

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
EEmail 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)

Accident Sketch Plan

SKETCH PLAN

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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:

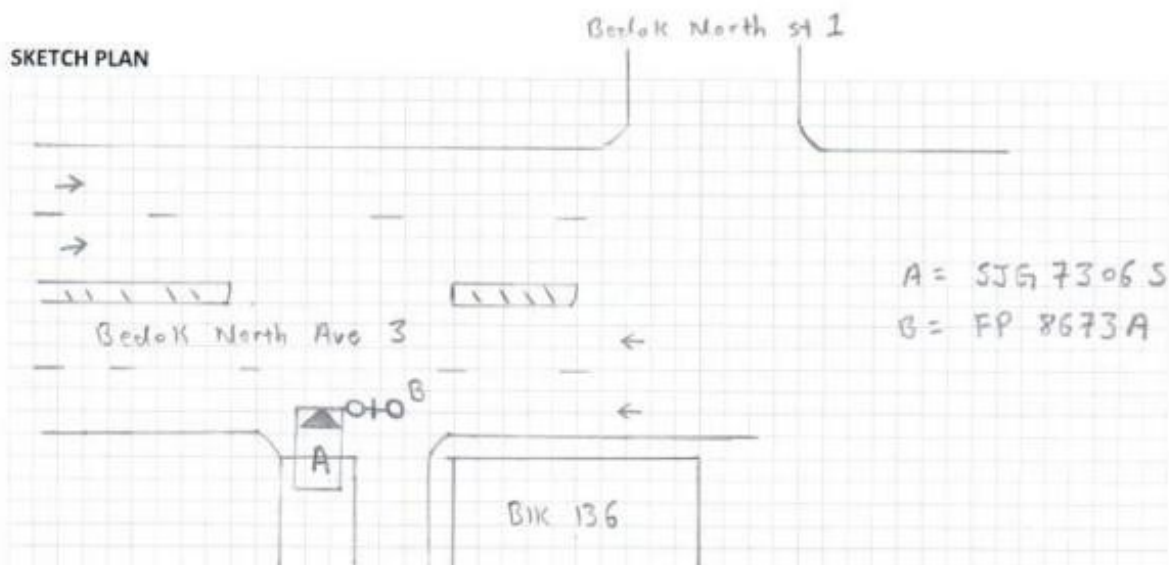
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191128/2163

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.:

POLICE REPORT



**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
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POLICE REPORT



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T/20191128/2163

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

2 of 3

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.

POLICE REPORT



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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



