

## 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	08/05/2019 11:05
Date Of Accident	06/05/2019 14:25
Exact Location Of Accident	CTE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2594J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR NEO SING LAI
NRIC No	S1274016F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88131957
Alternative Phone No	OFFICE-88131957

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3048631800
Cover Note Number	

### Driver

Name of Driver	TAN LU XIAN
Passport No/FIN	G8024034T
Date Of Birth	22/12/1989
Occupation	INDOOR
Date Of Driving Pass	23/04/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98425871
Fax Number	
Contact Number	OFFICE-98425871
Email Address	NOEMAIL

Address	BLK 475 SEGAR ROAD #13-426
Postcode	670475
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMH5538 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190506/2121.

#### 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	JMH5538
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA2801H  
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

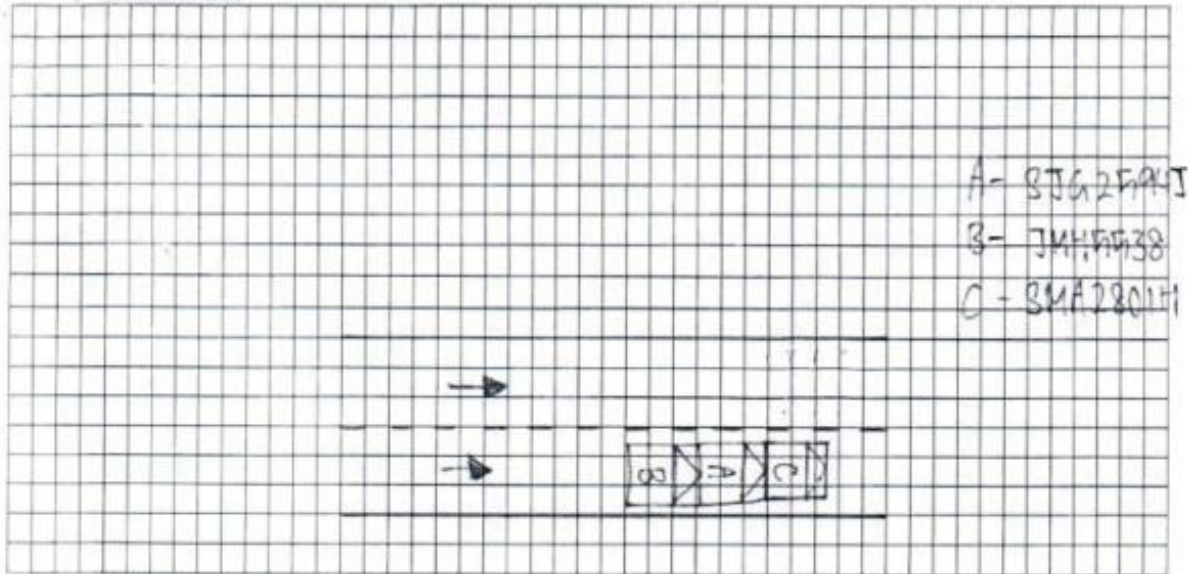
\_\_\_\_\_  
Policy holder's signature  
Date / time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

### DECLARATION

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

\_\_\_\_\_  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(If driver is not policy holder)  
Date & time:

\_\_\_\_\_  
reporting centre personnel's Signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190506/2121

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20190506/2121

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 17:28	Vide Report No.:	Station Diary No.: 60
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### Informant's Particulars

Name of Informant: TAN LU XIAN			Address: APT BLK 235 BUKIT PANJANG RING ROAD #04-25 SINGAPORE 670235	
ID Type / ID No.: FIN NO / G8024034T			Contact No.: Home/Office: Mobile: 98425871	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 29	Date of Birth: 22/12/1989	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2019 15:40	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMH5538	Car				Slightly Damaged	0
SJG2594J	Car				Seriously Damaged	0
SMA2801H	Car				Slightly Damaged	1

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Tel No: 1800-8486999

2 of 3

Report No. T/20190506/2121

### CONTINUATION OF REPORT

#### **Brief Details.**

On 06/05/2019 at about 1525hrs, I was travelling along CTE towards Changi on my vehicle SJG2594J and had come to a complete stop near to Slip Road into PIE, on the expressway as there was heavy traffic. And suddenly, I felt an impact from the rear and it pushes my vehicle forward and hit on to a Toyota Vios Sliver, SMA2801H, causing the vehicle to also moved forward and hit on to one more taxi in the front. I would like to state that the vehicle from the rear, JMH5538 had not stopped in time and hit on to my vehicle, causing my vehicle to be pushed forward.

Not long after, traffic police came and I had handed my in car camera SD card Toshiba 16GB to SSGT Khairul vide NP 323.

I would like to also state that I have some stocks amounting to SGD \$7000- SGD \$8000/- inside my rear boot, and due to the impact from the rear, I am unable to open them and see if there are damaged.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190506/2121

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20190506/2121

## CONTINUATION OF REPORT

### Sketch Plan

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:  
G /  
Staff Sgt KANG BAO LONG, JAMIE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/05/2019 17:28

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL  
Contact No.: 65476131

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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**Accident Photo**





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