

## 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	03/02/2020 18:14
Date Of Accident	01/02/2020 02:00
Exact Location Of Accident	HAVELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7590Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98299734
Alternative Phone No	OFFICE-98299734

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS PLUS (AUTO)
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113975451
Cover Note Number	

### Driver

Name of Driver	TAN KWANG SIN (CHEN GUANGXIN)
NRIC No	SXXXX098G
Date Of Birth	19/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81268880
Fax Number	
Contact Number	OFFICE-81268880
EEmail Address	NOEMAIL

Address	BLK 876 TAMPINES STREET 84 #11-26
Postcode	520876
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 - HEAD TO REAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200201/2096.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK2415Z
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	TAN KWANG SIN (CHEN GUANGXIN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMQ7590Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.



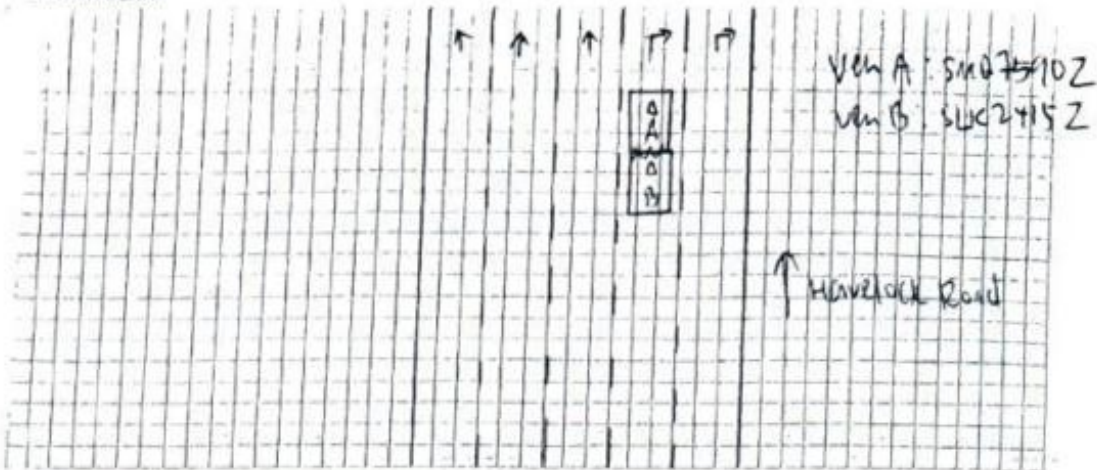
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,  
I was driving my car (Veh A - SM07510Z) along Havelock Road. Suddenly, I felt an impact from my rear and realised a car (Veh B - SLK2415Z) had collided into my rear bumper.

+ Police report attachment.

## DECLARATION

(We declare that the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time:

Witness Signature

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/20200201/2096

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No: T/20200201/2096

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 01/02/2020 16:09	Vide Report No.:	Station Diary No. 88
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### Informant's Particulars

Name of Informant: TAN KWANG SIN			Address: APT BLK 876 TAMPINES STREET 84 #11-26 SINGAPORE 520876	
ID Type / ID No.: NRIC NO / S7831098G			Contact No.:	Mobile: 81268880
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 41	Date of Birth: 19/10/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private Hire 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: 01/02/2020 02:05	Type of Location: Junction
Location: Along Road 1 HAVELOCK ROAD  HAVELOCK ROAD TURNING INTO EU TONG SEN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLK2415Z	Car				Slightly Damaged	1
SMQ7590Z	Car				Slightly Damaged	0

### Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200201/2096

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200201/2096

### CONTINUATION OF REPORT

Driver			
Name	ABDUL MALEK	ID No.	NIL
Related Vehicle	SLK2415Z (Car)	Contact No.	81565760
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
Driver			
Name	TAN KWANG SIN	ID No.	S7831098G
Related Vehicle	SMQ7590Z (Car)	Contact No.	81268880
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2020	Date Discharge	01/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

#### Brief Details.

On 01/02/2020 at about 0205hrs, I was travelling along Havelock Road towards Eu Tong Sen Street. I was approaching the junction to turn right. However suddenly there was a taxi from my left signaled to go into my lane. As such, I slowed down my vehicle (SMQ7590Z) and gave way to the said taxi. Suddenly I felt an impact coming from the rear of my vehicle.

I alighted from my vehicle and noted that vehicle SLK2415Z had collided into the rear portion of my vehicle causing dents and scratches. My rear bumper also had slightly dislodged. I wish to state that both me and the said driver only managed to exchange contact details. I have an in built camera in my vehicle (front view only) which captures the incident.

After the accident, I felt pain on my body and feeling nausea as such, I went to see the doctor. I was given 5 days medical leave.

No traffic police and no ambulance at scene. No government property damaged.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200201/2096

3 of 3

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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No: T/20200201/2096

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:

E /  
Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/02/2020 16:09

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

SN 061

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200201/2096

3 of 3

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SIGNATURE

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



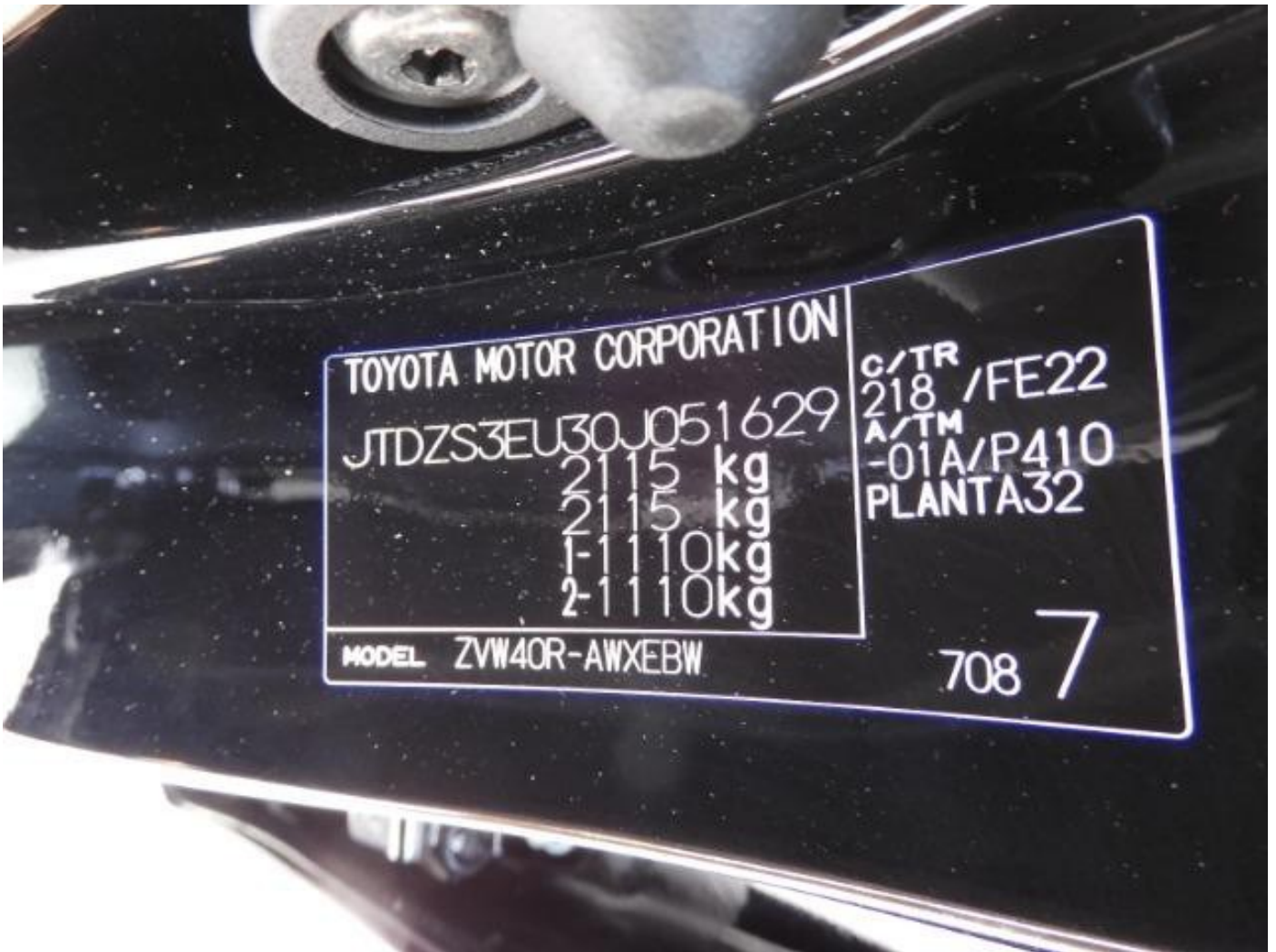
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Accident Photo



Accident Photo





Accident Photo

