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	20/02/2020 14:19
Date Of Accident	19/02/2020 17:35
Exact Location Of Accident	ALONG PIE TOWARDS JURONG BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK6915H
Insured/Policyholder	
Name Of Registered Owner	TAN CHAI HENG
NRIC No	SXXXX818F
Email Address	CHTAN7489@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98283448
Alternative Phone No	OTHERS-98283448
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS C-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110393699
Cover Note Number	
Driver	

Name of Driver TAN CHAI HENG
NRIC No SXXXX818F
Date Of Birth 01/01/1974
Occupation OUTDOOR
Date Of Driving Pass 17/08/1996

Driving Experience 23 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98283448

Fax Number

Contact Number OTHERS-98283448

EMail Address CHTAN7489@GMAIL.COM

BLK 211 ANG MO KIO AVENUE 3 Address

#02-1428

Postcode 560211

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

Passenger 1

NO

NO

2

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

TEL NO: 1800-4719999 - FAX NO:

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

Police Station Address **SINGAPORE**

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200220/2049

Attachment(s)

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

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBE1268M** Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 16

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
- 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.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN PIE TOWARDS	Lucus	BAFORK	Upmson	Fex 17
		PIE		
		4		
		-		
E A	-			
MAI	2			
0) SKK 6915H				
B) GBE 1268M				
DESCRIBE CIRCUMSTANCES OF THE	CCIDENT			
REFAR TO POLLU		1/200	2020/20	18
RETTOP TO TO US	propos	(rua	10300 100	4()
			-	
			/	
		/		
		/		
				/
DECLARATION I/We declare the foregoing particulars are	true in every respec	t.		
1.	ALVONO CHEN SCHOOL SECTION		12	/ poloslama 1
Policyholder's Signature Di	iver's Signature		Reporting C	entre Personnel'a Signature / MAAG
Date & Time: (II	driver is not the poli ate & Time:	cyholder)	Name: NRIC/FIN No	entre Personnel's Signature (M) (1910)

POLICE REPORT



REPORT OF A TRAFFIC ACCIDENT

Grab Driver



Date of Expiry:

No

1 of 3

Report No. T/20200220/2049

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Date/Time Report Made: 20/02/2020 12:22	Vide Report No.:	Station Diary No.: 16		
Informant's Particulars	A second of the second			
Name of Informant: TAN CHAI HENG	Address: APT BLK 211 ANG MO KIO SINGAPORE 560211	APT BLK 211 ANG MO KIO AVENUE 3 #02-1428		
ID Type / ID No.:	Contact No.:	11 11 00000110		

NRIC NO / S7400818F Home/Office: Mobile: 98283448 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 46 01/01/1974 Driver Race: Language: Institution / School Name: Chinese English Driving Licence Information: Occupation:

Class:

General Information of the Accident Drink Date/Time of Type of Location: Non-Injury Type of Hit and Run Drive: Accident: Straight Road Accident: No 19/02/2020 17:35 Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Jurong, before Thomson exit Weather: Road Surface: Road Speed Limit: Clear Dry 90 Km/h Traffic Flow: Traffic Volume: Traffic Control: One Way Not Controlled Heavy Type of Collision: Anyone conveyed by Between Moving Vehicles - Side Swipe - Same Direction ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE1268M	Lorry	TOYOTA		White	No Damage	0
SKK6915H	Car	TOYOTA	PRIUS C	Red	Slightly Damaged	1

	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK6915H	NTUC Income Insurance Co-Operative Limited	5110393699	14/06/2019	21/08/2020

POLICE REPORT



Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3 Report No. T/20200220/2049

CONTINUATION OF REPORT

Details of Perso	n Involved	N.Elec	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO			North Africa Start
Any Pedestrian Ir	nvolved: No		- 100-00			
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver						
Name	TAN CHAI HENG			ID No	6	S7400818F
Related Vehicle	SKK6915H (Car)			Conta	ct No.	98283448
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL		NIL	The second second second second second	Degree of Injury NIL		

Brief Details.

On the abovementioned date, time and location, I was driving my vehicle along the heavily jammed road, when I realized that the lorry, GBE1268M, had swiped against the right side of my car. The driver, a male, believed to be a Singaporean Malay, did not stop. It was a merging traffic, and he simply squeezed past me on the right, even though my car was ahead of his. I followed him for a while and eventually managed to catch up and insist that he stopped. He refused to give any particulars and to further discuss anything with me. He then drove off. There were scratches on the rear right tire arch and door area. There was also a female passenger at my rear seat during the incident. No one was injured. I have an in vehicle car recorder.

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20200220/2049

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: D / Sr Staff Sgt HAZALI BIN SANUSI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2020 12:22
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168 3 1 100000 FDECL	















