

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	15/10/2019 11:28
Date Of Accident	14/10/2019 14:35
Exact Location Of Accident	WOODLANDS AVE 2 TWDS SLE(X-JUNC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8188M
Insured/Policyholder	
Name Of Registered Owner	CHANINTERIORS PTE. LTD.
Co Reg No	201406155H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87771112

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB HITCH
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	5092308065-02
Cover Note Number	

Driver

Name of Driver	CHAN KEEN TARNG
NRIC No	S8856997J
Date Of Birth	06/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87771112
Fax Number	
Contact Number	
Email Address	CADMUS@CHAININTERIORS.COM

Address	BLK 866 TAMPINES ST 83 #09-225
Postcode	520866
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191014/2145

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS8282G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM YEN GI, GIDEON
NRIC/Passport Number	S7806938D
Contact Number	96336707

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

DETAILS OF INJURED PERSON 1	
Name	CHAN KEEN TARNG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKW8188M
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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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/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.

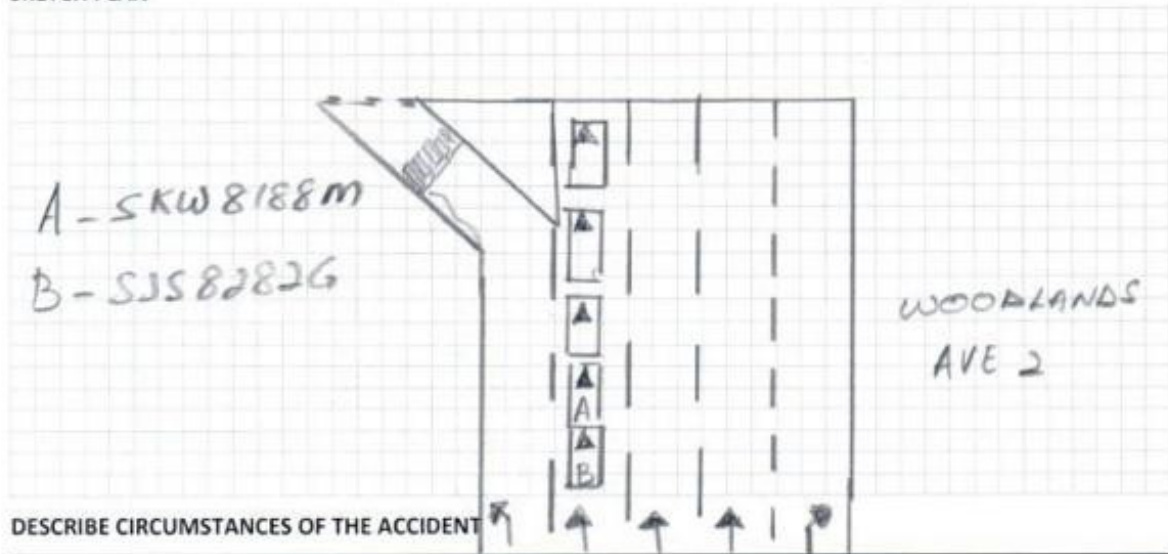

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15 Oct 2019


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20191014/2145

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13 Oct 2019

Reporting Centre Personnel's Signature
Name: *lynn* 15/10/19
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191014/2145

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Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20191014/2145

CONTINUATION OF REPORT

Driver			
Name	LAM YEN GI, GIDEON		ID No. S7806938D
Related Vehicle	SJS8282G (Car)		Contact No. 96336707
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	CHAN KEEN TARNG		ID No. S8856997J
Related Vehicle	SKW8188M (Car)		Contact No. 87771112
Hospital/Clinic	HEALTHWAY TAMPINES CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	14/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/10/2019 at about 1435hrs, I was driving my company vehicle (bearing registration number: SKW8188M) along Woodlands Avenue 2 (3-lane road) towards SLE and I was on lane number 2. I was at a junction of a traffic light, which was working at that point of time and my vehicle was stationary.

Suddenly, I heard a bang and felt an impact from the rear portion of my vehicle. I noticed that a vehicle has collided into the rear portion of my vehicle. I immediately alighted from my vehicle. The driver of the other vehicle (bearing registration plate: SJS8282G) also alighted and spoke to me. We then took photos of the damages and exchanged particulars. We agreed to settle the matter by insurance. Subsequently, both of us moved off from the location. My car damage sustained crack at the rear bumper, along with scratches and dents.

I then head to Healthway Medical as I felt right leg area and was given 3 days of MC. I wish to state that my vehicle has a camera facing the front and back of the vehicle and was operational at that point of time. No police or ambulance were called in. I wish to state that I have one passenger, who informed that he was not injured due to the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



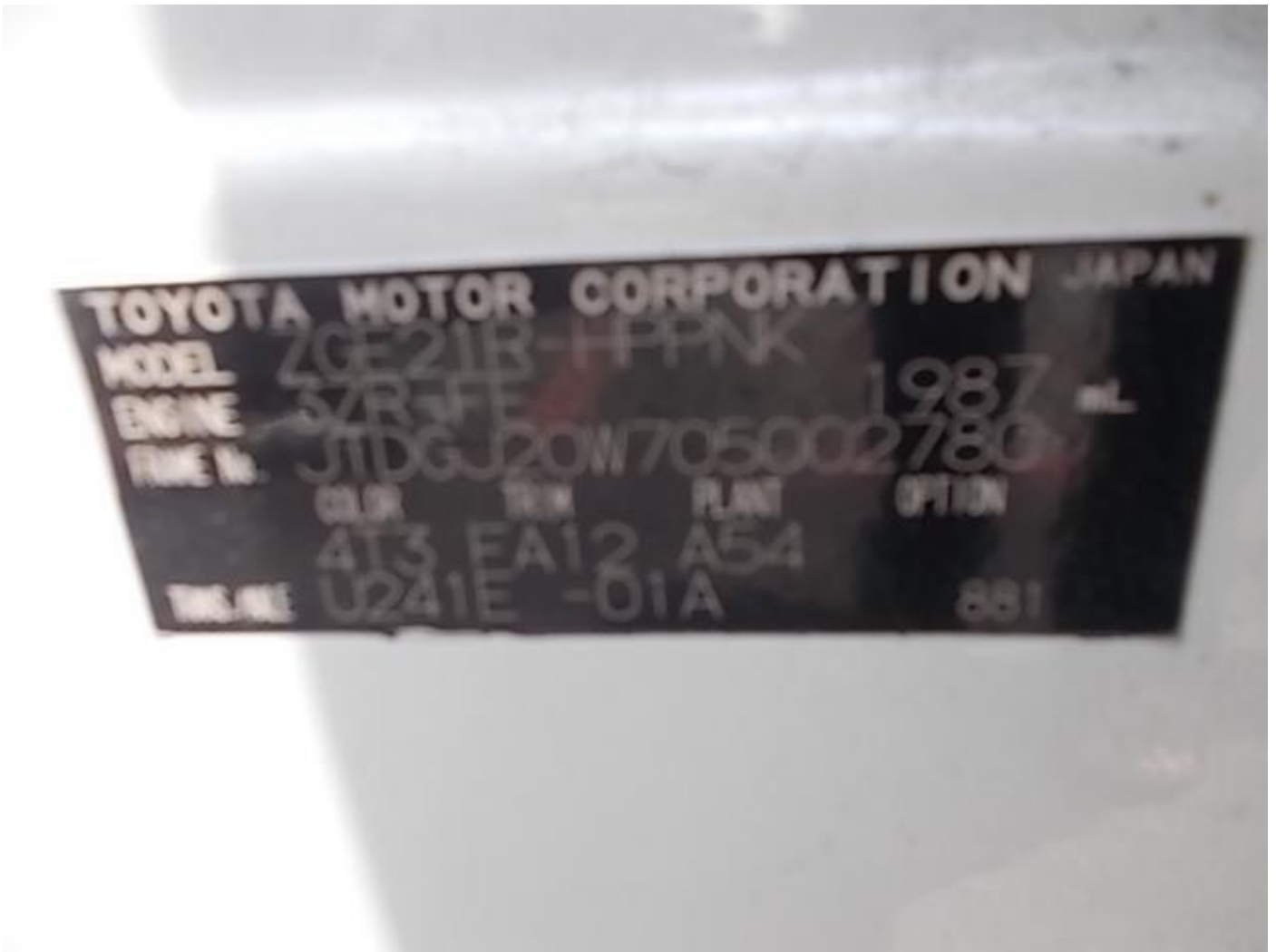
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191014/2145

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No: T/20191014/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 17:09		Video Report No.:		Station Diary No.: 102	
Informant's Particulars					
Name of Informant: CHAN KEEN TARNG			Address: APT BLK 866 TAMPINES STREET 83 #09-225 SINGAPORE 520966		
ID Type / ID No.: NRIC NO / S8856997J			Contact No.: Home/Office: Mobile: 87771112		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 05/12/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 2B.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 14:35	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS AVENUE 2 TOWARDS SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS8282G	Car					0
SKW8186M	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191014/2145

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871989

Report No: T/20191014/2145

CONTINUATION OF REPORT

Driver			
Name	LAM YEN GI, GIDEON		ID No. S7806938D
Related Vehicle	SJ88282G (Car)		Contact No. 98338707
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	CHAN KEEN TARNG		ID No. S8856897J
Related Vehicle	SKW8188M (Car)		Contact No. 87771112
Hospital/Clinic	HEALTHWAY TAMPINES CLINIC		Class of Driving Licence & Expiry Date Class: 2B.3 Date of Expiry: NIL
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Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



T/20191014/2145

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20191014/2145

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:
G /
Sgt 2 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/10/2019 17:09

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



Classification Of Case:

Authentication Stamp
NP100

SIGNATURE