

## 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	01/07/2019 17:03
Date Of Accident	29/06/2019 18:15
Exact Location Of Accident	SIN MING AVE TWDS UPP THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8044K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JIA HAO
NRIC No	S8138529G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81888581
Alternative Phone No	OFFICE-81888581

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.3L 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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2017-00009308-01
Cover Note Number	

### Driver

Name of Driver	TAN JIA HAO (CHEN JIAHAO)
NRIC No	S8138529G
Date Of Birth	23/11/1981
Occupation	INDOOR
Date Of Driving Pass	21/05/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81888581
Fax Number	
Contact Number	OFFICE-81888581
Email Address	NOEMAIL

Address	BLK 407 SIN MING AVENUE #03-217
Postcode	570407
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : TAY BOH TUA GENDER: : FEMALE
Passenger 2	NAME: : TAN ENG CHYE 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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190701/7005.

#### 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	SJU1449D
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 INJURED PERSON 1

Name TAN JIA HAO (CHEN JIAHAO)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKA8044K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAY BOH TUA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKA8044K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name TAN ENG CHYE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKA8044K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
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- 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) 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:

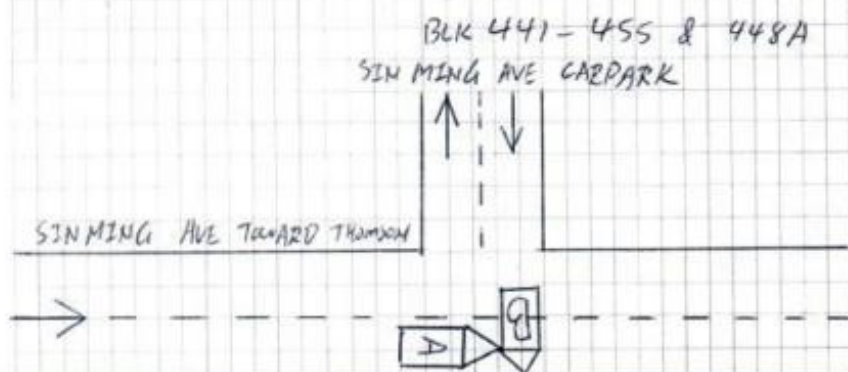
Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

A-SKA 8044K  
B-SJB 1449D



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  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190701/7005

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

1 of 4

Report No. T/20190701/7005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2019 11:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN JIAHAO			Address: APT BLK 407 SIN MING AVENUE #03-217 SINGAPORE 570407		
ID Type / ID No.: NRIC NO / S8138529G			Contact No.: Home/Office: Mobile: 81888581		
Nationality: SINGAPORE CITIZEN			Email: youcanreachme@live.com		
Sex: Male	Age: 37	Date of Birth: 23/11/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2019 18:20	Type of Location:
Location: SIN MING AVENUE				
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
SJB1449D	Car					0
SKA8044K	Car	HONDA	HONDA JAZZ 1.3L A	Purple		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA8044K	FWD Singapore Pte. Ltd	PNPV2017-00009308-01	01/04/2019	31/03/2020

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190701/7005

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

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Report No. T/20190701/7005

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN JIAHAO	ID No.	S8138529G
Related Vehicle	SKA8044K (Car)	Contact No.	81888581
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	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAY BOH TUA	ID No.	NIL
Related Vehicle	SKA8044K (Car)	Contact No.	NIL
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	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN ENG CHYE	ID No.	NIL
Related Vehicle	SKA8044K (Car)	Contact No.	NIL
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	03	Degree of Injury	Slight

### Brief Details.

On 29 June 2019, 1817 hours, I was travelling straight along Sin Ming Ave towards Upper Thomson on the right lane with my vehicle (SKA8044K). Vehicle B (SJB1449D) which was turning out from car park of Blk 441 Sin Ming Ave did not check the major road is clear and collide onto front portion of my vehicle.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20190701/7005

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Report No. T/20190701/7005

CONTINUATION OF REPORT



## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20190701/7005

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Report No. T/20190701/7005

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
01/07/2019 11:42

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORD MANAGEMENT CENTRE  
 5 Tuas Quay #03-00 Singapore 481005  
 Tel (65) 6224 2000 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 URS: 657854386 / 65786g. Hrs: 657854386

**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: MNA 119085567 Vehicle Registration No: SKA 8044K  
 Name (Lastname, first): Tan Jia Hao NRIC/FIN/Passport No: S 8138529G  
 ("Vehicle Driver / Vehicle Owner") (P) Please delete as appropriate  
 Address: Blk 407 Sin Ming Avenue #03-217 Singapore: 570407  
 Contact (Tel): 8188 8581 Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 29/06/2019 Time of Accident: 1815  
 Place of Accident: Sin Ming Ave towards Upper Thomson Road  
 Insurance Company: FWD

### (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:

3rd party vehicle number change to SJU1449D.

Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

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