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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	08/01/2020 09:19
Date Of Accident	07/01/2020 09:00
Exact Location Of Accident	JUNC OF PORTSDOWN RD & CENTRAL EXCHANGE GREEN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH544M
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Co Reg No	2XXXXX459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81988720
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5114299343
Cover Note Number	
Driver	
Name of Driver	TAN CHUN YUAN (CHEN JUNYUAN)
NRIC No	SXXXX394F
Date Of Birth	21/10/1988

NRIC No SXXXX394F
Date Of Birth 21/10/1988
Occupation OUTDOOR
Date Of Driving Pass 13/02/2009

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81988720

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 768 YISHUN AVE 3 #08-321 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION**

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

NO

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: WITH TP

Was there any audio recorded? NO

Details of Witness 1

CLARICE CHEN Name

Phone Number 98329421

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF115C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 90300375

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, invoices, reports or notices to me, which could invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

STACAP PIE

Policy holder's signature Date / time:

Oriver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature Date / time:

Accident Sketch Plan

SKETCH PLA	N.	THEFT
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		A SLHSHAM B SUF 115C

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DECLARATION

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

CTACAR OTE

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: Just

reporting centre personnel's Signature NRIC/FIN No.:

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POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200107/7005

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 12:44	fade:	Vide Report No.: D/20200107/0047	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN CHUN YUAN			Address: APT BLK 768 YISHUN AVENUE 3 #08-321 SINGAPORE 760768			
ID Type / ID No.: NRIC NO / S8841394F			Contact No.: Home/Office: Mobile: 81988720			
Nationality: SINGAPORE CITIZEN			Email: tchunyuan88@gmail.com			
Sex: Male	Age:	Date of Birth: 21/10/1988	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nan English			
Occupation: Driver			Driving Licence Information: Class:	Date of Expiry:		

	mation of the Accident		and the format and the same of the format and the f	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2020 09:00	Type of Location:
CENTRAL EX	CHANGE GREEN			
Weather:		Road Surface:		Road Speed Limit:
Weather: Traffic Flow:		Road Surface: Traffic Control:		Road Speed Limit: Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJF115C	Car					0
SLH544M	Car					0

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

POLICE REPORT





2 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20200107/7005

CONTINUATION OF REPORT

Driver				H E		
Name	TAN CHUN YUAN					S8841394F
Related Vehicle	SLH544M (Car)			Conta	ct No.	81988720
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	granted Medical Leave NIL Degree				NIL	

Brief Details.

On the stated date and time, I was traveling along Central Exchange Green as I was approaching the junction, I slowed down my vehicle (SLH544M) to check that the main road is clear before I move off. After checking that the road is clear I then proceed to move off. Out of sudden, vehicle (SJF115C) which was along Portsdown Road came at a fast speed and collided onto my front portion.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200107/7005

CONTINUATION OF REPORT

Sketch Plan									
Informant i	s not	able	to	provide	sketch	pla			

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2020 12:44
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp	





























