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	29/04/2019 15:29
Date Of Accident	27/04/2019 04:15
Exact Location Of Accident	CHANGI AIRPORT (T1 DEPARTURE CRES & AIRPOR BLVD)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT1957K
Insured/Policyholder	
Name Of Registered Owner	TICKHEL
Co Reg No	53366557D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84261288
Alternative Phone No	OFFICE-84261288
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5095220942-01
Cover Note Number	
Driver	
Name of Driver	TAN TECK HENG

 NAITE of Driver
 TAN TECK HENCE

 NRIC No
 \$7761077D

 Date Of Birth
 05/07/1977

 Occupation
 OUTDOOR

Date Of Driving Pass 17/03/2010

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84261288

Fax Number

Contact Number OFFICE-84261288

EMail Address NOEMAIL

Address 100 WOODLANDS AVENUE 5

#06-04 SINGAPORE

Postcode 739010

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

Was any injured conveyed to hospital by

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)

2

Passenger 1

ambulance?

NAME: : NA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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

Vehicle Make/Model/Colour

PC1557Z

5 . .. 0.5

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 22

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.

TICKHEL Co Reg No: 53366557D

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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN			MY OFT TOUT
La			A) SLT 195-
Commis annual la	maninaminin terminantu enimenduk esperagoliko	©élamo*	B) PC 1557
	ali delegación section sections		
Galacia de Caracia de	and the second s		
estandosfirmus esferencialedes édicid	ALRPORT BO	TIN POLANCE	7
	ALKIOID (B.C.	ALEVHO)	au [9]
DESCRIBE CIRCU	MSTANCES OF THE ACCIDE	<u> </u>	
		·	
-	-		
	REFER -	TO POLICE	E REPORT
	-1/	20190427/	2034
			and the second s
DECLARATION			
I/We declare the fo	pregoing particulars are true in e	very respect.	And the second s

Common Statement Pg. 1





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 3

Report No. T/20190427/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2019 09:14		ide:	Vide Report No.: P/20190427/0011		Station Diary No.: 46		
Informant	s Particul	ars					
Name of Informant:			Address:				
TAN TECK HENG			100 WOODLANDS AVENUE 5 #06-04 SINGAPORE 739010				
ID Type / II	D No.:		Contact No.:				
NRIC NO / S7761077D			Home/Office:	Mobile: 84261288			
Nationality:			Email:				
SINGAPORE CITIZEN							
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	41	05/07/1977	Driver				
Race:			Language:	Institution	/ School Name:		
Chinese			Chinese				
Occupation:			Driving Licence Information:				
Chef			Class: 2B,3	Date of Ex	pirv:		

General Informa	ion of the Accident					
Type of Accident:	Non-Injury Hit and Run	Drii Drii No		Date/Time of Accident: 27/04/2019 04:15	5	Type of Location: Bend
Location: Along Road 1 AIRPORT BOULEVARD Changi Airport, between Terminal 1 Departure Crescent and Airport Boulevard						
Weather:	Road S			Trinport Boardrara	Roa	d Speed Limit:
Clear	Dry					·
Traffic Flow:	Fraffic Flow: Traffic Control: Not Controlled			Traff Ligh	fic Volume: t	
Type of Collision Between Moving	: Vehicles - Head To S	Side			, ,	one conveyed by ulance:

Details of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC1557Z	Bus/Coach/Mi nibus			Multi-Colored		0
SLT1957K	Car	HONDA	Shuttle	Blue	Slightly Damaged	1

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

Common Statement Pg. 1





2 of 3

Report No. T/20190427/2034

Police Station Of Origin:
Woodlands East N.P.C.

Date Treatment

Brief Details.

3 Woodlands Drive 63 SINGAPORE 737890

NIL

Tel No: 1800-7679999 CONTINUATION OF REPORT

Driver Name	TAN TECK HENG	ID No.	S7761077D
Ivaille	TANTECKTIENS	10 110.	0170101715
Related Vehicle	SLT1957K (Car)	Contact No.	84261288
Hospital/Clinic	NIL	Class of	Class: 2B,3
		Driving	Date of Expiry: NIL
		Licence &	
		Expiry Date	

Date Discharge

NIL

No. of Days granted Medical Leave NIL Degree of Injury

On 27/04/2019 at about 0415hrs, I was driving my vehicle (SLT1957K, Honda Shuttle). I picked up a passenger at the pick up point of Jewel Changi Airport and drove off along Airport Boulevard. As I approach the junction between Airport Boulevard and T1 Departure Crescent. I stopped before the stop line to make a check on my left side as there was a bus merging into Airport Boulevard from T1 Departure Crescent. I observed that there was another bus (PC1557Z) was travelling at a distance along T1 Departure Crescent towards Airport Boulevard. Hence, I proceed to enter Airport Boulevard (2 lane road) before the said bus, traveling along the most right lane. While navigating a bend, I felt an impact on the left of my vehicle. I stop and make a check and discovered that the said bus collide with my vehicle and causes the left front tyre puncture, left front portion to have scratches and dent. The bus driver (Male PRC) alighted from the bus and blamed me for the accident. I advice him to stop him vehicle at the side as both our vehicles will be blocking the two lanes and causing obstruction. However, the said driver

boarded his vehicle and left scene. I did not manage to obtain the said driver's particulars. No one was injured or require immediate medical assistance at the point of time. I had to call in a tow crew to tow my

Common Statement Pg. 1





3 of 3

Report No. T/20190427/2034

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999 CONTINUATION OF REPORT

Sketch Plan

NP168

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 //n/formant:
Staff Sgr QUEKYI HONG, NICHOLAS ////	
Signature:	
	4
Signature of Interpreted Police Force	Date / ∕ime:
Not applicable	27/04/2019 09:14
Officer In Charge Of Case:	Classification Of Case:
TP / HRT /	
SI ABDUL KAREEM BIN ABDUL HAGUE	
Contact No.: 65476079	
Authentication Stamp	



























