

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	25/07/2019 18:40
Date Of Accident	18/07/2019 13:10
Exact Location Of Accident	REPUBLIC AVE TWDS REPUBLIC BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2062H
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Insured/Policyholder

Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-03
Cover Note Number	

Driver

Name of Driver	TAN KIT MUN, SHANICE
NRIC No	S9438380C
Date Of Birth	25/10/1994
Occupation	INDOOR
Date Of Driving Pass	08/10/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98334654
Fax Number	
Contact Number	OFFICE-98334654
Email Address	NOEMAIL

Address	BLK 289 TAMPINES STREET 22 #04-444
Postcode	520289
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2175.

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	SKU2837Z
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 KIT MUN, SHANICE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLK2062H
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.

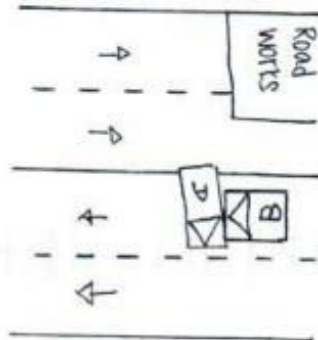
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A - SLK2062H

B - SKW2837Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder
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/20190718/2175

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190718/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 20:15	Vide Report No.: G/20190718/0099	Station Diary No.: 123
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Informant's Particulars

Name of Informant: TAN KIT MUN, SHANICE			Address: APT BLK 289 TAMPINES STREET 22 #04-444 SINGAPORE 520289	
ID Type / ID No.: NRIC NO / S9438380C			Contact No.: Home/Office:	Mobile: 98334654
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 24	Date of Birth: 25/10/1994	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 REPUBLIC BOULEVARD REPUBLIC AVE TWDS REPUBLIC BLVD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU2837Z	Car					0
SLK2062H	Car				Totally Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190718/2175

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20190718/2175

CONTINUATION OF REPORT



Brief Details.

On the 18/07/2019 at around 1200hrs, I was driving along Republic Avenue towards Republic Boulevard. It is a two lanes two ways traffic road. As I was driving, I then realized that there is a road work construction in front. I then wanted to change to the right lane and I then turned my steering wheel to the right. My vehicle then swerved all the way to the right two lanes. Suddenly, there was a vehicle SKU2837Z from the another lane (opposite direction), then self-skidded. The left of my vehicle had collided onto the front of the other vehicle and the right side of my vehicle then collided onto the curb and a tree nearby.

There is in-car camera inside my vehicle and has been taken by the Traffic police at scene.

Traffic police and ambulance were also at scene and the other driver was conveyed to the hospital. Subsequently, I felt pain on my neck and bruises on my knees, back and the hip and went to seek medical treatment from Changi General Hospital and was given two days of medical leave from 18/07/2019 to 19/07/2019.

The details of the passenger on board SKU2837Z is:
Leo Swee Song, SF533783A, HP: 9430722.


Tampines NPC
No. 6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999


Police Report



**SINGAPORE
POLICE FORCE**



T/20190718/2175

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190718/2175

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:

G /
Sgt 1 LAM XUE TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2019 20:15

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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