

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	22/05/2020 16:01
Date Of Accident	16/05/2020 18:30
Exact Location Of Accident	SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP6660Y
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Insured/Policyholder

Name Of Registered Owner	BOOMERANG MOTORWORKS PTE LTD
Co Reg No	2XXXXX474G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7(A) DIESEL SUNROOF
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116879876
Cover Note Number	

Driver

Name of Driver	TAN MENG YOUNG, CHARLES (CHEN MINGYANG)
NRIC No	SXXXX151H
Date Of Birth	04/02/1988
Occupation	INDOOR
Date Of Driving Pass	31/07/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86886381
Fax Number	
Contact Number	OFFICE-86886381
Email Address	NOEMAIL

Address	BLK 105B EDGEFIELD PLAINS #14-11
Postcode	822105
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200517/7016.

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	SKZ9600X
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 MENG YOUNG, CHARLES (CHEN MINGYANG)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SBP6660Y
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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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.

BOOMERANG MOTORWORKS PTE LTD

Policyholder's Signature
Date & Time:

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

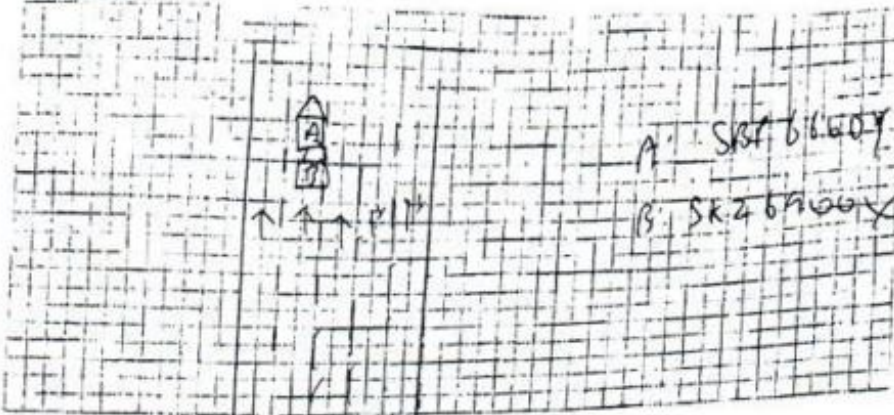
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

2019/10/10 10:10:10

Scanned with CamScanner

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary at traffic light. Sunday, 1 PM
 a large impact from the rear. I got down & ran
 (SK26600Y) hit onto the rear of my vehicle

DECLARATION

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

BOOMERANG MOTORWORKS PTE LTD

Policyholder's Signature
 Date & Time:

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

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

START: 2017/10/10 10:10:10

Police Report



**SINGAPORE
POLICE FORCE**



T/20200517/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200517/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2020 21:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN MENG YOUNG, CHARLES			Address: APT BLK 105B EDGEFIELD PLAINS #14-11 SINGAPORE 822105		
ID Type / ID No.: NRIC NO / S8804151H			Contact No.: Home/Office:		Mobile: 86886381
Nationality: SINGAPORE CITIZEN			Email: exoclesiates@gmail.com		
Sex: Male	Age: 32	Date of Birth: 04/02/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2020 18:30	Type of Location: X-Junction
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SBP6660Y	Car					1
SKZ6900X	Car					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/20200517/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200517/7016

CONTINUATION OF REPORT

Driver			
Name	TAN MENG YOUNG, CHARLES	ID No.	S8804151H
Related Vehicle	SBP6660Y (Car)	Contact No.	86886381
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On the mentioned date and time, I was travelling on Sengkang East Way heading towards selatar mall and stopped at the junction between Sengkang East Way and Anchorvale Rd the traffic light is red. Moments later, I felt an huge impact coming my rear. I got out of my vehicle and realize that vehicle bearing SKZ6900X has hit onto my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200517/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200517/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/05/2020 21:11

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

