

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	10/05/2019 11:23
Date Of Accident	09/05/2019 17:15
Exact Location Of Accident	NORTH BUONA VISTA ROAD / HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK3539C
Insured/Policyholder	
Name Of Registered Owner	TAN SHING YONG
NRIC No	S8372469B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85063765
Alternative Phone No	OFFICE-85063765

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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?	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	THIRD PARTY
Fleet Policy	NO
Policy Number	5102746739 TP
Cover Note Number	

Driver

Name of Driver	TAN SHING YONG
NRIC No	S8372469B
Date Of Birth	23/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85063765
Fax Number	
Contact Number	OFFICE-85063765
Email Address	NOEMAIL

Address	BLK 561B JURONG WEST STREET 42 #13-1165
Postcode	642561
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	COLLISION - HEAD TO REAR
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	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT 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	SKR2172Z
Vehicle Make/Model/Colour	TOYOTA WISH 1.8 AUTO
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	TAN SHING YONG
Approximate Age	35
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SGK3539C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.


IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg



Policyholder's Signature
Date & Time:

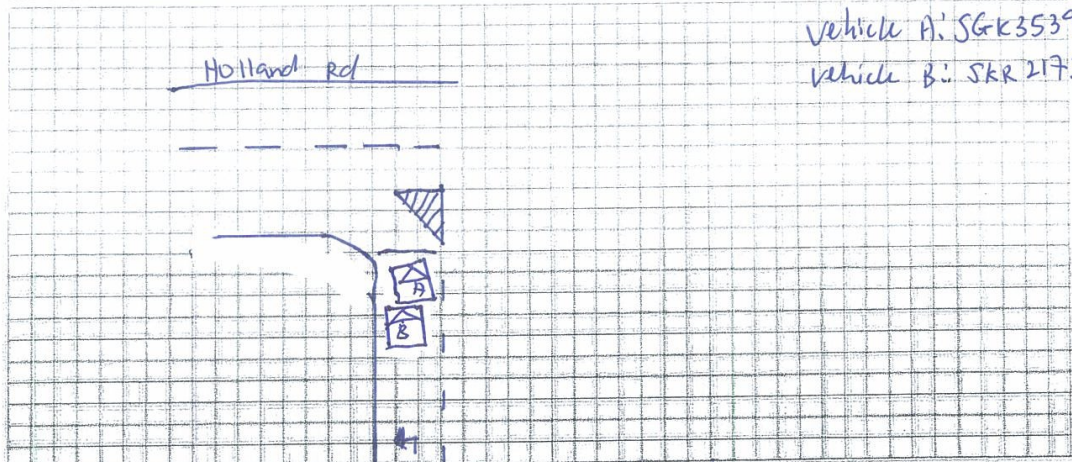


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A: SGK3539C
Vehicle B: SKR 2172Z


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT North Buona Vista Rd

Refer To Police Report

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190509/2195

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20190509/2195

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2019 20:54		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: TAN SHING YONG			Address: APT BLK 561B JURONG WEST STREET 42 #13-1165 SINGAPORE 642561		
ID Type / ID No.: NRIC NO / S8372469B			Contact No.: Home/Office: Mobile: 85063765		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 23/07/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2019 17:15	Type of Location:
Location: Along Road 1 NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3539C	Car	MITSUBISHI	LANCER 1.6 M	Grey	Slightly Damaged	0
SKR2172Z	Car	TOYOTA	WISH 1.8 AUTO	Silver		0

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

Individual Statement Pg. 1



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T/20190509/2195

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510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20190509/2195

CONTINUATION OF REPORT

Driver			
Name	TAN SHING YONG		ID No. S8372469B
Related Vehicle	SGK3539C (Car)		Contact No. 85063765
Hospital/Clinic	LOI WONG CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	TAN KIM MUAN		ID No. S7367739D
Related Vehicle	NIL		Contact No. 94233533
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 09/05/2019 at about 1715hrs, I was driving in my vehicle (SGK3539C) along North Buona Vista Road and came to a stop at the slip road due to upcoming traffic. Suddenly, I felt a collision at the rear of my vehicle and discovered that there was a vehicle (SKR2172Z) collided onto my vehicle. Subsequently, I alighted to make a check on the damages and injuries. No Traffic Police and Ambulance. The rear of my vehicle was cracked and dented. I was granted three days of medical leave by Loi.Wong Clinic & Surgery.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20190509/2195

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Report No. T/20190509/2195

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:

J/
Sgt 1 LIM JUNJIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076



Authentication Stamp

Signature :

Singapore Police Force

SN 125

Signature Of Informant:

Date/Time:
09/05/2019 20:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

