#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

alulesalu.	
	ACCIDENT STATEMENT
Date Of Report	10/10/2019 11:08
Date Of Accident	09/10/2019 16:20
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP8233P
Insured/Policyholder	
Name Of Registered Owner	TAN HAI HOCK
NRIC No	S1392811H
Email Address	DAVIDTAN_SCB@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91288867
Alternative Phone No	OTHERS-91012251
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL-2.0 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0108469-VDP
Cover Note Number	
Driver	

Name of Driver TAN HAI HOCK
NRIC No S1392811H
Date Of Birth 30/06/1959
Occupation INDOOR
Date Of Driving Pass 25/10/1976

Driving Experience 42 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91288867

Fax Number

Contact Number OTHERS-91012251

EMail Address DAVIDTAN\_SCB@YAHOO.COM

Address BLK 149 BEDOK RESERVOIR ROAD, #03-1703

Postcode

Was driver an employee of the Insured's Company NO

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 - CROSS JUNCTION** 

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 2

Number of Passengers (Including Driver)

#### **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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### **Circumstances of Accident**

I was driving my vehicle SJP8233P along Eunos Link toward Airport Road. At cross junction of Ubi Avenue 3, vehicle SMJ2310K came from opposite direction collided into my vehicle SJP8233P and another vehicle SLU9460T. Traffic light were green in my favor. I made a police report and the in-vehicle camera memory card was taken by the traffic police.

### 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 SMJ2310K

Vehicle Make/Model/Colour TOYOTA SIENTA **Details Of Properties** FRONT DAMAGED 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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLU9460T

Vehicle Make/Model/Colour TOYOTA WISH/BLUE **Details Of Properties** FRONT DAMAGED PRIVATE CAR Vehicle Category Name of Driver MR. YAP

NRIC/Passport Number

Contact Number 93895023

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

TAN ALICE Name

Approximate Age 58

Injuries Sustain CHEST PAIN Injured person in which vehicle? SJP8233P YES Were seat belts worn? Was this injured conveyed to hospital by YES

ambulance?

Address BLK 149 BEDOK RESERVOIR RD, #03-1703

Postcode 470149

**DETAILS OF INJURED PERSON 2** 

Name TAN HAI HOCK

Approximate Age 60

Injuries Sustain LH THUMB PAIN; RH ELBOW PAIN

SJP8233P Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address BLK 149 BEDOK RESERVOIR RD, #03-1703

Postcode 470149

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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. The 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 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 AUTOLUTION INDUSTRIAL PTE LTD

19 UBI ROAD 4 SINGAPORE 408623

Name:

NRIC/FIN No .:

6490

Reporting Centre Personnel's Signatur

54X 6846 7483

Policyholder's Signature

Date & Time: 10.10.19

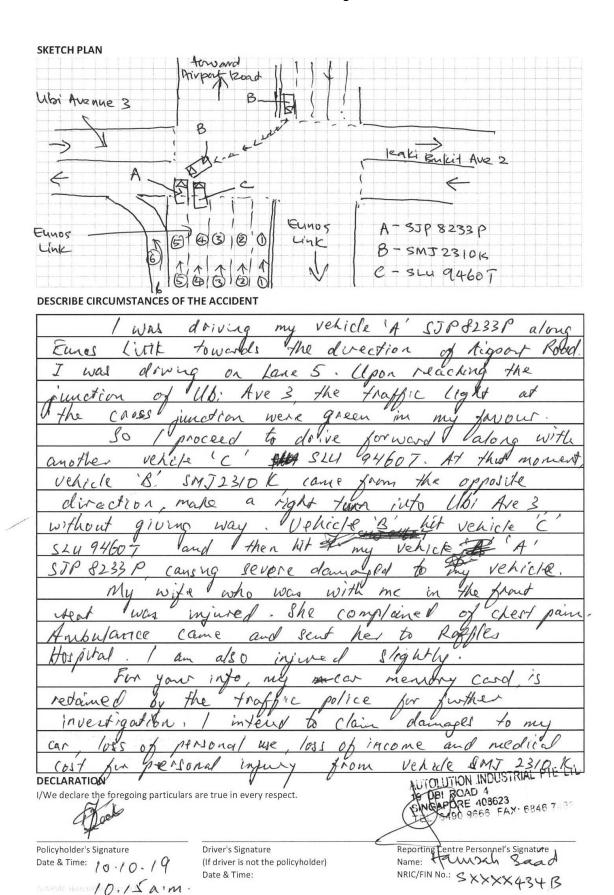
Driver's Signature

(If driver is not the policyholder)

Date & Time:

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10.15 am.



# Sketch Plan #3 Pg. 1





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191009/2135

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2019 19:01		ade:	Vide Report No.:		Station Diary No.:		
Informant	's Particul	ars					
Name of Ir	nformant:		Address:				
TAN HAI F	łOCK		APT BLK 149 BEDOK RESE	APT BLK 149 BEDOK RESERVOIR ROAD #03-1703 EUNOS			
			SPRING SINGAPORE 470149				
ID Type / I			Contact No.:				
NRIC NO / S1392811H			Home/Office:	Mobile: 91288867			
Nationality:			Email:				
SINGAPORE CITIZEN							
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	60	30/06/1959	Driver				
Race:			Language:	Institution /	School Name:		
Chinese							
Occupation:			Driving Licence Information:				
OTHERS			Class: 3	Date of Exp	piry:		

General Informati	on of the Accident			22
Type of Accident:	Injury Conveyed By Ambulanc	Drink Drive: No	Date/Time of Accident: 09/10/2019 16:20	Type of Location:
Location: Along Road 1 EUNOS LINK UBI AVENUE 3				
Weather:	Ro	ad Surface:	Ro	oad Speed Limit:
Clear	Dr	У		
Traffic Flow:	Tra	affic Control:	1	affic Volume: ght
Type of Collision:			1	nyone conveyed by nbulance: es

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP8233P	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR	Blue	Seriously Damaged	1
SLU9460T	Car				Seriously Damaged	2
SMJ2310K	Car				Seriously Damaged	0

## Sketch Plan #4 Pg. 1



**Details of Vehicle Insurance** 



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191009/2135

## **CONTINUATION OF REPORT**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8233P	OVERSEAS ASSURANCE CORPORATION LIMITED	V0108469	23/06/2019	22/06/2020
Details of P	erson Involved			
4 . C. 4 . Line 4 . Book 144-1405-1405	ian Involved: No			
No. of Pedes		Use of Pedestrian C		

Details of Perso	n involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of Pe			Use of Peo	edestrian Crossing: NA		
Driver						
Name	TAN HAI HOCK			ID No		S1392811H
Related Vehicle	SJP8233P (Car)			Contact No.		91288867
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	***************************************
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

# **Brief Details.**

AT THE ABOVEMENTIONED DATE AND TIME

I WAS DRIVING ALONG EUNOS LINK. AT THE TRAFFIC JUNCTION OF EUNOS LINK  $\,$  X UBI AVE 3 A TOYOTA FROM THE OPPOSITE DIRECTION TURNED FROM EUNOS LINK INTO UBI AVE 3 AND HIT

ANOTHER TOYOTA AND THEN MY CAR. THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR AND ROAD CONDITION

WAS CLEAR. MY WIFE COMPLAINED OF CHEST PAIN AND WAS CONVEYED BY AMBULANCE.

THAT IS ALL.

# Sketch Plan #5 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191009/2135

**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.

TP / MUHAMMAD MOINUR RAHMAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/10/2019 19:01
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI	SINGAPORE_
Contact No.: 65476904	POLICE FORCE
Authentication Stamp	
141-100	M'
	Signature:

## Driving License Pg. 1

