

## 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	13/04/2019 08:17
Date Of Accident	11/04/2019 13:00
Exact Location Of Accident	JALAN BUKIT MERAH LANE 3 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2759P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KIM KEE
NRIC No	S2562408D
Email Address	KKTAN@BADALING.COM.SG
Mobile Phone No	(LOCAL) +65-84826001
Alternative Phone No	OFFICE-84826001

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT AWD SR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0000517 (COMP)
Cover Note Number	

### Driver

Name of Driver	TAN KIM KEE
NRIC No	S2562408D
Date Of Birth	13/01/1966
Occupation	INDOOR
Date Of Driving Pass	05/06/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84826001
Fax Number	
Contact Number	OFFICE-84826001
EEmail Address	KKTAN@BADALING.COM.SG

Address	BLK 213 YISHUN STREET 21 #07-173
Postcode	760213
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	RAINING
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?	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	WOODLANDS WEST N.P.C
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No; L/20190411/7037;

#### 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	YM1228P
Vehicle Make/Model/Colour	ISUZU NHR69EU3ES
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	TAN KIM KEE
Approximate Age	
Injuries Sustain	PAIN ON LOWER BACK
Injured person in which vehicle?	SKZ2759P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**SKETCH PLAN**


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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

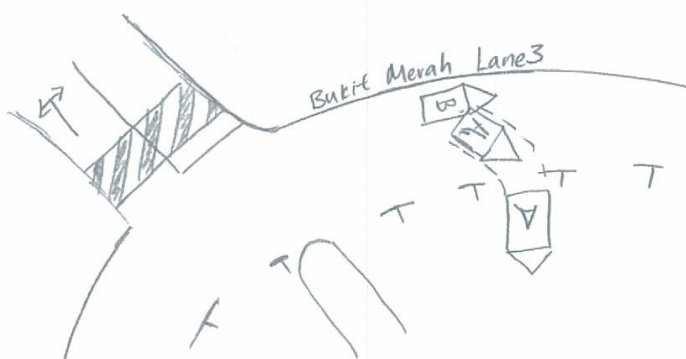
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: SKZ 2759 P  
Vehicle B: YM 1228 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 April 2019 at around 1pm, My vehicle (SKZ 2759 P) was parked at the carpark at Bukit Merah lane 3. After I reverse my vehicle (SKZ 2759 P) out of the parking lot, and was ready to move off, I felt a huge impact from the rear of my vehicle, vehicle B (YM 1228 P) was travelling in a very fast speed travelling towards my direction and had failed to stop his vehicle (YM 1228 P) on time and collided onto the rear of my vehicle and caused damage to my vehicle. I wish to state that this accident had resulted me in body feeling pain at my lower back.

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4  
Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

**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.:





**SINGAPORE  
POLICE FORCE**



L/20190411/7037

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**POLICE REPORT (NP299)**

Report No. L/20190411/7037

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 11/04/2019 20:06	Vide Report No.	Station Diary No.
Name Of Informant TAN KIM KEE	Address APT BLK 213 YISHUN STREET 21 #07-173 SINGAPORE 760213	
ID Type / ID No. NRIC NO / S2562408D	Contact No. Home/Office: Mobile: 84826001	
Nationality SINGAPORE CITIZEN	Email Address kktan@badaling.com.sg	
Occupation Management executive	Sex Male	Age 53
Institution/School Name	Date of Birth 13/01/1966	Race Chinese
Date/Time Of Incident 11/04/2019 13:00 - 11/04/2019 13:15	Location Of Incident APT BLK 213 YISHUN STREET 21 #07-173 SINGAPORE 760213	

**Brief details.**

i am reversing my car out from the Car park lot.  
After my car were out from the lot.  
i saw a truck moving to my car and i jammed break and stop.  
As turn were at the corner, the truck movement hit my left side of the car from the truck left side.  
The were turning are at an angle with a corner turn. Head of truck manage to pass through the narrow gap .

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: 11/04/2019 20:06
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20190411/7037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190411/7037

The side of the truck hit my car due to the movement of cornering.

This have resulted by body feeling the pain at the lower back due to the sudden jerk from the impact.

My car Plate No : SKZ 2759P

TRUCK NO : YM1228P

TRUCK DRIVER NAME : Tan WEI YAN , DESMOND

Subjects Involved			
Victim			
Person Name	TAN KIM KEE		
ID Type	NRIC NO	ID No	S2562408D
Gender	Male	Age	53
Race	Chinese	Language	English
Occupation	Management executive	Address Type	
Address	APT BLK 213 YISHUN STREET 21 #07-173 SINGAPORE 760213		Mobile No 84826001
Is Informant A Victim?	Yes		
Person Name	TAN KIM KEE (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: 11/04/2019 20:06
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo





Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVA 319048021 Vehicle Registration No: SKZ 2759 p  
Name (as shown in NRIC) : Tan Kim Kee NRIC/FIN/Passport No : S2562408 D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 213 Yishun Street 21 #07-173 Singapore (760213)  
Contact (Tel) : 84826001 Mobile No. : \_\_\_\_\_  
Email Address : KKtan @ badaling . com . sg  
Date of Accident : 11/4/2019 Time of Accident : 1300 hrs  
Place of Accident : Jalan Bukit Merah Lane 3 Carpark  
Insurance Company: India International Insurance Pte Ltd .

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Add police report .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

20 APR 2019

**IDAC KAKI BUKIT (VAC)**

Reporting Centre Personnel's Signature  
Name: Singapore 415933  
NRIC/FIN No.: Tel: 67416697  
Date: Fax: 67492305  
Email: vackb@singnet.com.sg