SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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.	
	ACCIDENT STATEMENT
Date Of Report	11/06/2019 16:16
Date Of Accident	11/06/2019 00:25
Exact Location Of Accident	JALAN SULTAN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5429B
Insured/Policyholder	
Name Of Registered Owner	TAN RAYNER
NRIC No	S8726056I
Email Address	TAN.RAYNER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98378921
Alternative Phone No	OFFICE-98378921
Vehicle Particulars	
Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5105128715
Cover Note Number	-
Driver	
Name of Driver	TAN RAYNER
NRIC No	S8726056I
Date Of Birth	28/08/1987
Occupation	INDOOR
Date Of Driving Pass	16/01/2009

10 YEARS AND 4 MONTHS

TAN.RAYNER@GMAIL.COM

(LOCAL) +65-98378921

OFFICE-98378921

MALE

Page 1 of 18

33 MANGIS ROAD #05-13 Address

Postcode 424968

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **GEYLANG N.P.C**

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

MY VEH WAS PARKED AT THE PARALLEL PARKING LOT ALONG JLN SULTAN, WHILE VEH B REVERSING PARKED INTO A LOT WHICH WAS INFRONT OF ME AND HIT ONTO MY VEH FRONT PORTION.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKJ5442S Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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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 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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) of:
 - 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:
 - 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.

Policyhgoder's Agnature 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

CH PLAN		
	In Sultan.	A = SLD 54298 B = 3k3 54425
RIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Please	Refer to state	ement
RATION clare the foregoing pa	rticulars are true in every respect.	//
der Signature me:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SING

1 of 3 Report No. T/20190611/2009

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2019 02:43		Made;	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN RAYNER			Address: 33 MANGIS ROAD #05-13 SINGAPORE 424968			
ID Type / ID No.: NRIC NO / S8726056I			Contact No.: Home/Office:	Mobile: 98378921		
Nationality: SINGAPORE CITIZEN		ŒN	Email:			
Sex: Male	Age:	Date of Birth: 28/08/1987	Type of Informant:			
Race: Chinese			Language: Institution / School N			
Occupation: Self-employed			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2019 00:25	Type of Location Straight Road
Location: Along Road 1 JALAN SULT Weather:		Road Surface:		oad Speed Limit:
Clear		I Drv		odd opeed Littit.
Clear Traffic Flow: One Way Type of Collis		Traffic Control: Not Controlled	10110	raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKJ5442S	Car				No Damage	2
SLD5429B	Car	AUDI	A3 SEDAN 1.4 TFSI (AMBIENTE)	Black	Slightly Damaged	0

Details of V	ehicle Insurance	NO INC. NO. OF LANS.	A CONTRACTOR	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD5429B	NTUC Income Insurance Co-Operative Limited	5105128715	05/11/2018	28/11/2019

POLICE REPORT





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190611/2009

2 of 3

CONTINUATION OF REPORT

Details of Perso	n involved	Section 2		North Company	THE REAL PROPERTY.	
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	Cross	ina: NA
Driver	A TANK BURNESS		0000110	destrial	101088	sing. NA
Name	TAN RAYNER		ID No).	S8726056I	
Related Vehicle	SLD5429B (Car)			Conta	ict No.	98378921
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL D:		Date Disc		NIL	
No. of Days granted Medical Leave NIL		Degree of		NIL		

Brief Details.

On 11/06/2019 at around 0025hrs, I had parked my vehicle along Jalan Sultan Road to pick up someone. While waiting, another vehicle tried to park his vehicle in front of mine. While the other vehicle was reversing in, the rear right side of his vehicle then hit into the front right side of my vehicle. I had approach the driver to exchange particulars but he refuse to provide any. The driver then left, I could smell alcohol from his breath while speaking to him. I have an in-car Camera footage to show what had happen.

POLICE REPORT





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

3 of 3 Report No. T/20190611/2009

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.

Sgt 2 LING JUNXIAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	11/06/2019 02:43
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp	



















