

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 | 29/11/2019 10:17 |
| Date Of Accident | 28/11/2019 17:40 |
| Exact Location Of Accident | BEDOK NORTH AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJG7306S |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN KIM CHUAN |
| NRIC No | S0953012F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91474192 |
| Alternative Phone No | OFFICE-91474192 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | CAMRY |
| 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 | REPORTING ONLY |
| 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 | 5103285539-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN KIM CHUAN |
| NRIC No | S0953012F |
| Date Of Birth | 27/06/1949 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/08/1970 |
| Driving Experience | 49 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91474192 |
| Fax Number | |
| Contact Number | OFFICE-91474192 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 6 BEDOK SOUTH AVE 2 #10-346 |
| Postcode | 460006 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2419999 - FAX NO: 64431687 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20191128/2163

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FP8673A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

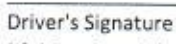
IMPORTANT NOTICE

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**.
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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.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Bedok North st 1

Bedok North Ave 3

A = SJG 7306 S

B = FP 8673 A

A

B

B1K 136

B = FP 8673A

Вик 136

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019/128/2163

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20191128/2163

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3

Report No: T/20191128/2163

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 28/11/2019 19:37 | | Vide Report No.: G/20191128/0124 | | Station Diary No.: 32 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN KIM CHUAN | | | Address: APT BLK 6 BEDOK SOUTH AVENUE 2 #10-346 SINGAPORE 460006 | | |
| ID Type / ID No.: NRIC NO / S0953012F | | | Contact No.: Home/Office: Mobile: 91474192 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 70 | Date of Birth: 27/06/1949 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/11/2019 17:40 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 BEDOK NORTH AVENUE 3 BEDOK NORTH STREET 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|---------------------------------|--------|------------------|-----------------|
| FP8673A | Motorcycle | | | | Slightly Damaged | 0 |
| SJG7306S | Car | TOYOTA | CAMRY 2.0 AUTO ABS AIRBAG | Silver | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20191128/2163

2 of 3

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20191128/2163

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJG7306S | NTUC Income Insurance Co-Operative Limited | 5103285539-01 | 25/08/2019 | 13/07/2020 |

| Details of Person Involved | | | |
|-----------------------------------|----------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN KIM CHUAN | ID No. | S0953012F |
| Related Vehicle | SJG7306S (Car) | Contact No. | 91474192 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 28/11/2019 at about 1740hrs, I was in my vehicle (SJG7306S) exiting the car park of Blk 136 Bedok North Avenue 3. I made a check on both direction for on-coming vehicle in which it was empty as such I slowly inched my vehicle forward. However, one motorcycle (FP8673A) from my right collided onto the right portion of my vehicle. I then came out of my vehicle and to give aid to the rider and somebody assisted to call for ambulance.

Subsequently, both traffic police and ambulance came and the rider was conveyed by the paramedic while the traffic police officer told me to lodge a traffic accident report.

I wish to state that I have a in build camera which the traffic police officer had taken the memory card inside my camera for investigation purpose.



**SINGAPORE
POLICE FORCE**



T/20191128/2163

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

3 of 3

Report No. T/20191128/2163

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 TAN EDMUND NEIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/11/2019 19:37

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT

Contact No.: 65476066

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="28/11/2019 10:05"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJG7306S"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5103285539-01 | | TAN KIM CHUAN | S0953012F | GPC | drivo CLASSIC | SJG7306S | SJG7306S | 25/08/2019 | 13/07/2020 |

Claim Handling

Accident MT/1073591

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----------|
| Policy No. | 5103285539-01 | Vehicle No. | SJG73065 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TAN KIM CHUAN | | | | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Policyholder NRIC | S0953012F |
| Contact No.(Mobile) | 91474192 | Contact No.(Office) | | Loading | 0 |
| Email Address | | Special Remark | | Contact No.(Home) | |
| KPK | <input type="checkbox"/> No <input type="checkbox"/> Yes | TCA | <input type="checkbox"/> No <input type="checkbox"/> Yes | eCode | No |
| NCD Protection | No | NCD Entitlement(%) | 10 | eCode Reason | |
| | | | | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|-------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 29/11/2019 14:40 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major/Minor Road |
| Date of Accident | 28/11/2019 | Time of Accident hh:mm | 17:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BEDOK NORTH AVE 3 | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|---------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BLK 6 #10-346 | Address 2 | BEDOK SOUTH AVENUE 2 | Address 3 | SINGAPORE 460006 |
| Address 4 | | Address Type | Singapore address | Post Code | 460006 |
| Unit No. | | Related Policy Number | 5103285539-01 | | |

▼ O1 Driver Info

| | | | | | |
|---|---|---------------------|----------------------|------------------------|------------------|
| Driver Name | TAN KIM CHUAN | Driver Type | Main Driver | Driver DOB | 27/06/1949 |
| Unnamed driver Name | | Driver NRIC | S0953012F | Driving Experience | 49 |
| Register Date of Driver License | 07/08/1970 | Driver Age | 70 | Contact No.(Home) | |
| Contact No.(Mobile) | 91474192 | Contact No.(Office) | | Address 3 | SINGAPORE 460006 |
| Address 1 | BLK 6 #10-346 | Address 2 | BEDOK SOUTH AVENUE 2 | Post Code | 460006 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**


| | | | | | |
|---|-----------------------------------|-------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | TAN KIM CHUAN | Insured NRIC | S0953012F |
| Contact No.(Mobile) | NIL | Contact No.(Home) | 64417187 | Contact No.(Office) | |
| Email Address | | DI Vehicle Number | SJG73065 | TP Vehicle Number | FPB673 |
| Claim Description | SJG73065 / FPB673A ON 28 Nov 2019 | | | | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault | Name of Preferred Workshop | 0 |
| Workshop No. | Yes | Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | | | | Claim Close Date | 29/11/2019 14:43 |
| Report Taken By | | | | Date Received | 29/11/2019 |
| | | | | | LIEW SHAN HUI |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|-----------|--------|
| Accident No. | MT/1073591 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 29/11/2019 14:44 | | |
| Path * | | Category * | Confidential | Urgency * | Deso |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Message Read | | Clear | Please Select | NO | Normal |

▼ Attachment List

| Attachment | Uploaded By/Date | Category | Key | Urgency | Description | M |
|---|--|-----------------------|-----|---------|----------------------------------|---|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 14:44 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-11-29 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 14:44 | SAS | | Normal | SAS 2019-11-29 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 14:44 | Photos | | Normal | Photos 2019-11-29 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 14:43 | Photos | | Normal | Photos 2019-11-29 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 14:43 | Photos | | Normal | Photos 2019-11-29 | |
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Video List

| Uploaded By/Date | Folder Date | File Name | Key | Source |
|------------------|-------------|-----------------------|--------------------|--------|
| | | Display in New Window | Scan and uploading | |