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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/03/2019 17:46
Date Of Accident	03/03/2019 22:40
Exact Location Of Accident	SLIP RD CORPORATION RD TWDS YUNG SHENG RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ6537Z
Insured/Policyholder	
Name Of Registered Owner	TAN HIANG KENG
NRIC No	S0007287G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91089683
Alternative Phone No	OFFICE-91089683
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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	REPORTING ONLY
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	5101886887
Cover Note Number	
Driver	

Name of Driver TAN HIANG KENG NRIC No S0007287G Date Of Birth 23/03/1950 Occupation **OUTDOOR Date Of Driving Pass** 15/11/1978 **Driving Experience** 40 YEARS AND 3 MONTHS MALE Gender Mobile Number (LOCAL) +65-91089683 Fax Number

Contact Number OFFICE-91089683

EMail Address NOEMAIL

BLK 107D EDGEFIELD PLAINS Address

#04-136

Postcode 824107

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

COLLIDED INTO BICYCLIST Type Of Accident

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

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

2

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

TAMPINES NEIGHBOURHOOD POLICE CENTRE

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Police Station Address

Circumstances of Accident

REFER TO POLICE REPORT - T/20190304/2113.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Page 3 of 19

Accident Sketch Plan

SKETCH PLAN				
Thong show	g Rd.		4: \$265.772	
======================================		. by ne. 1.2) cq x		
DESCRIBE CIRCUMSTANCES C	DE THE ACCIDENT	Ž		
Reler to plu me		erions.		
P		11		
DECLARATION				
/We declare be foregoing particul	ars are true in every resp	pect.	- Ox	2
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the p Date & Time:	olicyholder)	Reporting Centre Personnel's Name: NRIC/FIN No.:	Signature





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 4 Report No. T/20190304/2113

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 04/03/2019 16:28		Vide Report No.:	Station Diary No. 72		
Informa	nt's Partic	ulars				
Name of Informant: TAN HIANG KENG			Address: APT BLK 107D EDGEFIELD PLAINS #04-136 SINGAPORE 824107			
ID Type / ID No.: NRIC NO / S0007287G Nationality: SINGAPORE CITIZEN		87G	Contact No.: Home/Office:	Mobile: 91089683		
		EN	Email:	11100110. 0 1000000		
Sex: Age: Date of Birth: Male 68 23/03/1950			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 03/03/2019 22:40	Type of Location Straight Road	
Location: Along Road 1 CORPORATION Along CORPO Weather:			Rd	•	
Class		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Cross		Traffic Volume: Light	
Type of Collis	ion: le Against - Pedestrian			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJZ6537Z	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
			Liiodiiio	Lybu A pare





Police Station Of Origin; Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20190304/2113

CONTINUATION OF REPORT

Details of V	ehicle Insurance	EDGE BUSE IS	TIDASH STREET, NAME	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ6537Z	NTUC Income Insurance Co-Operative Limited	5101886887	30/06/2018	29/06/2019

Details of Perso	on Involved	1000000		W. S. Taran	NAME OF THE OWNER,	NE DECEMBER 1
Any Pedestrian I	nvolved: Yes					THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
No. of Pedestrian			Use of Pe	edestriar	Cross	sing: Used
Driver	or Particularity	A MADE	-10-00-00	THEFT	101035	mig. Oseu
Name	TAN HIANG KENG			ID No		S0007287G
Related Vehicle	SJZ6537Z (Car)			Conta	ect No.	91089683
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis				NIL	
No. of Days gran	of Days granted Medical Leave NIL			of Injury		
Cyclist		the state of		LOCAL DESIGNATION OF THE PARTY	1100	2-010 - XIXII E-
Name	ZHANG JIAN FENG			ID No		G2964192M
Related Vehicle	NIL			Conta	ct No.	98879498
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days gran	led Medical Leave	NIL	Degree o		Slight	

Brief Details.

On the above mentioned date, time and location, I was driving my Grab car, Kia, JZ6537Z, light blue in colour along Corporation rd toward Yung Sheng Rd with one female passenger seated at the back. I was travelling at the extreme left lane of Corporation rd and when I was approaching the zebra crossing I had slow my vehicle and make a check left and right and I am certain there is no one and hence I proceed to move on. When I was halfway on the zebra crossing, suddenly one cyclist came out of nowhere and collided onto my front left portion of my vehicle. I then made a check on my passenger and she inform she is fine. I then alighted to check on the cyclist who fell onto the ground after the collision. I then observe there is bruises on the cyclist left shin area, I then help him up and let him seat at the roadside. Subsequently around 10min, ambulance and traffic police came. The paramedic made a check on the cyclist and ask whether he want to be conveyed and the cyclist inform no. Traffic police then spoke to us and told us to proceed to a police station to lodge a traffic accident report. I wish to state for no one was injured except the cyclist and due to the accident my vehicle damages are some scratches on the front left portion of the vehicle.

Police Report





Police Station Of Origin; Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 4 Report No. T/20190304/2113

CONTINUATION OF REPORT

I have in car camera installed and it capture the accident. I wish to state the traffic police had also took my SD card.

I wish to state the cyclist admitted to me that he is rushing to beat the green man crossing of the traffic light at another side and hence he dashes across the zebra crossing.

Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

4 of 4 Report No. T/20190304/2113

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 / Staff Sgt TAN YI KUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2019 16:28
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 Authentication Staffbronce	Classification Of Case:
SIGNATURE	





















