SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/10/2019 13:46
Date Of Accident	26/10/2019 10:45
Exact Location Of Accident	BKE TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN7929Y
Insured/Policyholder	
Name Of Registered Owner	FONG YIT YUN
NRIC No	S8370872G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92308081
Alternative Phone No	OFFICE-92308081
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 2.0 TFSI QU
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	5108527863
Cover Note Number	
Driver	
Name of Driver	TAN JUN JIE, MARCUS
NRIC No	S9525312A
Date Of Birth	25/07/1995
Occupation	INDOOR

19/05/2015

MALE

4 YEARS AND 5 MONTHS

(LOCAL) +65-91880021

OFFICE-91880021

NOEMAIL

Page 1 of 15

BLK 167 PETIR ROAD Address

#19-138

Postcode 670167

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2 NAME:

> GENDER: : FEMALE

: -

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191026/7009.

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 SGM4143T

Vehicle Make/Model/Colour HONDA INTEGRA

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver SDWYN ONG WEI JUN NRIC/Passport Number S9545805Z Contact Number 98452300

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN JUN JIE, MARCUS

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
- By the lodgment of this report to the insurers, you hareby consent to the architing of this report at the earthe and to copies of the report being made available aforeseld.
- 2. Consons under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and entered 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 deca/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/suthority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my deims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my colms:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my stains finduding the mailing of correspondence, statements, invokes, 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 low 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' (swyers/law firms, may/are paradized to collect, use, displace and/or process my Personal information for one or more of the above Purposes; and
- (1) my Personal Information may/can be disclosed by say of the Insurers and/or GIA to their third party service providers or agents/instruction their levyen/law firms), which may be sized outside of Singaporo, for one or more of the chore Purposes.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of found denotion, investigation and management in present and as future dates.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all inturers and/or any other third parties that assist in evaluating, investigating, controlling or managing freud, regulators, law enforcement and government agencies as reasonably regulator for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Pot cybologns Signature Date & Times Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Contro Personnel's Signature Name: INSIGIFAN No.1

Accident Sketch Plan

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Police Report





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

1 of 3. Report No. T/20191026/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2019 14:45		Made;	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		RESISTER HERE	
Name of Informant: TAN JUN JIE, MARCUS		RCUS	Address: APT BLK 167 PETIR ROAD #19-138 SINGAPORE 670167		
ID Type / ID No.: NRIC NO / S9525312A		12A	Contact No.: Home/Office: Mobile: 91880021		
Nationality: SINGAPORE CITIZEN		EN .	Email: marcustanjj@gmail.com		
Sex: Age: Date of Birth: Male 24 25/07/1995			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales and related associate professional nec		ssociate	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2019 10:40	Type of Location Straight Road	
Location: BUKIT TIMAF Weather: Clear	HEXPRESSWAY	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head	a supposed American In		Anyone conveyed by	

Details of V	ehicle Invo	lved	al travelsi	TORS NOT BE		The state of the state of
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGM4143T	Car					0
SMN7929Y	Car					0

Details of Person Involved	THE RESIDENCE OF THE PARTY OF T
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191026/7009

CONTINUATION OF REPORT

Driver		7 7 7 7 7	AND THE PERSON NAMED IN	THE W	W17-17	and the second second
Name	TAN JUN JIE, MARCUS			ID No		S9525312A
Related Vehicle	SMN7929Y (Car)			Conta	ct No.	91880021
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019	Date Disc	harge	26/10	/2019	
No. of Days gran	ted Medical Leave	05	Degree o		Slight	

Brief Details.

on the stated time and date i was travelling on bke towards pie tuas, suddenly vehicle SGM4143T black colour honda hit the rear of my car, we exchange particulars and agreed to proceed insurance claims, i have to 2 passenger in the car and they are ok, i suffer back and neck pain as the seat belt jamed because of the impact

Police Report





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

3 of 3 Report No. T/20191026/7009

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2019 14:45
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	













