

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	08/04/2019 18:24
Date Of Accident	06/04/2019 14:45
Exact Location Of Accident	OUTSIDE BLK 328A KANG CHING RD MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5964A
Insured/Policyholder	
Name Of Registered Owner	TIAN JUN
NRIC No	S8787861I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84119706
Alternative Phone No	OFFICE-84119706

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS C 1.5 HYBRID CVT
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	5107404978
Cover Note Number	

Driver

Name of Driver	TIAN JUN
NRIC No	S8787861I
Date Of Birth	02/12/1987
Occupation	INDOOR
Date Of Driving Pass	29/01/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84119706
Fax Number	
Contact Number	OFFICE-84119706
Email Address	NOEMAIL

Address	BLK 312C SUMANG LINK #16-149
Postcode	823312
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

Type Of Accident	SIDE SWIPE
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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20190408/7023.

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	SLU3264H
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
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TIAN JUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKT5964A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

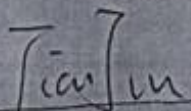
SKETCH PLAN

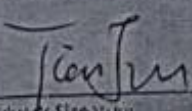
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7. By the lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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 Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SKT 5964 A
B: SLN 3264 H

329

328A KANG CHUNG ROAD MSCP

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (SKT 5964A) WAS TRAVELLING ALONG THE STATED VENUE. AS I ENTERED THE GANTRY OF ESTATE OF BLK 321-330, I PROCEEDED TO TURN LEFT TO MY DESTINATION (BLK 329). I WAS TRYING TO LOOK FOR THE CORRECT PLACE TO PARK MY VEHICLE. AS I WAS STILL TRYING TO PROCEED TO MY BLOCK, AN IMPATIENT DRIVER (SLN 3264H) WHO WAS BEHIND ME ACCELERATED FROM MY LEFT WHERE THERE WAS A SMALL GAP AND OVERTOOK ME FROM MY LEFT IN THAT NARROW ROAD AND CALIDED ONTO MY FRONT LEFT PORTION, CAUSING DAMAGES. I WISH TO STATED THAT I WAS VERY SLOW BECAUSE I WAS LOOKING FOR DIRECTIONS AND HE HASTILY ACCELERATE AND CALIDED ONTO MY VEHICLE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Tian Jun
Policyholder's Signature
Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



J/20190408/7023

1 of 2

POLICE REPORT (NP299)

Report No. J/20190408/7023

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 08/04/2019 16:29	Vide Report No.	Station Diary No.
Name Of Informant TIAN JUN	Address APT BLK 312C SUMANG LINK #16-149 SINGAPORE 823312	
ID Type / ID No. NRIC NO / S87878611	Contact No. Home/Office:	Mobile: 84119706
Nationality CHINESE	Email Address tianjunbonnie@gmail.com	
Occupation Self employed	Sex Female	Age 31
Institution/School Name	Date of Birth 02/12/1987	Race Chinese
Date/Time Of Incident 06/04/2019 14:45 - 06/04/2019 15:30	Location Of Incident KANG CHING ROAD 328a SINGAPORE 611328	

Brief details.

On the stated time and date, I (SKT5964A) was travelling along the stated venue looking for directions in the carpark for Blk 329. As I turned into the estate's carpark, there's was another vehicle behind my vehicle (SLU3264H). As I was looking for my direction, suddenly the impatient driver behind my vehicle tried to squeeze thru between the left curb and my vehicle and collided onto my left front side, causing damages. After the accident, I felt some pain at my neck and shoulder portion. I went to Panhealth Family Clinic for consultation and was given 2 days of Mc.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2019 16:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



J/20190408/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190408/7023

Subjects Involved			
Victim			
Person Name	TIAN JUN		
ID Type	NRIC NO	ID No	S8787861I
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Self employed	Address Type	
Address	APT BLK 312C SUMANG LINK #16-149 SINGAPORE 823312		Mobile No 84119706
Is Informant A Victim?	Yes		
Person Name	TIAN JUN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2019 16:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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

