

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	27/09/2019 09:32
Date Of Accident	25/09/2019 21:25
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3459M
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	53359119L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96233308
Alternative Phone No	OFFICE-96233308

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5108614334
Cover Note Number	

Driver

Name of Driver	KAIDEN TAN
NRIC No	S8017832H
Date Of Birth	20/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88695251
Fax Number	
Contact Number	OFFICE-88695251
Email Address	NOEMAIL

Address	BLK 569 HOUGANG STREET 51 #12-95
Postcode	530569
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SYARIFAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190926/2122.

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	SJA8475L
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)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME4098L
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)	1

DETAILS OF INJURED PERSON 1

Name	KAIDEN TAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN3459M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SYARIFAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN3459M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

SUPER STAR LIMO & CAR RENTAL
Reg. No.: 53359119L

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

Tampines Ave 10.

A: JME13456M
B: SJA847SL
C: JME4086L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 0926/2222.

DECLARATION

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

SUPER STAR LIMO & CAR RENTAL
Reg. No.: 53359119L

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/20190926/2122

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20190926/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2019 15:51	Vide Report No.: G/20190925/0239	Station Diary No.: 70
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Informant's Particulars

Name of Informant: KAIDEN TAN			Address: APT BLK 569 HOUGANG STREET 51 #12-95 SINGAPORE 530569		
ID Type / ID No.: NRIC NO / S8017832H			Contact No.: Home/Office: Mobile: 88695251		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 20/06/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Office Draftman			Driving Licence Information: Class: 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: 25/09/2019 21:25	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA8475L	Car	TOYOTA	Vios	Black	Seriously Damaged	2
SME4098L	Car	MERCEDES BENZ		Gold	Seriously Damaged	0
SMN3459M	Car	HONDA	Freed	Blue	Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190926/2122

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190926/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAIDEN TAN	ID No.	S8017832H
Related Vehicle	SMN3459M (Car)	Contact No.	88695251
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2019	Date Discharge	26/09/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 25/09/19 at about 2125hrs, I was driving my vehicle SMN3459M along Tampines Ave 10 going towards Pasir Ris. At that point of time, I had 1 female passenger onboard my vehicle. While I was travelling along the said road and approaching the traffic light junction, the vehicle SJA8475L which was travelling in front of me suddenly came to a stop. I did not manage to slow down in time and come to a stop as such my vehicle hit onto the rear of the said vehicle. I came out of the vehicle to see what had happened and realized that I was involved in a chain collision with 2 vehicles (SJA8475L and SME4098L) in front of me.

I wish to state that I could not recall the traffic light condition at the time of incident as it happened very quickly. Traffic police and ambulance was at scene to render assistance. The 2 passengers and the driver of vehicle SJA8475L were conveyed to hospital as they complained of pain at that point of time. My passenger was also conveyed as she was bleeding from her teeth. My vehicle and the one in front of me was towed away due to the damages sustained. I am unsure if the first vehicle was towed as well.

At the time of incident, I also felt some pain and aches but I stayed behind to settle the vehicle before making my own way to the hospital to seek medical attention. I was subsequently given 4 days of MC. I wish to state that there is in-car CCTV installed in my vehicle.

I am lodging this police report as a requirement by traffic police and also for my own record purposes. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20190926/2122

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190926/2122

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 / SI MOHAMMAD FIRDHAUS BIN SHARIFFUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2019 15:51
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119127846 Vehicle Registration No: SMN3459M
Name(as shown in NRIC) : SUPER STAR LIMO & CAR RENTAL NRIC/FIN/Passport No : 53359119L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96233308
Email Address : _____
Date of Accident : 25/09/2019 Time of Accident : 21:25
Place of Accident : TAMPINES AVE 10
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driver gender

Policyholder / Driver's Signature
Date:


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