

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	12/07/2019 14:25
Date Of Accident	11/07/2019 12:45
Exact Location Of Accident	JUNC KAMPONG KAPOR RD & SYED ALWI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8393X
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E MANUAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001016-R00
Cover Note Number	

Driver

Name of Driver	TAN KHAI WANG
NRIC No	S2562634F
Date Of Birth	02/11/1964
Occupation	INDOOR
Date Of Driving Pass	15/12/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91309972
Fax Number	
Contact Number	OFFICE-91309972
Email Address	NOEMAIL

Address	400 BALESTIER ROAD #08-01
Postcode	329802
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- T/20190711/2139. I WAS TRAVELLING STRAIGHT SLOWLY SUDDENLY A TAXI (SHB6319L) DID NOT ENSURE CLEAR TRAFFIC AND DROVE OUT WITHOUT STOPPING AT THE STOP LINE AND CAUSE THE ACCIDENT.

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	SHB6319L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	TAN KHAI WANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKZ8393X
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** 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. 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 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.



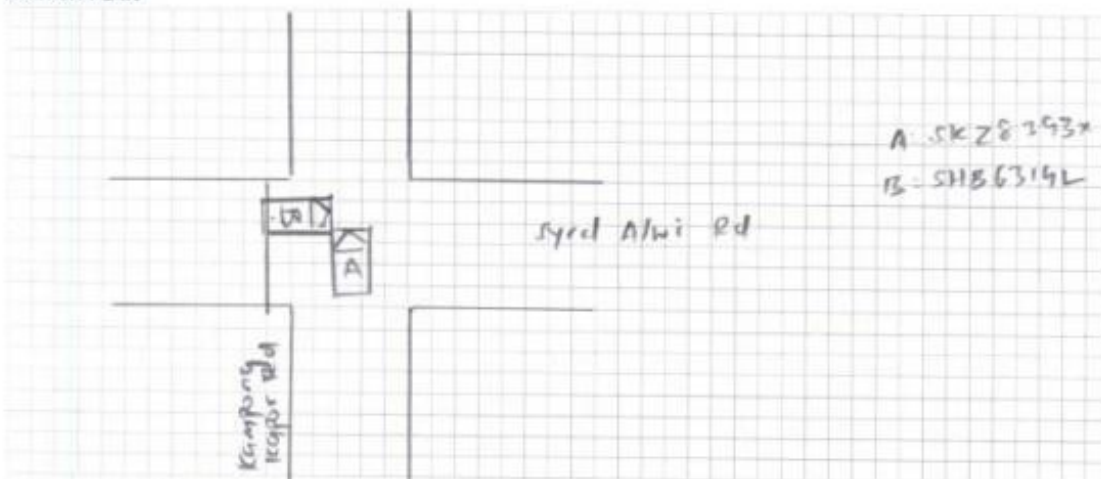
Policyholder's Signature
Date & Time:

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 - 7/20/90 2111 2139.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190711/2139

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 3

Report No. T/20190711/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2019 21:01	Vide Report No.:	Station Diary No.: 47
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN KHAI WANG			Address: 400 BALESTIER ROAD #08-01 SINGAPORE 329802		
ID Type / ID No.: NRIC NO / S2562634F			Contact No.: Home/Office: Mobile: 91309972		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 02/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2019 12:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KAMPONG KAPOR ROAD SYED ALWI ROAD Twds Kitchener Road, Near Mustafa Center				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6319L	Car				Slightly Damaged	1
SKZ8393X	Car				Slightly Damaged	4

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190711/2139

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

2 of 3

Report No. T/20190711/2139

CONTINUATION OF REPORT

Driver				
Name	TAN KHAI WANG		ID No.	S2562634F
Related Vehicle	SKZ8393X (Car)		Contact No.	91309972
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2019		Date Discharge	11/07/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight

Brief Details.

On 11/07/2019, at about 1245hrs, I was driving my vehicle SKZ8393X together with 4 other passengers. I was travelling along Kampong Kapur Road towards Kitchener Road. As I was approaching the junction of Kampong Kapur Road and Syed Alwi Road, I slowed down as the area was not controlled by traffic light.

As I was moving off to the main road, one vehicle SHB6319L which was travelling along Syed Alwi Road dashed out and I collided onto his right front vehicle. I then alighted from the vehicle and make a check. I make a check on my vehicle, noticed there are dent and scratches on the front bumper. The vehicle whom I collided with is one blue Comfort taxi SHB6319L. I noticed that there is one female Indian passenger in the taxi as well.

The taxi driver and I exchanged particulars. No ambulance and traffic police were at scene. Thereafter, my 4 passengers and me proceeded to seek medical treatment. I was then treated as Outpatient at Mount Alvernia Hospital on 11/07/2019, and was given Outpatient Sick Leave from 11/07/2019 to 14/07/2019.

I wish to state that my vehicle has an in built vehicle camera and it can used to aid in investigation. The medical certificate details of my passengers can be found T/20190711/2133.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190711/2139

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

3 of 3


Report No. T/20190711/2139

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: E / Sgt 2 TAN JUN WEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2019 21:01
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: SM 080
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

