

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	05/11/2019 14:53
Date Of Accident	04/11/2019 13:25
Exact Location Of Accident	TANAH MERAH COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8821B
Insured/Policyholder	
Name Of Registered Owner	ONG CHOON HONG (WANG JUNFENG)
NRIC No	S8425279D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268890
Alternative Phone No	OFFICE-96268890

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	5112075783
Cover Note Number	

Driver

Name of Driver	TAN KIM SOON (CHEN JINSHUN)
NRIC No	S7332046A
Date Of Birth	03/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85117288
Fax Number	
Contact Number	OFFICE-85117288
Email Address	NOEMAIL

Address	BLK 346 KANG CHING ROAD #09-117
Postcode	610346
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191105/2022.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9142U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AHMAD NAMBRI BIN TAIB
NRIC/Passport Number	

Contact Number	83605011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1


Name	TAN KIM SOON (CHEN JINSHUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX8821B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This form must be completed by the Policyholder and/or the Authorised Driver.
2. The report must be truthful and accurate as possible and will be used to determine the insurer's liability.
3. Any false reporting may be referred to the Police for investigation.
4. The report will be forwarded by the insurers to the G.A. 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.
5. 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.
6. 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 purposes 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: 5/11/19 1455hrs


Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/11/19 1455hrs


Reporting Centre Person's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN TANAH MERAH COAST RD - TANAH MERAH FERRY TERMINAL

VEH A - SLX 8812 B

VEH B - GBD91424



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 1155/2000

DECLARATION

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

Policyholder's Signature

Date & Time 5/11/19 1455 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time 5/11/19 1455 hrs

Reporting Centre Person's Signature

Name

NRIC/EPIC No

Police Report



**SINGAPORE
POLICE FORCE**



T/20191105/2022

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No: T/20191105/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 05/11/2019 10 07	Video Report No.	Station Diary No 123
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Informant's Particulars

Name of Informant TAN KIM SOON			Address APT BLK 346 KANG CHING ROAD #09-117 SINGAPORE 610346		
ID Type / ID No. NRIC NO / S7332046A			Contact No. Home/Office: Mobile 85117288		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 46	Date of Birth 03/09/1973	Type of Informant Driver		
Race Chinese			Language	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information Class		Date of Expiry

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 04/11/2019 13:25	Type of Location Straight Road
Location: Along Road 1 TANAH MERAH COAST ROAD				
Tanah Merah Coast Road towards Tanah Merah Ferry Terminal				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBD9142U	Lorry					0
SLX8821B	Car	MITSUBISHI		White	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/20191105/2022

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No: T/20191105/2022

CONTINUATION OF REPORT

Driver			
Name	AHMAD NAMBRI BIN TAIB	ID No	S1114286E
Related Vehicle	GBD9142U (Lorry)	Contact No	83605011
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 KIM SOON	ID No	S7332046A
Related Vehicle	SLX8821B (Car)	Contact No	85117288
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/11/2019 at around 1320hrs, I was driving my car bearing registration plate no SLX8821B along Tanah Merah Coast Road heading towards Tanah Merah Ferry Terminal to drop off my passenger as I was driving GRAB hitch. As I was driving on my lane, a lorry bearing registration plate no GBD9142U hit onto my front right side before speeding off. I then chased the vehicle for several distance before the vehicle came to a stop.

We then alighted from the vehicle and the driver was unhappy. We then exchanged particulars. All the events was witnessed by my passenger. I wish to state that overtaking is not allowed along the road and there were chevron markings in the middle of the road which the driver has crossed the chevron markings. He also did signal of his intention to cut into my lane.

Due to the accident, I sustained pain on my neck and was given 5 days of MC given by Prohealth Medical Group @ Taman Jurong. My passenger did not sustain any injury. My vehicle sustained scratches and dents on the front right side.

That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20191105/2022

Police Station Of Origin
Nanyang N P C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No 1800-7929999

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Report No T/20191105/2022

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: *PL*
J /
Staff Sgt RAHMAT HIDAYAT BIN NASIRUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No 65476414

Authentication Stamp
NP168

PL
SIGNATURE

Signature Of Informant

Date/Time:
05/11/2019 10:07

Classification Of Case: