

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	16/03/2020 10:38
Date Of Accident	15/03/2020 11:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8662X
Insured/Policyholder	
Name Of Registered Owner	TAN WEN PING
NRIC No	SXXXX836D
Email Address	WREN.TAN@LIVE.COM
Mobile Phone No	(LOCAL) +65-96820030
Alternative Phone No	OFFICE-96820030

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5106638907-01
Cover Note Number	

Driver

Name of Driver	TAN WEN PING
NRIC No	SXXXX836D
Date Of Birth	09/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2000
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96820030
Fax Number	
Contact Number	OFFICE-96820030
Email Address	WREN.TAN@LIVE.COM

Address	BLK 572 CHOA CHU KANG STREET 52 #13-258
Postcode	680572
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

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?	NO
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)	2
Passenger 1	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

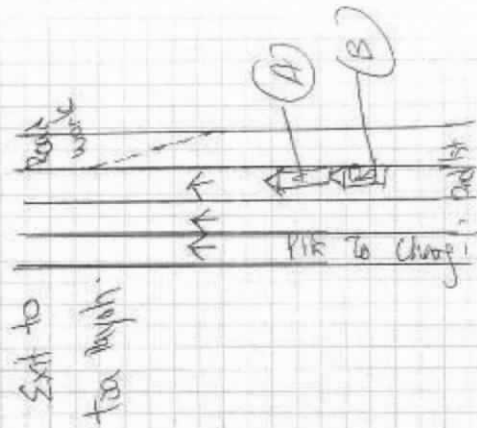
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL3966Y
Vehicle Make/Model/Colour	NA
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	SXXXX573H
Contact Number	96322160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



(A) SMG 8662X
(B) SG L3966Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
T/20200315/2076

DECLARATION

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

Adam 16/5/2020

Policyholder's Signature
Date & Time:

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

Rued 16/5/2020

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

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)

(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.

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

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200315/2076

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200315/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2020 18:41		Vide Report No.:		Station Diary No.: 106	
Informant's Particulars					
Name of Informant: TAN WEN PING			Address: APT BLK 572 CHOA CHU KANG ST 52 #13-258 SINGAPORE 680572		
ID Type / ID No.: NRIC NO / S8128836D			Contact No.: Home/Office: Mobile: 96820030		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 09/09/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CHEMICAL SALES			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: 15/03/2020 11:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY before TPY Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGL3966Y	Car				Slightly Damaged	1
SMG8662X	Car	HONDA	FIT HYBRID 1.5F AUTO	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMG8662X	NTUC Income Insurance Co-Operative Limited	5106638907-01	02/01/2020	01/01/2021

Common Statement



**SINGAPORE
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T/20200315/2076

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200315/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WEN PING	ID No.	S8128836D
Related Vehicle	SMG8662X (Car)	Contact No.	96820030
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/03/2020	Date Discharge	15/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 15/03/2020 at about 1118hrs, I was driving along PIE towards Changi, before Toa Payoh Exit, I was driving, SMG8662X along second lane from the right. As we approach a junction where there was a construction ahead, the traffic started to slow down. Subsequently I follow suite with the speed of the traffic flow, as the vehicle in front proceed to a complete stop, I follow suite and slowly slow down to a complete stop.

Just as I stop my vehicle, a vehicle, SGL3966Y then bang onto the rear of my vehicle. We then got down from the vehicle to check on the damages and I discover my rear boot door and rear bumper was damaged. Subsequently we exchanged particulars and the other driver namely Lee Wee Min, S182573H then checked that I was fine and told me to make an insurance claims against him.

Subsequently as I left the area, I felt some numbness from the left of my body and I subsequently went to Ng Teng Fong General Hospital for a checkup. I was later informed that I suffered neck sprained and top half of my body suffering from numbness. I was later issued a 06days MC by NTFGH from 15/03/200 to 20/03/2020 and they advised me to lodge a police report as it is over 03days MC.

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T/20200315/2076

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200315/2076

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: J / Sgt 2 OH DING FENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable SIGNATURE	Date/Time: 15/03/2020 18:41
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NP158