#### 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.	ion to the dronving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2019 17:52
Date Of Accident	21/05/2019 08:45
Exact Location Of Accident	JUNC OF JALAN BUKIT MERAH RD AND HENDERSON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK4888R
Insured/Policyholder	
Name Of Registered Owner	TAN KENG TAT, EDWIN (CHEN QINGDA, EDWIN)
NRIC No	S7911991A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90281808
Alternative Phone No	OTHERS-90281808
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VANGUARD 2.4S A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098331719-01
Cover Note Number	
Driver	
Name of Driver	TAN KENG TAT, EDWIN (CHEN QINGDA, EDWIN)

Name of Driver TAN KENG TAT, EDWIN (CHEN QINGDA, EDWIN)

NRIC No S7911991A

Date Of Birth 14/04/1979

Occupation OUTDOOR

Date Of Driving Pass 27/11/2003

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90281808

Fax Number

Contact Number OTHERS-90281808

EMail Address NOEMAIL

Address BLK 232 LORONG 8 TOA PAYOH

#09-244

Postcode 310232

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

\_

2

NO

2

**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

Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : NIL

GENDER: : MALE

**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** 

PLS REFER TO THE POLICE REPORT: T/20190522/2128

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number FBP5770U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Page 2 of 28

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### 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 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.
- 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.
- 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)
  - (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
- 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.
- 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:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

#### Sketch Plan #2

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SKETCH PLAN	00		Λ
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Q\s	1		
ECLARATION We declare the foregoing partic	ulars are true in every respect.		
10WCs	9,66		1. 2215/2019
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholo Date & Time:	Reporting Name:	Centre Personnel's Signature

#### Sketch Plan #3





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

2 of 3 Report No. T/20190522/2128

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				_	
Any Pedestrian I						
No. of Pedestrian			Use of Pe	destriar	Cross	ping: NA
Driver		Market I. S.	000 011 0	uestriai	101088	sing. NA
Name	TAN KENG TAT, E	DWIN		ID No		S7911991A
Related Vehicle	SKK4888R (Car)			Contact No.		90281808
Hospital/Clinic	NIL			Class Drivin Licene Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION,

I WAS FETCHING A PASSINGER AND WAS DRIVING ALONG JALAN BUKIT MERAH AND I WAS PREPARING TO DO A U-TURN INTO THE OTHER SIDE OF JALAN BUKIT MERAH AT THE TRAFFIC JUNCTION WITH HENDERSON ROAD. AS I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, A MOTORBIKE CAME RATHER CLOSE TO THE FRONT OF MY CAR AND WAS PREPARING TO DO A RIGHT TURN, AND I HEARD A SCRATCHING SOUND. THE MOTORCYCLIST THEN WAVED APOLOGETICALLY. AS I WAS FETCHING A PASSENGER, I WAS UNABLE TO GET OUT OF THE CAR TO ACCESS THE DAMAGES DONE OR EXCHANGE CONTACT INFORMATION WITH THE RIDER IMMEDIATELY. WE THEN WENT OUR SEPERATE WAYS. AFTER MY PASSENGER ALIGHTED, I WENT DOWN TO CHECK ON MY CAR AND FOUND THAT THERE WERE SCRATCHES ON THE FRONT LEFT SIDE OF MY CAR, SOME DENTS WERE ALSO PRESENT.

THAT IS ALL



























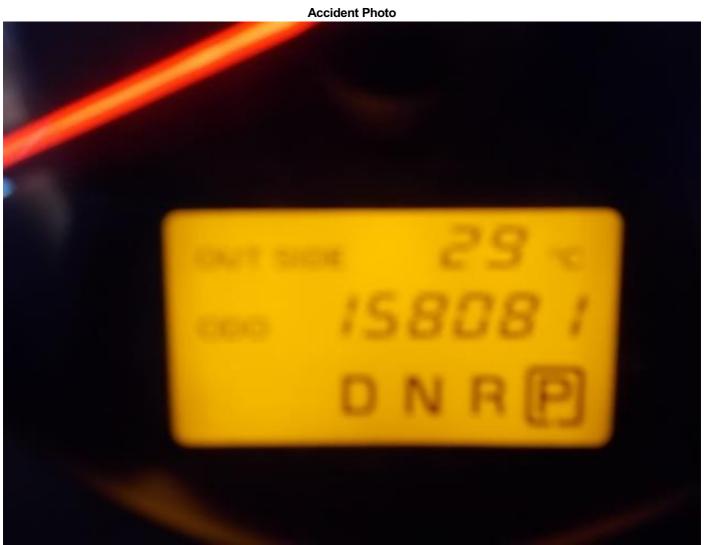














#### Police Report





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190522/2128

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2019 17:28		Made:	Vide Report No.:	Station Diary No.;	
Informa	nt's Partici	ulars	TANKS IN CONTROL STUDIES	COLUMN TO A SECRETARIA	
Name of	f Informant:	Page 1997 A	Address:		
TAN KE	NG TAT, E	DWIN	APT BLK 232 LORONG 8 TOA PAYOH #09-244 TOA PA EIGHT SINGAPORE 310232		
ID Type / ID No.:			Contact No.:		
NRIC NO / S7911991A		91A	Home/Office:	Mobile: 90281808	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 40	Date of Birth: 14/04/1979	Type of Informant; Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/05/2019 08:45	Type of Location	
JALAN BUKI HENDERSON					
Weather: Roa		Road Surface:	F	Road Speed Limit:	
		Traffic Control:	1.00	Traffic Volume: Moderate	
	ion:			nyone conveyed by	

Details of V	ehicle Involve	d	460 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15	WILL OF S	CHEROLIC STATE	AND THE RESERVE OF THE PARTY OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP5770U	Motorcycle					0
SKK4888R	Car	TOYOTA	VANGUARD 2.4S A	White	Slightly Damaged	1

Details of V	ehicle Insurance	KAN ATU BULLET	THE STATE OF	1734 277
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK4888R	NTUC Income Insurance Co-Operative Limited	5098331719-01	26/02/2019	25/02/2020

#### **Police Report**



T/20190522/2128

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

2 of 3 Report No. T/20190522/2128

#### CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I						
No. of Pedestriar	is Injured: NIL		Use of Pe	doetria	Cross	ing: NA
Driver			10000110	ucalilai	101033	ing. NA
Name	TAN KENG TAT, E	DWIN		ID No		S7911991A
Related Vehicle	SKK4888R (Car)		Conta	ct No.	90281808	
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

#### Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION,

I WAS FETCHING A PASSINGER AND WAS DRIVING ALONG JALAN BUKIT MERAH AND I WAS PREPARING TO DO A U-TURN INTO THE OTHER SIDE OF JALAN BUKIT MERAH AT THE TRAFFIC JUNCTION WITH HENDERSON ROAD. AS I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, A MOTORBIKE CAME RATHER CLOSE TO THE FRONT OF MY CAR AND WAS PREPARING TO DO A RIGHT TURN, AND I HEARD A SCRATCHING SOUND. THE MOTORCYCLIST THEN WAVED APOLOGETICALLY. AS I WAS FETCHING A PASSENGER, I WAS UNABLE TO GET OUT OF THE CAR TO ACCESS THE DAMAGES DONE OR EXCHANGE CONTACT INFORMATION WITH THE RIDER IMMEDIATELY. WE THEN WENT OUR SEPERATE WAYS. AFTER MY PASSENGER ALIGHTED, I WENT DOWN TO CHECK ON MY CAR AND FOUND THAT THERE WERE SCRATCHES ON THE FRONT LEFT SIDE OF MY CAR, SOME DENTS WERE ALSO PRESENT.

THAT IS ALL

#### **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190522/2128

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: TP / LEE CHEN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2019 17:28
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp	Signature: UWV