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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/01/2020 13:41
Date Of Accident	30/01/2020 00:30
Exact Location Of Accident	SLE SLIP ROAD INTO CTE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF8684J
Insured/Policyholder	
Name Of Registered Owner	LOW AH WAH
NRIC No	S1085061D
Email Address	BTTE1998@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96390236
Alternative Phone No	OTHERS-92233126
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA 1.6
Exact Purpose for which vehicle was being used at time of accident	SENDING FRIEND HOME
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101868174-01
Cover Note Number	
Driver	
Name of Driver	BRYAN TAN TECK EN
NRIC No	S9838791I

NRIC No S98387911
Date Of Birth 13/11/1998
Occupation OUTDOOR
Date Of Driving Pass 17/04/2019

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92233124

Fax Number

Contact Number

EMail Address BTTE1998@GMAIL.COM

Address BLK 507 SERANGOON NORTH AVENUE 4 #10-410

Postcode 550507

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

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 CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : JOEL LIM

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4629999 - **FAX NO**: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED. UNSURE THE PAX OF OTHER VEHICLES.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SD CARD WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6788E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver WONG HEE SEONG

NRIC/Passport Number

Contact Number

Address

Page 2 of 40

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGK5071X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJM5114K

Vehicle Make/Model/Colour

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 UNKNOWN

Approximate Age Injuries Sustain

Injured person in which vehicle? SJM5114K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as truthful and accurate as possible. Any wilful inisrepresentation 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.
- 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.
- 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:

- 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)
 - (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)

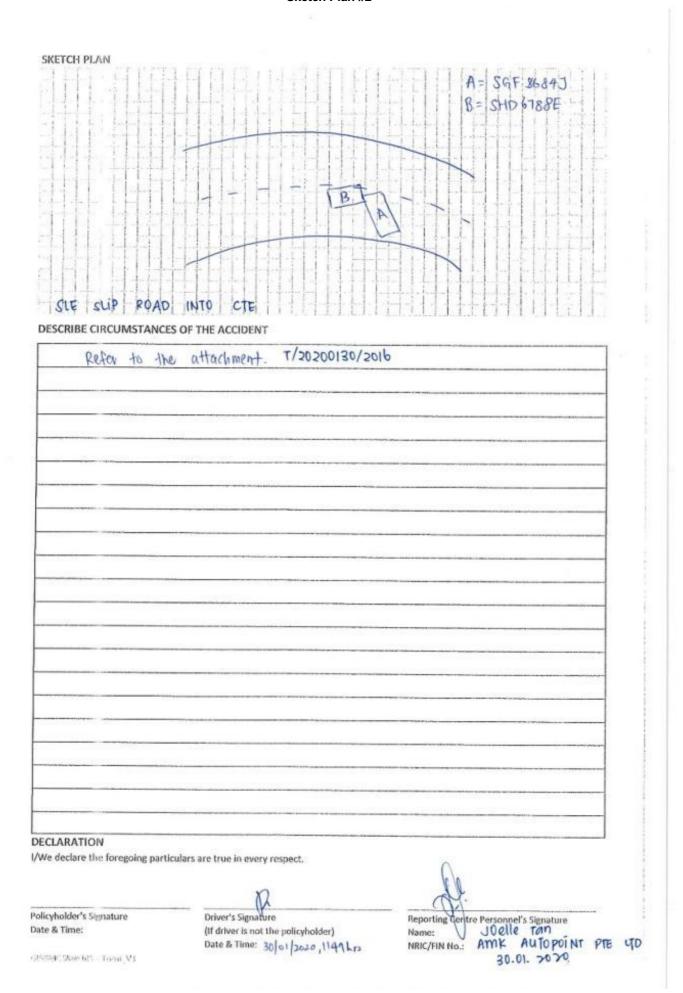
Date & Time: 30/01/2020, 1145hd

ntre Personnel's Signature Report

Joelle Tan Name:

NRIC/FIN No.: AMK AUTOPOINT PIE LTD

Sketch Plan #2







Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

1 of 4 Report No. T/20200130/2016

REPORT OF A TRAFFIC ACCIDENT	REPORT	OF A	TRAFFIC	ACCIDENT
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30/01/2	ime Report 2020 09:36	Made:	Vide Report No.: F/20200130/0009	Station Diary No.		
Inform	ant's Partic	culars	A () 1	16		
Name (of Informant I TAN TECH		Address: APT BLK 507 SERANGOO	ON NORTH AVENUE 4 #10-410		
ID Type NRIC N	/ ID No.: O / S98387	911	Contact No.:			
Nationality: SINGAPORE CITIZEN		EN .	Email:	Mobile: 92233126		
Sex: Male	Age: 21	Date of Birth: 13/11/1998	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Police officer			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident; 30/01/2020 00:30	Type of Location Bend	
PAN ISLAND	Traveling Toward Road (PRESSWAY EXPRESSWAY r Aerospace Way exit	vers.			
Clear		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Traff One Way Not 0		Traffic Control:		Traffic Volume:	
One Way		NOT COULTONE			
One Way Type of Collision	n: Against - Road Divider	Not Controlled		Light Anyone conveyed by	

Vehicle No.	Type	Make:	Model	Color		D. Company
SGF8684J	Car		The second second	COID	Condition	No of Passenge
SGK5071X	1 7000				Seriously Damaged	1
001100717	Cai				- magaa	1
SHD6788E	Taxí	1		-		
SJM5114K	Car					1
	00,					0



T/20200130/2016

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Report No. T/20200130/2016

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

Arry Federalian in	volved: No			-	
No. of Pedestrian	s Injured: NIL	Use of Pec	lestrian	Cross	ing: NA
Driver -			E English	733	000007041
Name	BRYAN TAN TECK EN		ID No.		S9838791I
Related Vehicle	SGF8684J (Car)		Contact No.		92233126
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc			
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
	A STATE OF THE STA				
Name	WONG HEE SEONG		ID No		NIL
Related Vehicle	SHD6788E (Taxi)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc			
No of Days gran	ted Medical Leave NiL	Degree of	Injury	NIL	

Brief Details.

On the 30/01/2020 at around 0030hrs, I was driving vehicle bearing registration number (SGF8684J, V1) along Tampines Expressway towards Pan Island Expressway near to Seletar Aerospace Way at the right lane of the two lane road. When approaching a bend, I slowed down my vehicle however my vehicle skidded and hit onto the low wall on the left and ended up at the right lane. My vehicle front bonnet and front bumper was dented. I immediately stop my vehicle as there was some smoke coming out of my vehicle. I switched off my car engine and placed a breakdown sign at a safe distance to alert other vehicle of the accident. I then called the police to inform them about this matter.

Around five minutes later, one taxi bearing the registration number (SHD6788E, V2) travelling on the right lane could not stopped in time and collided onto the back of my vehicle which resulted in my rear bumper crushed and dislodged. He stopped his vehicle at the road shoulder and alighted from the vehicle. About five minutes later, one vehicle bearing the registration number (SGK5071X, V3) travelling at the right lane saw my vehicle and managed to swerve to the left lane however there was one vehicle bearing the registration number (SJM5114K, V4) travelling on the left lane at that time and collided onto the rear of V3. No one was injured at that time except for driver of V4 who was subsequently conveyed to the hospital.

I wished to state that the road surface was wet at that time as it just stopped raining and there were some gravels on the road which might caused my vehicle to skid. There was in-car camera in my vehicle which was seized by the traffic police officer at scene.



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999



3 of 4

Report No. T/20200130/2016

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

4 of 4 Report No. T/20200130/2016

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 Record E / Sgt 3 GERALD WONG HOO	11	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 30/01/2020 09:36	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA B HUSSEIN	INTE MOHAMED	Classification Of Case:	
Contact No.: 65476236 Authentication Stamp	SINGAPORE POLICE FORCE	SN 170	
	chri	14 TIOT	





























