

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	24/09/2019 12:46
Date Of Accident	21/09/2019 23:30
Exact Location Of Accident	YUAN CHING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK805R
Insured/Policyholder	
Name Of Registered Owner	TAN LAI HOCK
NRIC No	S7348787J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92222225
Alternative Phone No	OTHERS-92222225

Vehicle Particulars

Manufacturer	MASERATI
Model	QUATTROPORTE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1908891900
Cover Note Number	

Driver

Name of Driver	TAN LAI HOCK
NRIC No	S7348787J
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92222225
Fax Number	
Contact Number	OTHERS-92222225
EEmail Address	NOEMAIL

Address	BLK 138D YUAN CHING RD #02-155
Postcode	614138
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	HIT BY FALLEN TREE / OTHER OBJECTS
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)	4
Passenger 1	NAME: : YVONNE HO YI WEN GENDER: : FEMALE
Passenger 2	NAME: : GEORGIO YEO SHI LIN GENDER: : MALE
Passenger 3	NAME: : NG TING SHENG 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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190922/7016

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	SJW2693Y
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 LAI HOCK

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFK805R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name YVONNE HO YI WEN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFK805R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name GEORGIO YEO SHI LIN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFK805R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name NG TING SHENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFK805R

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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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;

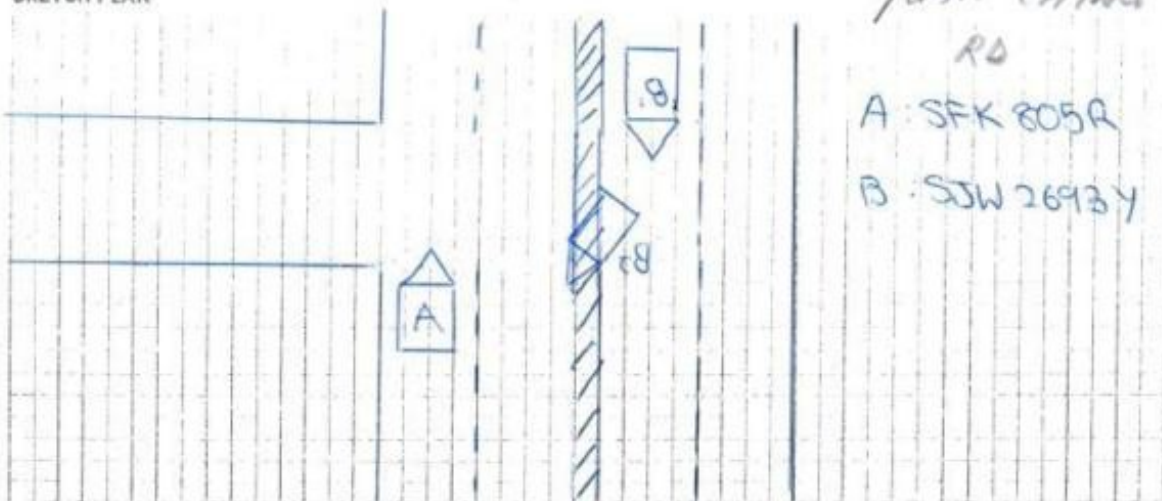

Policyholder's Signature
Date & Time:


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

 24/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police
Report
attached : T/20190920/7016

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190922/7016

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

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Report No. T/20190922/7016

CONTINUATION OF REPORT

Passenger			
Name	YVONNE HO YI WEN	ID No.	S9130049D
Related Vehicle	SFK805R (Car)	Contact No.	83885460
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mention date time and location, I was with my wife and two worker going to jurong superbowl. While we were outside at the main road going to turn into the carpark we felt a big impact from the right and I immediately came to a complete stop. When I alighted from my vehicle (A) I realised it was vehicle (B) which was from the opposite direction had go up the kerb and hit onto the u-turn metal pole causing it to hit onto my vehicle (A) and causing damages to my vehicle(A).

We felt unwell the next day hence we went to inte medical 24hr clinic to seek consultation and was given 5days medical leaves each.

Wife - s9130049d Yvonne ho yi wen

Worker - s9633859g georgio yeo shi lin

Worker - s9229897c ng ting sheng

Vehicle (A) - sfk805r

Vehicle (B) - sjw2693y

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190922/7016

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

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Report No: T/20190922/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2019 20:57	Video Report No.: J/20190921/0167	Station Diary No.:
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Informant's Particulars				
Name of Informant: TAN LAI HOCK		Address: APT BLK 138D YUAN CHING ROAD #02-155 SINGAPORE 614138		
ID Type / ID No.: NRIC NO / S7348787J		Contact No.: Home/Office: Mobile: 83685480		
Nationality: SINGAPORE CITIZEN		Email: y.wen.von@gmail.com		
Sex: Male	Age: 45	Date of Birth: 31/12/1973	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2019 23:30	Type of Location: Straight Road
Location: YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Vehicle (B) from opposite direction go up kerb bang into a u-turn				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFK805R	Car	MASERATI	QUATTROPORTE AUTO	White		3
SJW2693Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFK805R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD	DMPCSN1908891900	26/02/2019	25/02/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190922/7016

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

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Report No. T/20190922/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LAI HOCK	ID No.	S7348787J
Related Vehicle	SFK805R (Car)	Contact No.	83865460
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	NG TING SHENG	ID No.	S9229997C
Related Vehicle	SFK805R (Car)	Contact No.	88926583
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	GEORGIO YEO SHI LIN	ID No.	S9633859G
Related Vehicle	SFK805R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20190922/7016

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

3 of 4

Report No: T/20190922/7016

CONTINUATION OF REPORT

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Worker - s9633858g georgio yeo shi lin }

Worker - s9229897c ng ling sheng }

Vehicle (A) - sfk805r

Vehicle (B) - sqw2883y

Police Report



**SINGAPORE
POLICE FORCE**



T/20190922/7016

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

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Report No: T/20190922/7016

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 /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP165

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

Date/Time:
22/09/2019 20:57

Classification Of Case: