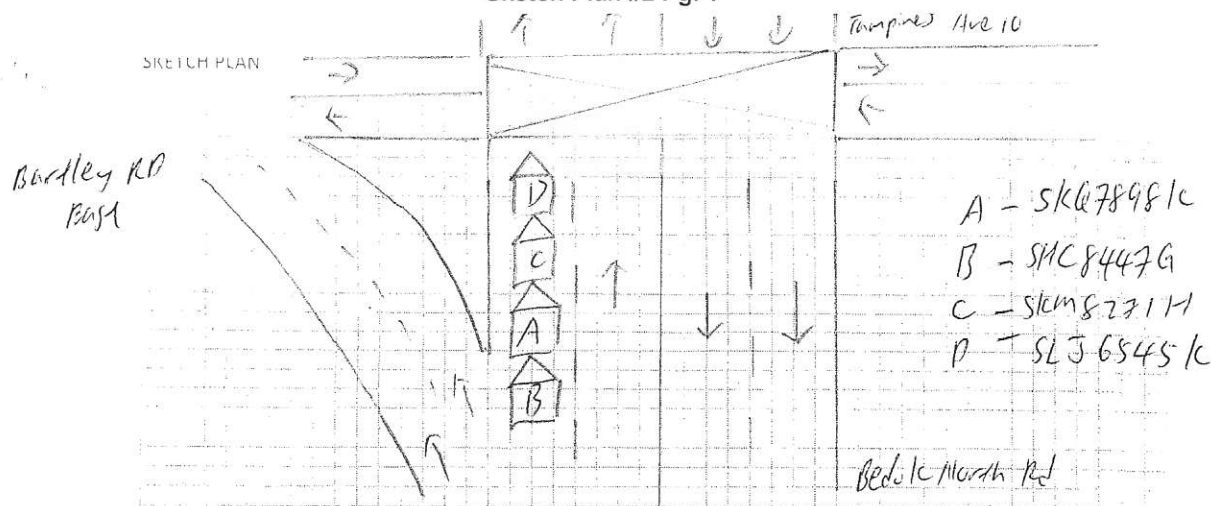
Policyholder's Signature  
Date & Time:

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

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

CAS GARAGE

# Sketch Plan #2 Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to the police report 712019021312110

## 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.:

## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190213/2110

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190213/2110

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2019 14:27		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: CHRIS TAN			Address: 15 SIGLAP DRIVE SINGAPORE 456145		
ID Type / ID No.: NRIC NO / S8316911G			Contact No.: Home/Office: Mobile: 87516626		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 30/05/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2019 21:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH ROAD TAMPINES AVENUE 10 Travelling along Bedok North Road towards Tampines Avenue 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8447G	Car				Seriously Damaged	0
SKM8271H	Car				Slightly Damaged	3
SKQ7898K	Car				Seriously Damaged	0
SLJ6545K	Car				Slightly Damaged	0

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190213/2110

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190213/2110

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Chung Chee Leong	ID No.	S1268469Z
Related Vehicle	SHC8447G (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
Driver			
Name	Lim Swee Kin	ID No.	S1251949D
Related Vehicle	SKM8271H (Car)	Contact No.	93299986
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
Driver			
Name	CHRIS TAN	ID No.	S8316911G
Related Vehicle	SKQ7898K (Car)	Contact No.	87516626
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/02/2019	Date Discharge	13/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight



## Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190213/2110

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Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20190213/2110

## CONTINUATION OF REPORT

Driver:			
Name	Joseph Loy Chee Sum	ID No.	S7720947F
Related Vehicle	SLJ6545K (Car)	Contact No.	97463108
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 12/02/2019, at around 2120hrs, I was driving along Bedok North Road towards the direction of Tampines Avenue 10. I was driving on the second lane from the right. I had applied brakes to my vehicles as the traffic light in front had turned red, and my vehicle had come to a stop for around 15-20 seconds, I felt an impact coming from the back of my vehicle, and my vehicle moved forward as a result of the impact and collided with the vehicle in front of me (SKM8271H). After the collision, I got out of the vehicle and did an inspection of my vehicle and notice that it had suffered major dents on the front and rear bumper of the vehicle, and the vehicle that collided with me from the rear was a taxi (SHC8447G), and it had suffered serious dents on the front bumper of the taxi. The vehicle in front of me (SKM8271H) had suffered slight dents from the rear bumper due to the collision with my vehicle, and also slight dents on the front bumper as the vehicle had also collided with another vehicle in front (SLJ6545K). SLJ6545K had also suffered slight dents on the rear bumper of the vehicle. All the involved drivers had exchanged particulars. From what I know, none of the involved parties were injured, but I had felt slight pain on my neck, left hip and back. However, no Police or Ambulance had attended to the accident. I had also contacted my workshop (Gas Garage Pte Ltd, Tel: 6484 2220), and my vehicle was towed away.

I have an in-car camera installed in my car and I believe that the incident was being recorded down, however when I handed over my memory card to my workshop yesterday, they were unable to read the file.

I had also sought medical attention on 13/02/2019 at around 0000hrs, and was given 5 days of medical certificate leave for the pain on my neck, back and left hip, as the pain became more intense as time pass.

I am unsure what is the repair cost for the damage on my vehicle as the repair cost and insurance claims were handled by my workshop directly.



## Sketch Plan #6 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20190213/2110

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190213/2110

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 JEREMY GOH ZEN KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/02/2019 14:27

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG-HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168SINGAPORE  
POLICE FORCE

SIGNATURE