

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	02/12/2019 14:35
Date Of Accident	01/12/2019 18:15
Exact Location Of Accident	STADIUM BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3212Z
Insured/Policyholder	
Name Of Registered Owner	YONG SHI LEI
NRIC No	S8522967B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81250852
Alternative Phone No	OFFICE-81250852

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105717445
Cover Note Number	

Driver

Name of Driver	TAN JUNWEI
NRIC No	S8210602B
Date Of Birth	01/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2006
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250852
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 215A COMPASSVALE DRIVE #08-518
Postcode	541215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA445A
Vehicle Make/Model/Colour	YELLOW
Details Of Properties	
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 INJURED PERSON 1

Name	TAN JUNWEI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJM3212Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 215A COMPASSVALE DRIVE #08-518
Postcode	541215

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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.

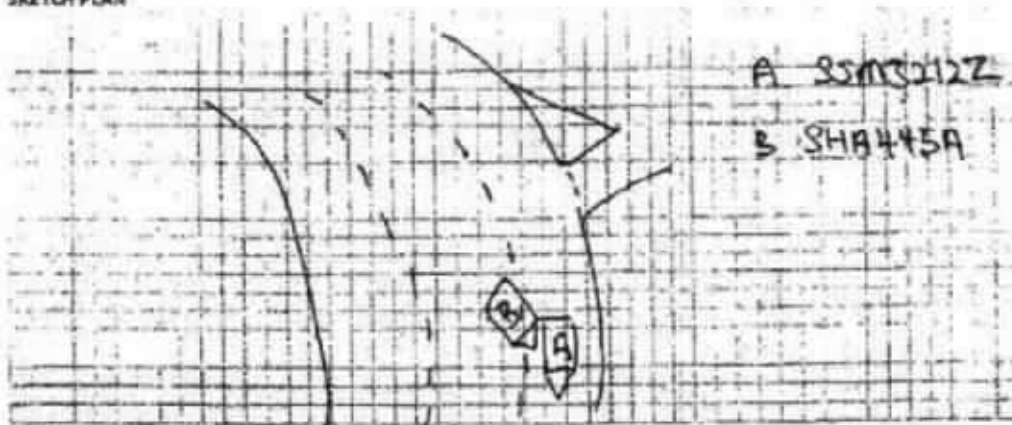
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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/Pass No.:

POLICE REPORT


**SINGAPORE
POLICE FORCE**


T/2019/202/2008

1 of 3

Report No. T/2019/202/2008

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 02:47	Video Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: TAN JUNWEI		Address: APT BLK 215A COMPASSVALE DRIVE #08-518 SINGAPORE 541215	
ID Type / ID No: NRIC NO / S8210602B		Contact No.: Home/Office: Mobile: 81250652	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 01/04/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GO JEK DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2019 18:15	Type of Location: Roundabout
Location: Along Road 1 STADIUM BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Policeman Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passengers
SHA445A	Car	HYUNDAI		Yellow	Slightly Damaged	1
SJM3212Z	Car	HONDA	STREAM	Silver	Slightly Damaged	2

Details of Pedestrian Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

POLICE REPORT



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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/2019/1202/0008

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Report No: T/2019/1202/0008

CONTINUATION OF REPORT

Driver		ID No.	501037281
Name	SIM KENG KWEE	Contact No.	98424160
Related Vehicle	SHA445A (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S8210602B
Name	TAN JUNWEI	Contact No.	81250652
Related Vehicle	SJM3212Z (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Date Discharge	02/12/2019
Date Treatment	02/12/2019	Degree of Injury	Slight
No. of Days granted Medical Leave	05		

Brief Details.

On 1/12/2019 at about 1814hrs, I was driving GoJek with my vehicle, SJM2132Z along Stadium Boulevard. At the roundabout, a yellow CityCab, SHA445A over took my car on the right, and somewhere at the roundabout, the same cab swerved into my lane and hit the rear right side of my car.

Due to the collision, the rear of my car bumper was dented and scratched. I also felt pain on my neck and shoulder as such on 2/12/2019 I went to Mount Alvernia Hospital and was given 5 days of MC. I had 2 passengers who were seated at the rear passenger seats. They also complained of pain after the collision, however I am unsure how severe were their injuries.

At the scene, I manage to exchange particulars with the cab driver. I have in car camera which focused at the front and rear of the car.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20191202/2008

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Report No. T/20191202/2008

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

F1

Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2019 02:47

Officer In Charge Of Case:

TP / AEIT /

Classification Of Case:

Contact No.:

541090

Authentication Stamp
18-18

Signature:

Singapore Police Force