

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	28/05/2019 17:55
Date Of Accident	27/05/2019 14:30
Exact Location Of Accident	JURONG POINT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9779C
Insured/Policyholder	
Name Of Registered Owner	LIM BENG TEIK (LIN MINGDE)
NRIC No	S8139006A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91855552
Alternative Phone No	OFFICE-91855552

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4 TSI 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103956319
Cover Note Number	

Driver

Name of Driver	TAN CHIEN WEI, ROGER (CHEN JIANWEI)
NRIC No	S8628647E
Date Of Birth	12/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85568699
Fax Number	
Contact Number	OFFICE-85568699
EEmail Address	NOEMAIL

Address	BLK 305 BUKIT BATOK STREET 31 #09-87
Postcode	650305
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20190527/7058.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3471P
Vehicle Make/Model/Colour	MERCEDES VITO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUAH CHEE BOON
NRIC/Passport Number	S7737895B
Contact Number	
Address	3 CANBERRA DRIVE #01-07

Postcode 768102

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN CHIEN WEI, ROGER (CHEN JIANWEI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD9779C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


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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.

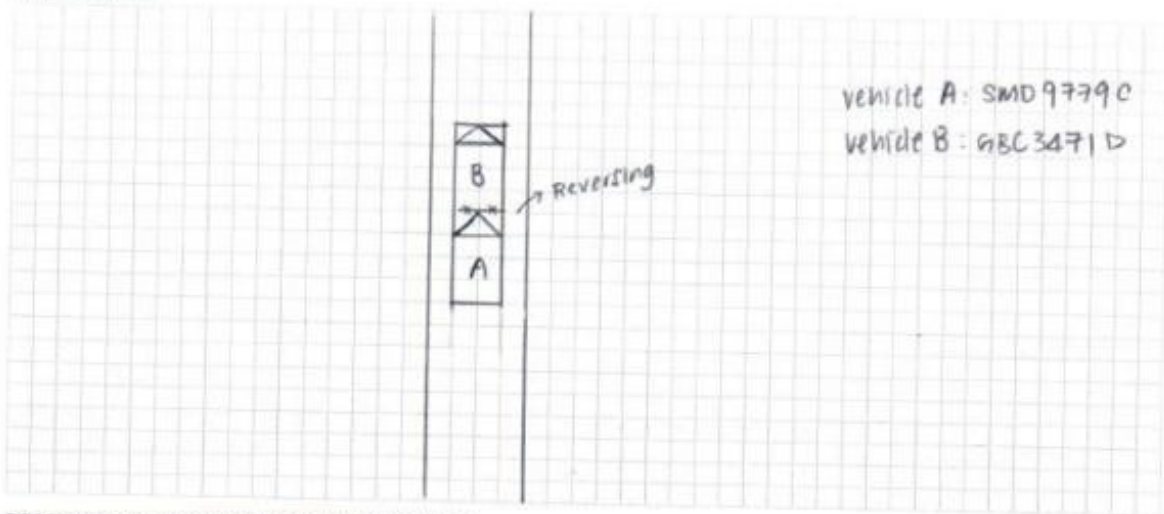

Policyholder's Signature
Date & Time:


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


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

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.



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.:



J/20190527/7058

POLICE REPORT (NP299)

Report No. J/20190527/7058

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 27/05/2019 22:34		Vide Report No.		Station Diary No.	
Name Of Informant TAN CHIEN WEI, ROGER		Address APT BLK 305 BUKIT BATOK STREET 31 #09-87 SINGAPORE 650305			
ID Type / ID No. NRIC NO / S8628647E		Contact No. Home/Office: Mobile: 85568699			
Nationality SINGAPORE CITIZEN		Email Address roger.tanbochap@gmail.com			
Occupation Lorry driver		Sex Male	Age 32	Date of Birth 12/10/1986	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 27/05/2019 14:30 - 27/05/2019 15:00		Location Of Incident APT BLK 305 BUKIT BATOK STREET 31 #09-87 SINGAPORE 650305			
Brief details:					

vehicles gbc 3471 p, did not signal intention to stop and he reverse back and knock into my car (smd 9779c) after the accident immediately move this vehvehi gbc 3471 p to the side as he did not want me to take pictures of the incident

Subjects Involved	
Suspect	
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: 27/05/2019 22:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report



**SINGAPORE
POLICE FORCE**



J/20190527/7058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190527/7058

Person Name	Kuah Chee Boon		
ID Type	NRIC NO	ID No	S7737895B
Gender	Male	Age	42-42
Race	Chinese	Language	Chinese
Address	3 canberra drive #01-07 SINGAPORE 768102		
Victim			
Person Name	TAN CHIEN WEI, ROGER		
ID Type	NRIC NO	ID No	S8628647E
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Lorry driver	Address Type	
Address	APT BLK 305 BUKIT BATOK STREET 31 #09-87 SINGAPORE 650305		
Is Informant A Victim?	Yes		
Person Name	TAN CHIEN WEI, ROGER (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: 27/05/2019 22:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S465500200 / 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 : MUA119059620 Vehicle Registration No: 8MD9779C
Name(as shown in NRIC) : Lim Sang Tole Clin Ming del NRIC/FIN/Passport No : 58139006A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9185552
Email Address : _____
Date of Accident : 27/5/14 Time of Accident : 14:30
Place of Accident : Jurong Point carpark
Insurance Company: NTUC

(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:

Amend third party registration number: G13C3491P

Policyholder / Driver's Signature
Date:

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