#### SINGAPORE ACCIDENT STATEMENT

#### 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 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.
- 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	25/04/2019 14:18	
Date Of Accident	24/04/2019 19:30	
Exact Location Of Accident	WOODLANDS SQUARE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	SJY3921Y
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE KIANG
NRIC No	S7114984F
Email Address	KENNETHTANCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90074977
Alternative Phone No	OTHERS-90074977
Vehicle Particulars	

venicle ranuculars	
Manufacturer	TOYOTA

Model PRIUS-1.8 HYBRID CVT (A)

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?

. . .

If No, Please state action to be taken

Vehicle Category

THIRD PARTY

PRIVATE HIRE

## **Insurance Company**

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5098625930-01

Cover Note Number 07/03/2019 - 06/03/2020

#### Driver

Name of Driver TAN CHEE KIANG

 NRIC No
 S7114984F

 Date Of Birth
 07/05/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 05/08/1995

Driving Experience 23 YEARS AND 8 MONTHS

Gender MAI F

Mobile Number (LOCAL) +65-90074977

Fax Number

Contact Number OTHERS-90074977

EMail Address KENNETHTANCK@GMAIL.COM

Address

BLK 510 WOODLANDS DRIVE #07-25

Postcode

730510

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

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLE

Road Surface

WET

#### 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?

NO

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

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20190425/7000)

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO SIZE TOO BIG

Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD9797J

Vehicle Make/Model/Colour

TAXI

**Details Of Properties** 

FRONT LEFT PORTION

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

		CTV2021V	<i>'</i>
NTUC Income Motor Se	rvice Centre	Vehicle No:	Report Date: 25/4/2019 Start Time: 2:29 PM
Report No: MT/		Make Model	Reporting Type: End Time:

#### 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 Authorised Driver.
- 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.
- 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.
- 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.
- 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 lawvers/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 anyelopes/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:
  - 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

25/4/2019 14:28

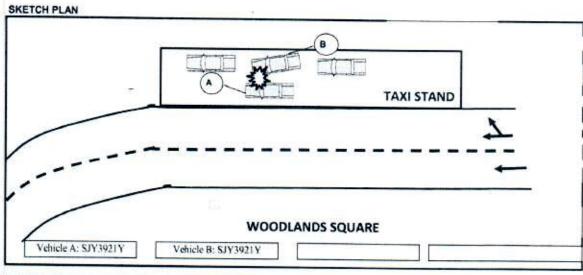
Policyholder's Signature

Date & Time:

25/4/2019 14:28

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Chen JunLlang

NRIC/ Fin No: S990765



REFER TO ATTACHED POLICE REPORT (T/20190425/7000)

# DECLARATION

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

Jan.

25/4/2019 14:28

25/4/2019 14:28

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: \$990785

### POLICE REPORT PG 1





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

1013

Report No. T/20190425/7000

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 25/04/20	ne Report N 19 00:11	Nade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of TAN CH	Informant EE KIANG		Address: APT BLK 510 WOODLANDS 730510	DRIVE 14 #07-25 SINGAPORE	
ID Type NRIC N	/ ID No.: D / S71149	84F	Contact No.: Home/Office: Mobile: 90074977		
National SINGAP	ity: ORE CITIZ	EN	Email: kennethtanok@gmail.com		
Sex: Male	Age:	Date of Birth: 07/05/1971	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupat SELF E	Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:		

Type of Accident	Non-Injury Hit and Run	Drink Drive: No.	Date/Time of Accident: 24/04/2019 19:30	Type of Location Straight Road
Location: WOODLAND: Weather:	SSQUARE	Road Surface:		Road Speed Limit:
		101-4		20 Km/h
Drizzling Traffic Flow: One Way		Wet Traffic Control: Not Controlled		20 Km/h Traffic Volume: Light

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9797J	Taxi	RENAULT		Red	Slightly Damaged	0
SJY3921Y	Car	TOYOTA	Prius	White	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJY3921Y	NTUC Income Insurance Co-Operative Limited	5098625930-01	07/03/2019	06/03/2020	

#### POLICE REPORT PG 2



T/20190425/7000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190425/7000

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	THE REAL PROPERTY.	THE RESIDENCE	1000	letter for	
Any Pedestrian I						
No. of Pedestriar	ns Injured: NIL		Use of Per	destriar	Cross	ing: NA
Vehicle Owner	CONTRACTOR SAMPLE	CONTRACTOR IN		NI COLOR		and the same of th
Name	TAN CHEE KIANG			ID No		S7114984F
Related Vehicle	NIL			Conta	ct No.	90074977
Hospital/Clinic	NIL			Class Drivin Licens Expiry	9	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	name	NII	
	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

I was driving my car SJY3921Y along the two lane slip road at Woodlands MRT Taxi stand and drop off point on Woodlands Square Road. Suddenly a Transcab SHD9797J which was behind another taxi in the taxi queue suddenly turn out from his waiting box without signaling. I have the right of my way, his act caused an accident. After the accident, we came out of the vehicles to assess the damage, the front left side of my car and right side of his car was damaged, I was not injured and he looked ok too.

I have requested the Taxi driver to provide his details but he refused and decided to drove off without responding my request to exchange details and contact informations.

I have video.

## POLICE REPORT PG 3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190425/7000

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 25/04/2019 00:11
Classification Of Case: