

## 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	11/02/2020 10:59
Date Of Accident	10/02/2020 05:20
Exact Location Of Accident	PIE SLIP RD ENTER TO CTE/AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3450U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE. LTD.
Co Reg No	2XXXXX693D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85228855

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109395052
Cover Note Number	

### Driver

Name of Driver	TAN POH KEONG JIM
NRIC No	SXXXX801E
Date Of Birth	16/05/1989
Occupation	INDOOR
Date Of Driving Pass	08/08/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96286644
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 255 KIM KEAT AVE #07-144
Postcode	310255
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	COLLIDED INTO PROPERTY
Weather Conditions	AFTER RAINED
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200210/2124

#### 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	RAILING
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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 POH KEONG JIM
Approximate Age	
Injuries Sustain	BRUISES
Injured person in which vehicle?	SJX3450U
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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#### **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


$$A = 53 \times 3450 \text{ U}$$

PIE Exercise

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/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C.  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20200210/2124

1 of 3

Report No. T/20200210/2124

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
10/02/2020 18:04

Vide Report No.:

Station Diary No.:  
104

### Informant's Particulars

Name of Informant:  
TAN POH KEONG, JIM

Address:  
APT BLK 255 KIM KEAT AVENUE #07-144 SINGAPORE  
310255

ID Type / ID No.:  
NRIC NO / S8916801E

Contact No.:  
Home/Office: Mobile: 96286644

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 30 Date of Birth: 16/05/1989

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
SALES REPRESENTATIVE

Driving Licence Information:  
Class: 3

Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/02/2020 05:20	Type of Location: Straight Road
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Location:  
Along Road 1  
CENTRAL EXPRESSWAY  
CTE TOWARDS AYE 8.3KM MARK

Lamp Post Number: 369

Weather:  
Drizzling

Road Surface:  
Wet

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Light

Type of Collision:  
Moving Vehicle Against - Road Divider/Kerb/Railings

Anyone conveyed by ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX3450U	Car				Seriously Damaged	0



POLICE REPORT



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POLICE FORCE

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20200210/2124

2 of 3

Report No. T/20200210/2124

CONTINUATION OF REPORT

**Brief Details.**

On 10/02/2020 at about 0540hrs, I was driving my vehicle bearing registration SJX3450U along Central Expressway towards Ayer Rajah Expressway at the 8.3km.

As I was driving pass a slight bend, I felt that I was losing control on the car. My vehicle skied and hit onto the railings at the side. I quickly tried to turn back and applied the brakes. My car then came to a complete stop. I had some bruises on my finger and arm but I have yet to go and see a doctor.

The traffic police came to my scene. The ambulance also came to my scene and made a check on me and informed that I do not need to be conveyed to the hospital. My vehicle was being towed away by EMAS.

# POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Or Origin:  
Geylang N.P.C.  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-4488098



10/02/2020 18:04  
3 of 3  
Report No: 1002201007104

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:

G /  
Sgt 2 GNOR JUN XIAN, FREDERICK

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:  
10/02/2020 18:04

Officer In Charge Of Case:

TP / GIT /  
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

