

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	30/09/2019 19:10
Date Of Accident	29/09/2019 19:35
Exact Location Of Accident	RWS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3212Z
Insured/Policyholder	
Name Of Registered Owner	YONG SHI LEI
NRIC No	S8522967B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81250852
Alternative Phone No	OFFICE-81250852

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105717445
Cover Note Number	

Driver

Name of Driver	TAN JUNWEI
NRIC No	S8210602B
Date Of Birth	01/04/1982
Occupation	INDOOR
Date Of Driving Pass	16/08/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81250852
Fax Number	
Contact Number	OFFICE-81250852
EMail Address	NOEMAIL

Address	BLK 215A COMPASSVALE DR #08-518
Postcode	541215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SH6426Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 JUNWEI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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").
 - (ii) 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
 - (iii) 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 sited outside of Singapore, for one or more of the above Purposes;
 - (iv) 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;
 - (v) the information so collected under (i) 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;
 - (ii) for complying with requirements under any regulations, laws or court orders.

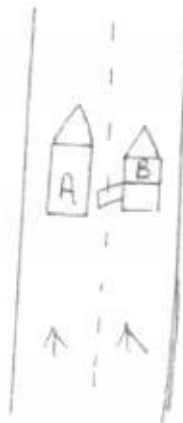
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

Sketch Plan #2

Sketch Plan



A: SJM3212Z

B: SH6426Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

CAR B suddenly open door and hit onto my vehicle.

DECLARATION

I declare the foregoing particulars are true & correct.

Reporting Centre Person's Signature
Date & Time

Driver's Signature
(If not involved in the accident)
Date & Time

Reporting Centre Person's Signature
Name
NRCC-ON-102



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

Report No. T/20191001/2226

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 22:52	Vide Report No.:	Station Diary No.: 215
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Informant's Particulars

Name of Informant: TAN JUNWEI			Address: APT BLK 215A COMPASSVALE DRIVE #08-518 SINGAPORE 541215		
ID Type / ID No.: NRIC NO / S8210602B			Contact No.: Home/Office: Mobile: 81250852		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 01/04/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GO JEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 SENTOSA GATEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6426Z	Car				Slightly Damaged	1
SJM3212Z	Car				Slightly Damaged	0

Details of Person Involved

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



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

CONTINUATION OF REPORT

Driver			
Name	Sm Chin Eng	ID No.	S0118417B
Related Vehicle	SH6426Z (Car)	Contact No.	81818781
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	TAN JUNWEI	ID No.	S8210602B
Related Vehicle	SJM3212Z (Car)	Contact No.	81250852
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/09/2019	Date Discharge	30/09/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 29/09/19 at about 1933hrs, I was driving my car bearing plate number SJM3212Z along 8 sentosa gateway. I was on the left lane of the road driving straight. I have the right way of the road. I wish to state that there was a marshall who had direct me to the left side of the road.

Subsequently, there was a taxi bearing plate number SH6426Z who was on the right side of the road, road hogging without hazard light on. In addition, he had stopped in between a white single zig zag line and a double yellow zig zag line on the left side.

The taxi passenger who was seated on the left rear had then suddenly opened her door hard while my vehicle was moving, he had not spoken to me and left the place. The taxi driver had alighted from the vehicle after which we had exchanged particulars. There are no conclusion regarding the matter.

I wish to state that I had I felt pain on my back and had proceeded for medical assessment. I was given 2 days MC from mount alvernia hospital from 30/09/19-02/10/19. I had however still feel pain on my pain, as such as proceeded to Lifeline yishun Ring medical clinic for further assessment and was given 2-day MC from 01-02/10/19. Till date, I feel pain on my back.

My front right side of my vehicle was also damage.

I wish to state that I have an in car camera that recorded the incident. I am lodging a report as i want traffic police to investigate the matter for me to pursue.



**SINGAPORE
POLICE FORCE**



T/20191001/2226

3 of 4

Police Station Of Origin:

Sengkang N.P.C.

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20191001/2226

CONTINUATION OF REPORT



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

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 /
Sgt 2 NOR' AISAH BINTE MOHD PERDAUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No: 65476436

SN 085

Authentication Stamp:
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
01/10/2019 22:52

Classification Of Case: