

## 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             | 30/03/2019 10:15                           |
| Date Of Accident           | 29/03/2019 17:50                           |
| Exact Location Of Accident | CHANGI NORTH ST 1 TWDS UPP CHANGI RD NORTH |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKB7717D              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | TAN CHING CHYE PHILIP |
| NRIC No                     | S7145203D             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-98773176  |
| Alternative Phone No        | OFFICE-98773176       |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | CAMRY 2.0 AUTO ABS AIRBAG |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5050859405-07                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN CHING CHYE PHILIP |
| NRIC No              | S7145203D             |
| Date Of Birth        | 19/12/1971            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 17/10/1994            |
| Driving Experience   | 24 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98773176  |
| Fax Number           |                       |
| Contact Number       | OFFICE-98773176       |
| EEmail Address       | NOEMAIL               |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 277D COMPASSVALE LINK<br>#03-310 |
| Postcode  | 544277                               |
| 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 | -<br>-<br>-                          |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                          |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190329/7021.

#### 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 | YP7784U                      |
| Vehicle Make/Model/Colour   |                              |
| Details Of Properties       |                              |
| Vehicle Category            | COMMERCIAL VEHICLE           |
| Name of Driver              | ONG CHEE MENG                |
| NRIC/Passport Number        | S7124978F                    |
| Contact Number              | 94211442                     |
| Address                     | 115 CANBERRA WALK<br>#06-153 |
| Postcode                    | 752115                       |

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |                       |
|---|-----------------------|
| Name  | TAN CHING CHYE PHILIP |
| Approximate Age                                     |                       |
| Injuries Sustain                                    | NECK                  |
| Injured person in which vehicle?                    | SKB7717D              |
| 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 Authorized Driver.
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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 sums 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/are 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 (a) 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 Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A - SKB 777 D  
B - YP 7784 U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190329/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190329/7021

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |  |                    |                            |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>29/03/2019 20:28  |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>              |            |                              |  |                    |                            |
| Name of Informant:<br>TAN CHING CHYE PHILIP |            |                              | Address:<br>APT BLK 277D COMPASSVALE LINK #03-310 SINGAPORE 544277 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7145203D    |            |                              | Contact No.:<br>Home/Office: Mobile: 98773176                      |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:<br>philiptancc@yahoo.com                                    |                    |                            |
| Sex:<br>Male                                | Age:<br>47 | Date of Birth:<br>19/12/1971 | Type of Informant:<br>Driver                                       |                    |                            |
| Race:<br>Chinese                            |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Management executive         |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                    |                            |

## General Information of the Accident

|  |                  |                                    |   |                                    |
|--|------------------|------------------------------------|---|------------------------------------|
| Type of Accident:                      | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>29/03/2019 17:50 | Type of Location:<br>Straight Road |
| Location:<br><br>CHANGI NORTH STREET 1 |                  |                                    |   |                                    |
| Weather:<br>Clear                      |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>50 Km/h                  |                                    |
| Traffic Flow:<br>Dual Carriage Way     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                   |                                    |
| Type of Collision:<br>side to head     |                  |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

## Details of Vehicle Involved

| Vehicle No. | Type    | Make   | Model                           | Color | Condition            | No of Passenger |
|-------------|---------|--------|---------------------------------|-------|----------------------|-----------------|
| SKB7717D    | Car     | TOYOTA | CAMRY 2.0<br>AUTO ABS<br>AIRBAG | Black | Seriously<br>Damaged | 0               |
| YP7784U     | Trailer |        |                                 | White | Slightly<br>Damaged  | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SKB7717D    | NTUC Income Insurance Co-Operative Limited | 5050859405-07 | 26/09/2018 | 25/09/2019  |

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190329/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190329/7021

### CONTINUATION OF REPORT

|                                   |                       |  |                                 |
|-----------------------------------|-----------------------|--|---------------------------------|
| <b>Details of Person Involved</b> |                       |  |                                 |
| Any Pedestrian Involved: No       |                       |  |                                 |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                 |
| <b>Driver</b>                     |                       |  |                                 |
| Name                              | TAN CHING CHYE PHILIP | ID No.                                 | S7145203D                       |
| Related Vehicle                   | SKB7717D (Car)        | Contact No.                            | 98773176                        |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 29/03/2019            | Date Discharge                         | 29/03/2019                      |
| No. of Days granted Medical Leave | 02                    | Degree of Injury                       | Slight                          |

#### Brief Details.

On 29 March 2019, I was travelling in my vehicle bearing (SKB7717D) straight along Changi North Street 1 towards Upper Changi Road North on the most left lane. Suddenly I saw a trailer bearing (YP7784U) cut into my lane. I then felt 3 impact as the trailer collide into my vehicle and damage my front right including my tires. We then stop at the side of the road and exchange particulars. The trailer left after exchanging particulars. Afterwhich, the boss of the company kept calling me to do a private settlement. However, I felt pain in my neck and went to a clinic to do a checkup. I was given 2 days mc from the doctor. I decided to file an insurance claim against the trailer.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190329/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190329/7021

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp

NP188

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
29/03/2019 20:28

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

