

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	14/09/2019 10:38
Date Of Accident	14/09/2019 03:20
Exact Location Of Accident	PIE BEFORE THOMSON ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9769D
Insured/Policyholder	
Name Of Registered Owner	TANG LI SHUN JASON
NRIC No	S8536115E
Email Address	TLSJ8536115@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90286026
Alternative Phone No	OTHERS-90286026

Vehicle Particulars

Manufacturer	KIA
Model	STONIC-998CC DCT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1935041900
Cover Note Number	

Driver

Name of Driver	TANG LI SHUN JASON
NRIC No	S8536115E
Date Of Birth	27/11/1985
Occupation	INDOOR
Date Of Driving Pass	05/11/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90286026
Fax Number	
Contact Number	OTHERS-90286026
Email Address	TLSJ8536115@GMAIL.COM

Address	BLK 351D ANCHORVALE ROAD #03-223
Postcode	544351
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 - 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: : GRAB PASSENGER
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20190914/2019

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4671G
Vehicle Make/Model/Colour	YELLOW CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SAHRON BIN OSMAN
NRIC/Passport Number	S2165873A
Contact Number	90042449
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger. (Including Driver)

3

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Passenger 2

NAME: : PASSENGER

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name

TANG LI SHUN, JASON

Approximate Age

33

Injuries Sustain

Injured person in which vehicle?

SMN9769D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 351D ANCHORVALE ROAD #03-223

Postcode

544351


SKETCH PLAN

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7. By the lodging 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:
 14/9/19
 1030HRS

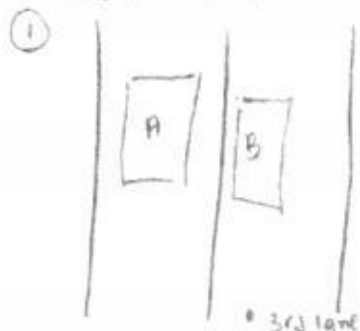
Driver's Signature
 (if driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/FIN No.: S6927273H

Sketch Plan Pg. 2

SKETCH PLAN

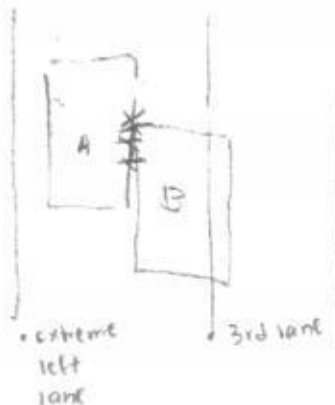
• Extreme left lane



A = My car

B = Taxi

②



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

Policyholder's Signature
Date & Time:

14/9/19
1030468

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

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

Jenny Lim
S6927273H



**SINGAPORE
POLICE FORCE**



T/20190914/2019

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

Report No. T/20190914/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2019 05:09	Vide Report No.:	Station Diary No. 37
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Informant's Particulars			
Name of Informant: TANG LI SHUN, JASON		Address: APT BLK 351D ANCHORVALE ROAD #03-223 SINGAPORE 544351	
ID Type / ID No.: NRIC NO / S8536115E		Contact No.: Home/Office: Mobile: 90286026	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 27/11/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name
Occupation: AEROSPACE TECHNICIAN		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/09/2019 03:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE before Thomson Road exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHB4671G	Yellow Cab	HYUNDAI		Multi-Colored	Slightly Damaged	2
SMN9769D	Car	KIA	STONIC 1.0 DCT	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN9769D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN1935041900	07/09/2019	06/09/2020



**SINGAPORE
POLICE FORCE**



T/20190914/2019

Police Station Of Origin:
Sengkang N P C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190914/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
TAXI DRIVER			
Name	SAHRON BIN OSMAN	ID No.	S2165873A
Related Vehicle	SHB4671G (Yellow Cab)	Contact No.	90042449
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	NIL	Degree of Injury	NIL
Driver			
Name	TANG LI SHUN, JASON	ID No.	S8536115E
Related Vehicle	SMN9769D (Car)	Contact No.	90286026
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/09/19 at about 0317hrs, while I was driving GrabCar using my personal car (Black colour, KIA, vehicle number: SMN9769D) along the outmost lane, I heard a thud sound on the right portion of my car. I realized that there was a Yellow Cab (Multi-Coloured, Hyundai, Vehicle number: SHB4671G) had cut into my lane and bumped against the front right side area of my car.

Thus, I applied an emergency brake and managed to stop my vehicle. Subsequently, I made a check on my female passenger who informed that she did not sustain any injuries. As such, I approached the taxi driver of the above vehicle and exchanged particulars. The said taxi has two female passengers who also claimed of no injuries. Thus, no one was conveyed to hospital. I have made a check and discovered that there were minor damages found on the right portion of my vehicle. There are inbuilt camera in my vehicle and there were footages of the scene. Thus, I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20190914/2019

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No: T/20190914/2019

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: F / Staff Sgt JULIANA BINTE JUMARI	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2019 05:09
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 088
Authentication Stamp NP168	