

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	12/12/2019 09:50
Date Of Accident	11/12/2019 09:45
Exact Location Of Accident	NORTH BUONA VISTA ROAD TWRD HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9871R
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN WEI
NRIC No	S8913621J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874153
Alternative Phone No	OTHERS-93874153

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	5107657353
Cover Note Number	

Driver

Name of Driver	TAN KIAN WEI
NRIC No	S8913621J
Date Of Birth	22/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874153
Fax Number	
Contact Number	OTHERS-93874153
Email Address	NOEMAIL

Address	BLK 337 #06-16 BUKIT BATOK STREET 34
Postcode	650337
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED;

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	SMN2455E
Vehicle Make/Model/Colour	OPEL / INSIGNIA GRANDSPORT B16DTH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG TEE PIAU KENNETH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Common Statement

SKETCH PLAN

IMPORTANT NOTICE

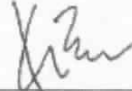
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: varit@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



vehicle A: SJP 9871 R

Vehicle B: SMN 2455 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/2019 At 9:26 AM, I was stationary at North
Bruna Vista Road towards Holland Road. My vehicle was checking on
coming traffic. Suddenly vehicle B (SMW 2455 E) collided my vehicle
rear portion.

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:

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



T/20191211/2136

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

1 of 3

Report No. T/20191211/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2019 17:22	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: TAN KIAN WEI		Address: APT BLK 337 BUKIT BATOK STREET 34 #06-16 SINGAPORE 650337	
ID Type / ID No.: NRIC NO / S8913621J		Contact No.: Home/Office: Mobile: 93874153	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 22/04/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Full Time 'GRAB' 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: 11/12/2019 09:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 NORTH BUONA VISTA ROAD HOLLAND ROAD Filter lane				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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 Passenger
SJP9871R	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	0
SMN2455E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP9871R	NTUC Income Insurance Co-Operative Limited	5107657353	05/03/2019	20/04/2020



SINGAPORE POLICE FORCE

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20191211/2136

Report No. T/20191211/2136 2 of 3

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	TAN KIAN WEI	ID No.	S8913621J
Related Vehicle	SJP9871R (Car)	Contact No.	93874153
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
Driver			
Name	WONG TEE PIAU KENNETH	ID No.	S1712102B
Related Vehicle	SMN2455E (Car)	Contact No.	NIL
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

Brief Details.

On 11/12/2019 at about 0915hrs, I was driving my car (V1: SJP9871R) along North Buona Vista Road towards Holland Rd. Before going into Holland Road through a filter lane, V1 came to a stop before the broken white lines for me to check for safety. I inched V1 forward to have a clearer view and came to a stop again. It was quickly followed by an impact from the rear.

I alighted and saw another car (V2: SMN2455E) to have collided into V1's rear, causing a crack in the rear bumper. None of the involved parties complained of injury at that moment. After exchanging particulars, I left. As I started to experience pain on the back of my neck and aching around my back, I sought medical attention.

There is in-car camera installed in my car but only front facing.



**SINGAPORE
POLICE FORCE**



T/20191211/2136

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No. T/20191211/2136

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:

J/
Staff Sgt MUSHAWWIR BIN ADRUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Signature Of Informant:

Date/Time:
11/12/2019 17:22

Classification Of Case:

Authenticatio
NP15



SIGNATURE