

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	28/09/2019 15:39
Date Of Accident	27/09/2019 20:15
Exact Location Of Accident	MARINE PARADE FLYOVER TOWARDS ECP SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1759J
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98387308
Alternative Phone No	OFFICE-98387308

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MI000894-R02
Cover Note Number	

Driver

Name of Driver	PNG HUI BIN, DARREN (FANG HUIBIN)
NRIC No	S8733472D
Date Of Birth	19/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98387308
Fax Number	
Contact Number	OTHERS-98387308
EEmail Address	NOEMAIL

Address	BLK 536 BEDOK NORTH STREET 3 #05-888
Postcode	460536
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	COLLIDED INTO BICYCLIST
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 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)	1

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 - SINGAPORE CITY
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190928/7008

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	CYCLIST
Vehicle Category	NA/UNKNOWN
Name of Driver	TAN HENG LOON
NRIC/Passport Number	
Contact Number	81984508
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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/are 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 situated 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 (a) above may be stored / 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.

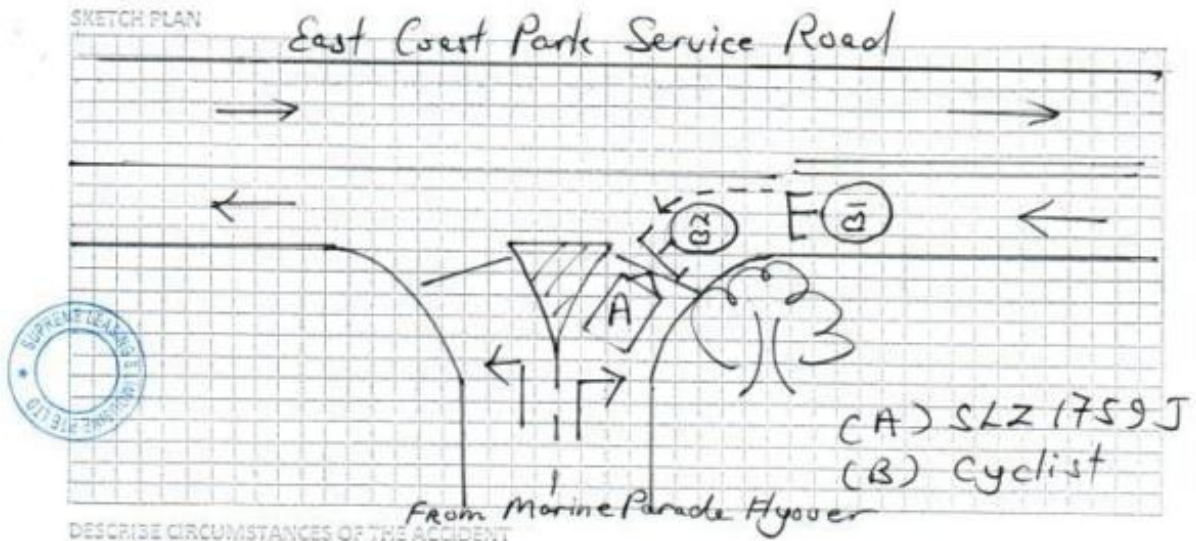


Policyholder
Date & Time:

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

[Signature] 28/05/2019
Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



On 27/09/2019 at about 2015 at slip road from Marine Parade Flyover towards East Coast Park Service Road. I came to a stop before the stop line at the above mentioned slip road while checking for the traffic along East Coast Park Service Road. The tree on my Right had blocked my view as such I inch out a little for a better view.

Suddenly a Cyclist on my Right made a left turn into my Path without proper lookout and hence collided onto my front Portion of my Vehicle (A) causing damages to my vehicle. I wish to state that my vehicle was at stationary position during the impact. I have CCTV footage and was taken by Police.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

(We declare that the above particulars are true in every respect.)

Policyholder's Signature
Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190928/7008

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

1 of 3

Report No. T/20190928/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2019 11:15		Vide Report No.: G/20190927/0163		Station Diary No.:	
Informant's Particulars					
Name of Informant: PNG HUI BIN, DARREN			Address: APT BLK 536 BEDOK NORTH STREET 3 #05-888 SINGAPORE 460536		
ID Type / ID No.: NRIC NO / S8733472D			Contact No.: Home/Office: Mobile: 98387308		
Nationality: SINGAPORE CITIZEN			Email: darrenpnghb@gmail.com		
Sex: Male	Age: 31	Date of Birth: 19/10/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2019 20:15	Type of Location: T-Junction
Location: EAST COAST PARK AREA C				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ1759J	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190928/7008

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

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Report No. T/20190928/7008

CONTINUATION OF REPORT

Driver			
Name	PNG HUI BIN, DARREN		ID No. S8733472D
Related Vehicle	SLZ1759J (Car)		Contact No. 98387308
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
Cyclist			
Name	TAN HENG LOON		ID No. NIL
Related Vehicle	NIL		Contact No. 81894508
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	Slight

Brief Details.

On 27/09/2019 at about 2015hrs at slip road from Marine Parade flyover towards East Coast Road Service Road. I come to a stop before the stop line at the above mentioned slip road while checking for the traffic along East Coast Park Service Road. The tree on my right had block my view at such i inch out a little for a better view. Suddenly, a cyclist on my right made a left turn into my path without proper lookout and hence collided onto my front portion of my vehicle (A) causing damages to my vehicle. I wish to state that my vehicle was at stationary position during the impact. I have CCTV footage and was taken by police.

Vehicle A: SLZ1759J

Police Report



**SINGAPORE
POLICE FORCE**



T/20190928/7008

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

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Report No. T/20190928/7008

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 / TPiB /
MA JUNXIANG
Contact No.: 65476251

Authentication Stamp
NP168

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

Date/Time:
28/09/2019 11:15

Classification Of Case:

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: S665500280 / GST Reg. No.: M400017733

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: MIA119128616 Vehicle Registration No: SLZ1759J
Name (as shown in NRIC): PAU HUI BUN (Fong Hui Bun) NRIC/FIN/Passport No: S8733472D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore()

Contact (Tel): _____ Mobile No.: 98387308

Email Address: _____

Date of Accident: 27/09/2018 Time of Accident: 20:15

Place of Accident: MARINA PARADE FLYOVER TOWARDS ECP SATURDAY ROAD

Insurance Company: _____

(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:

Policy Number 70 19-MI000894-R02

Policyholder / Driver's Signature
Date:

17/10/2018
Reporting Centre Personnel's Signature
Name: KEEL HOHAB
NRIC/FIN No.:
Date: