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 witholding 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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/02/2019 16:51
Date Of Accident	19/02/2019 13:55
Exact Location Of Accident	UNPAVED RD BETWEEN BT TIMAH RD & CHANCERY LN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2120H
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101761376
Cover Note Number	
Driver	
Name of Driver	TAN CHONG BENG

NRIC No S1714261E Date Of Birth 28/09/1965 Occupation **OUTDOOR Date Of Driving Pass** 28/11/2005

13 YEARS AND 2 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-87509662

Fax Number

Contact Number OFFICE-87509662

EMail Address NOEMAIL Address BLK 634 YISHUN STREET 61

#04-54

Postcode 760634

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 ON COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

YES NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8522999 - **FAX NO**: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190220/2179.

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 SJY5952U

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

DETAILS OF INJURED PERSON 1

TAN CHONG BENG Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLN2120H YES

Were seat belts worn?

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.
- 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 ledgment 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.
- 5. Consent under the Personal Data Protection Act (PDPA)

nderstand, 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)
 - (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
- 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 re

Policyholder's Signature

Date & Time

s Signatu (If driver is no policyholder

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

	H A: SLN2120H & B: SJY5952U & S	3 37	® 7₹]	
	P: 231,24257 F. P. Month Pd.	E CI	UNICERY LANE >	
DESCRIBE CIRCU	REFEV to POLIT	e Report -		
DECLARATION I/We declare the	AC NO STREET,	ry respect.	Reporting Centre Perso	h





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 4 Report No. T/20190220/2179

Date/Time Report Made: 20/02/2019 18:54			Vide Report No.: Station Diary			
Informa	nt's Partic	ulars	(No. 1) (1) (No. 1) (No. 1) (No. 1)	SEC. 18 18 18 18 18 18 18 18 18 18 18 18 18		
Name o	Informant: ONG BEN	Contract of the Contract of th	Address: APT BLK 634 YISHUN STRE 760634	ET 61 #04-54 SINGAPORE		
ID Type / ID No.: NRIC NO / S1714261E			Contact No.: Home/Office:	Contact No.:		
National	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 53	Date of Birth: 28/09/1965	Type of Informant: Driver	To the state of th		
Race: Chinese	š		Language: English	Institution / School Name:		
Occupation: PRIVATE HIRED CAR DRIVER		AR DRIVER	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2019 13:55	Type of Location:
BUKIT TIMAH	ANE	mah Rd and Chancery L	ane R	oad Speed Limit:
realises.		Dry		•
Clear			_	er 11.1
Clear raffic Flow:		Traffic Control:	Т	raffic Volume:

Details of V Vehicle No.	Assessment of the later of the	Make	Model	Color	Condition	No of Passenger
SJY5952U	Car	TOYOTA	ALPHARD	Gold	Slightly Damaged	0
SLN2120H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	Slightly Damaged	0

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



T/201902202179

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SING

Report No. T/20190220/2179

32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Driver	ASSESSED BY	CONTRACT OF	ZOII SUITE SOU	Constitution of the	12520	THE PARTY NAMED IN
Name	ALLAN CHUA			ID No.		NIL
Related Vehicle	SJY5952U (Car)			Conta	ct No.	97690596
Hospital/Clinic	NIL			Class Driving Licent Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Avenue -	Date Disc	charge	NIL	
	nted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver	The Contract of the last	Maria States	TANKS THE STATE OF	MARSHA	The Lan	
Name	TAN CHONG BENG	3		ID No		S1714261E
Related Vehicle	SLN2120H (Car)			Conta	ct No.	87509662
lospital/Clinic	YISHUN POLYCLINIC		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	20/02/2019	W	Date Disc	charge	20/0	2/2019
			Degree o	egree of Injury Slight		

Brief Details.

On 19/02/2019 at around 1356hrs, I was driving my car along Bukit Timah Road. I had then turned left into Chancery Lane and drive into the unpaved road located in between Bukit Timah Rd and Chancery Lane. There is a metal barricade at the said area and it was opened. As such, when I turned in, there is already a few vehicles parked there on the right side. I then noticed an empty space beside a Mercedes car, as such I had put on my hazard light to indicate that I was going to park. I then had moved, getting ready to park my car head in when suddenly, a car had came out from my left side.

As the car had came out of a sudden, I jammed brake and even pull my handbrake to avoid collision. However, the left front bumper of my car had hit onto the right side of the said car. After which, both me and the other driver had came out of our vehicle. I then apologies to the driver and check on him. I then told him that since it was a minor accident, we should settle it amicably. There was no dispute between us. The other driver kept asking for a piece of paper to write an agreement however I refused and told him that this things could be solve peacefully. We then exchanged particulars and the said driver drove off.

On the same day, I had message him and volunteer to send his car for repair. I also told him informed me that the payment will be divided between us (70% on me and 30% on him) However he refused as such I volunteer to pay for the full cost. HE then did not response to my messages and eventually he informed me that his car is at the workshop and told me to report to the insurance company.

I wished to state that I have went to the polyclinic to seek medical attention due to the accident. I was given 6 days MC from 20/02/2019 25/02/2019.

Police Report



Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 T/20190220/2179

3 of 4

Report No. T/20190220/2179

CONTINUATION OF REPORT

Police Report





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

4 of 4 Report No. T/20190220/2179

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: Signature Of Informant: LI Sr Staff Sgt ELRENO BIN SUBARI Signature Of Interpreter: Date/Time: Not applicable 20/02/2019 18:54 Officer In Charge Of Case: Classification Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076 Authentication Stamp NP168 Signature/ Singapore Police Force

































