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 <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	29/07/2019 18:29
Date Of Accident	22/07/2019 07:10
Exact Location Of Accident	SLIP RD JURONG WEST AVE 2 TOWARDS JALAN BOON LAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFE188U
Insured/Policyholder	
Name Of Registered Owner	CANTEENOPS PTE LTD
Co Reg No	201318403N
Email Address	JULIETAN12345678@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84286638
Alternative Phone No	OFFICE-97566868
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3061831800
Cover Note Number	
Driver	
Name of Driver	HENG CHOO TECK

NRIC No S0655303F
Date Of Birth 14/04/1952
Occupation INDOOR
Date Of Driving Pass 11/12/1970

Driving Experience 48 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84286638

Fax Number

Contact Number OTHERS-97566868

EMail Address JULIETAN12345678@GMAIL.COM

BLK 28 CASSIA CRESCENT Address

#03-24

Postcode 391028

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident 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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : TAN YIN RONG JUDY

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

MOUNTBATTEN NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 60 DAKOTA CRESCENT #01-213/215, POSTCODE: 390060, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-3449999 - FAX NO: 64474185 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190722/2175

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

FBN2657U

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver MUHAMMAD RIDHUWAN BIN MAJID

S8003517I NRIC/Passport Number 88144436 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

: WIFE

GENDER:

NAME:

: FEMALE

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
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- 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,
- 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.

Ca Reg No

Policyholder's Signature Date & Time: F 50/12

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centra Personnel's

NRIC/FIN No.

Accident Sketch Plan

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ECLARATION	iculars are true in every respect.		
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E CONTROL S	王 24/07	10/ 24/01/2	roll)
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's	ignature A
Date & Time:	(If driver is not the policyholder) Date & Time:	Name:	1/000

POLICE REPORT





1 of 3

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Report No. T/20190722/2175

Tel No: 1800-3449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 21:16		Made:	Vide Report No.:	Station Diary No.: 18		
Informa	nt's Partic	ulars		THE RESERVE TO SERVE THE PARTY OF THE PARTY		
Name of Informant: HENG CHOO TECK			Address: APT BLK 28 CASSIA CRESCENT #03-24 SINGAPORE 391028			
ID Type / ID No.: NRIC NO / S0655303F			Contact No.: Home/Office:	Mobile: 84286638		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 67	Date of Birth: 14/04/1952	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PURCHASER			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 07:10	Type of Location Bend
Location: Along Road 1 JURONG WE JALAN BOON FILTER LANE		Road 2		
Weather: Ro		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Tr One Way No		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way Type of Collisi				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2657U	Motorcycle				Slightly Damaged	1
SFE188U	Car				Slightly Damaged	1

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

POLICE REPORT





2 of 3

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE

Report No. T/20190722/2175

390060

Tel No: 1800-3449999

CONTINUATION OF REPORT

Rider	SECULIAR DESIGNATION OF THE PERSON OF THE PE	Mariano			WE CO	
Name	MUHAMMAD RIDHUWAN BIN MAJID			ID No.		S8003517I
Related Vehicle	FBN2657U (Motorcycle)			Conta	ct No.	NIL
Hospital/Clinic	NIL		0.000		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	Degree of Injury Slight		
Driver		HEALANGE				TEXAS POWER TO MAKE
Name	HENG CHOO TECK		ID No	*	S0655303F	
Related Vehicle	SFE188U (Car)		Contact No.		84286638	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			COLUMN TWO IS NOT THE OWNER.	NIL	
No. of Days gran	ited Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On the 22/07/2019 at about 07:10hrs, I was driving my vehicle (RN: SFE 188 U) along Jurong West Ave 2. I had entered the filter lane to merge onto Jalan Boon Lay. Before entering the lane, I had stopped at the give way line to check on my right and ensure that it was safe for me to merge into Jalan Boon Lay. However, while I was moving off, a motorcycle (RN: FBN2657U) had side swiped the left front of my bumper. The motorcycle foot peg was damaged and there was a scratched at the front left bumper. The couple then informed that their leg was also scratched in the accident and informed me that they will be seeking medical attention.

Before I entered that filter lane, the motorcycle was not in front or at the side of my vehicle. I do not have

any in-car camera.

POLICE REPORT





Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060 Tel No: 1800-3449999

3 of 3 Report No. T/20190722/2175

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 3 ABDUL KHAIRI BIN ABDUL KADIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 21:16
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	







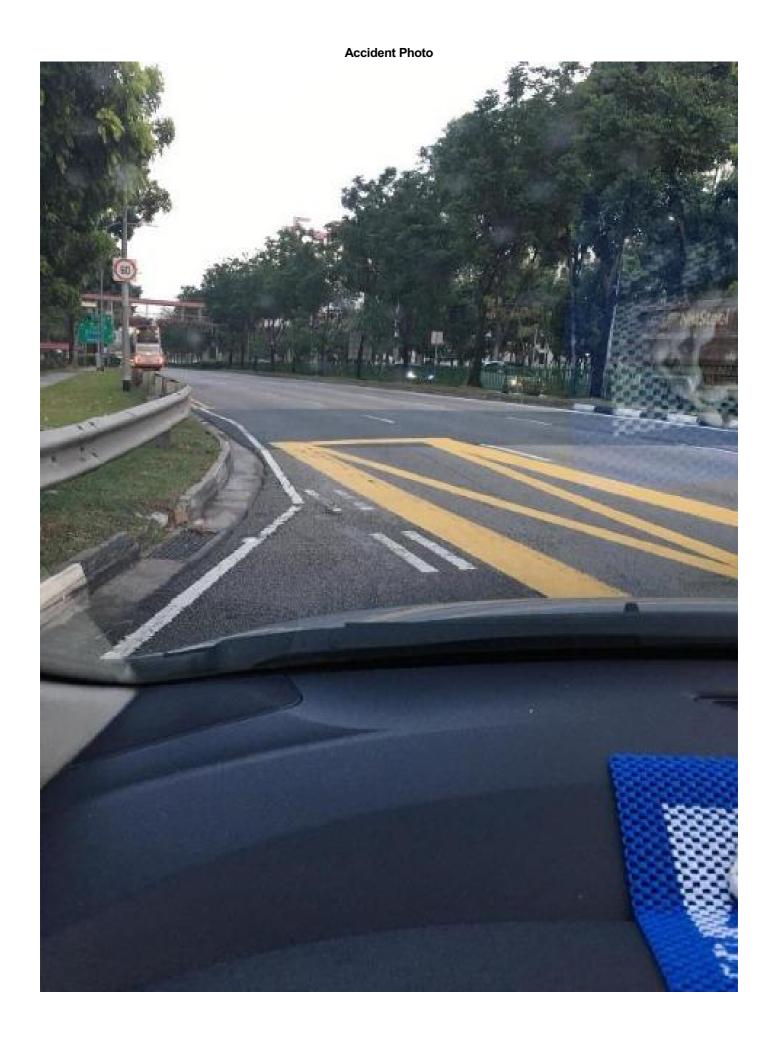


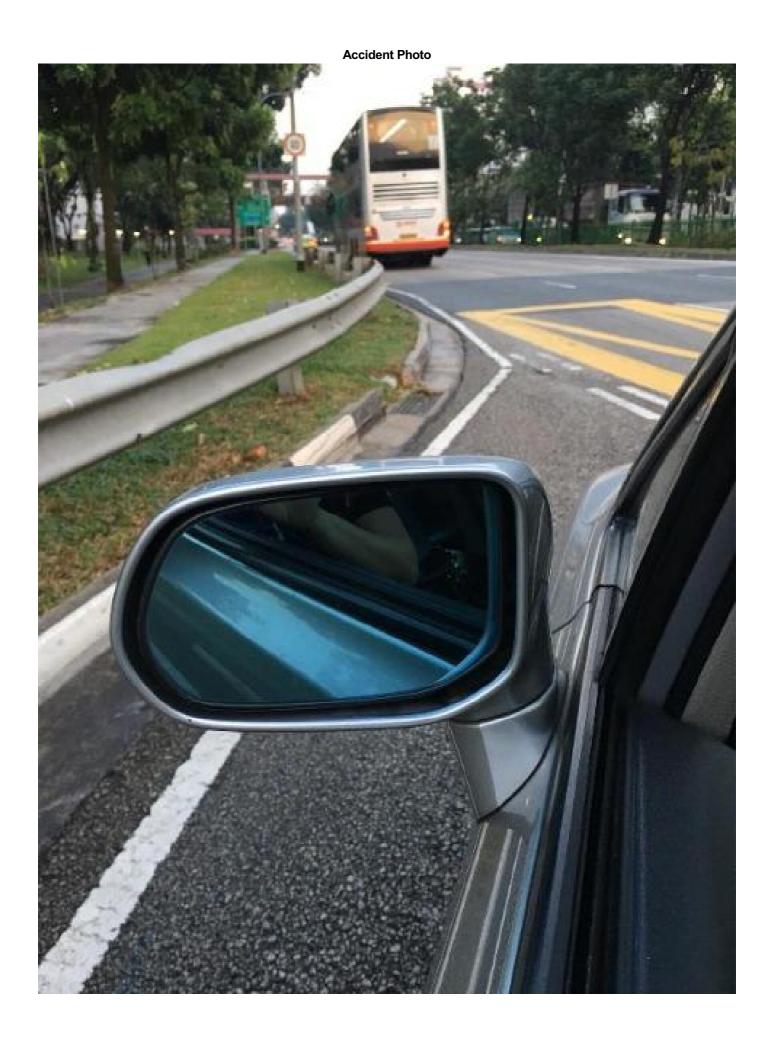


















Identification Card





Driving License



TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865

Tel: 65470000 www.police.gov.sg

rivate & Confidential

HENG CHOO TECK

APT BLK 28 CASSIA CRESCENT #03-24 SINGAPORE 391028

For LKK/NAC Use Only

S0655303F

C001504825

\$25/-

(3)

27/07/2019

(Please do not detach)

Yeu will receive your photocard dr licence by registered post within 10 to working days from the date of applic unless you made a special request to o at Traffic Police at the time of application

You can drive while awaiting the del of your photocard driving licence

Please turn overleaf for important notes