

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	17/02/2020 16:51
Date Of Accident	13/02/2020 19:00
Exact Location Of Accident	BRADDELL RD TWDS LORNIE RD B/F WOODLEIGH PK L/P 29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5982R
Insured/Policyholder	
Name Of Registered Owner	S.A ASIA INTERNATIONAL PTE. LTD.
Co Reg No	201608987E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-81330068

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107541887 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	TAN POH CHUAN
NRIC No	S7407865F
Date Of Birth	05/03/1974
Occupation	INDOOR
Date Of Driving Pass	02/07/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96353046

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 125 YISHUN ST 11 #08-405
Postcode	S760125
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
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/20200217/7009

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	FBH2168X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GANAPATHY ARUMUGAM
NRIC/Passport Number	G8682188K

Contact Number 98916635

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN POH CHUAN

Approximate Age 45

Injuries Sustain 3 DAYS MEDICAL LEAVE FROM UNIVERSAL MEDICAL CLINIC

Injured person in which vehicle? SJN5982R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan


SKETCH PLAN


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. 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:

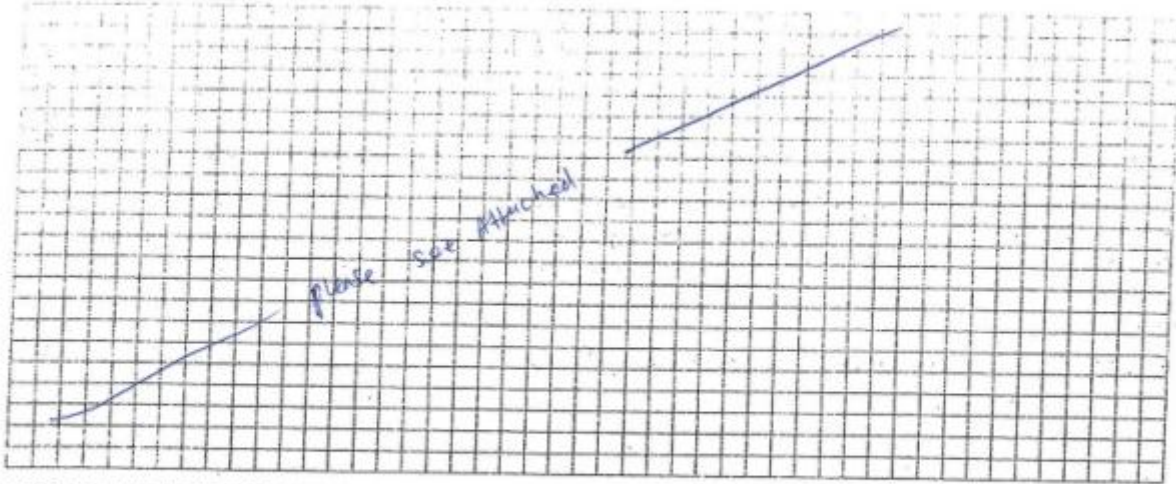
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

IDAC SIN MING VICOM LTD
385 SIN MING DRIVE (S)575718
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. A diagonal line is drawn across the area, and the text "Please See Attached" is written diagonally across it.

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:

IDAC SIN MING VICOM LTD
385 SIN MING DRIVE (S)575718

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

CLARENCE S&P 10/10/11 11:12

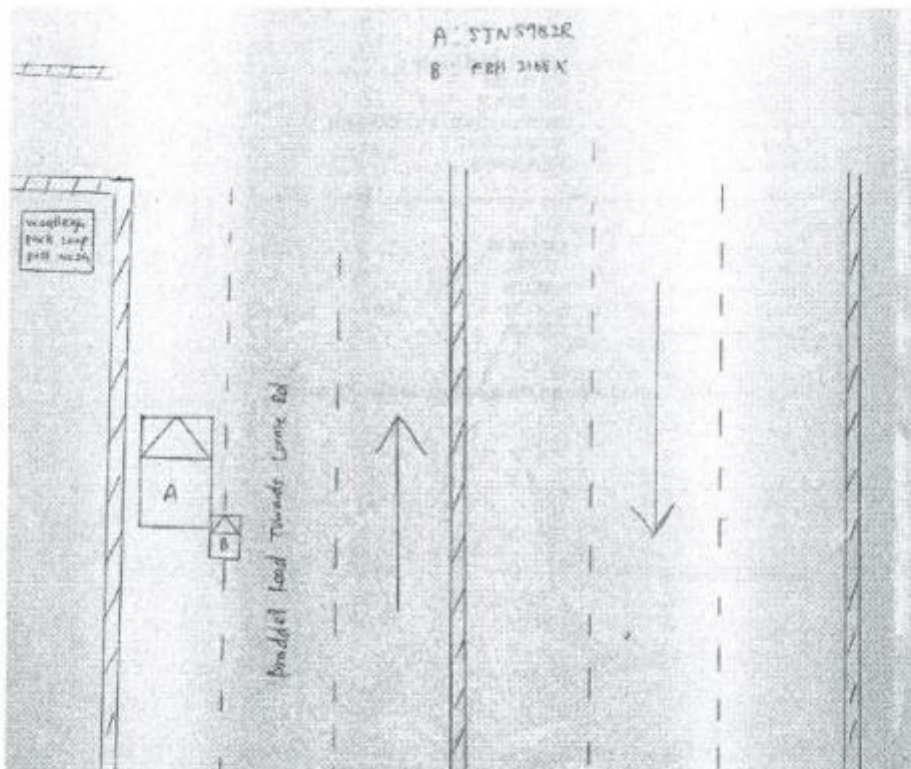
On 13/02/20 @ about 1900hrs I was driving my vehicle, SJN5982R, along Braddell Road towards Lornie Rd. I was driving along the extreme left lane. Right before Woodleigh Park Lamp Post No. 29, the front traffic was slowing down. I also slowed down my vehicle.

All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, FBH2168X had hit on to the rear part of my vehicle and cause some damages to it.

I felt pain on my back and went to see a doctor. I receive 3 days of medical certificate.

That's all.

TAN POH CHUAN
7407865F
F



TAN POH CHUAN
7407865F
F



**SINGAPORE
POLICE FORCE**

wee my date



T/20200217/7009

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

1 of 3

Report No. T/20200217/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2020 11:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN POH CHUAN			Address: APT BLK 125 YISHUN STREET 11 #08-405 SINGAPORE 760125		
ID Type / ID No.: NRIC NO / S7407865F			Contact No.: Home/Office: Mobile: 96353046		
Nationality: SINGAPORE CITIZEN			Email: pctan24@gmail.com		
Sex: Male	Age: 45	Date of Birth: 05/03/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALESMAN			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: 13/02/2020 19:00	Type of Location: Straight Road
Location: Braddell Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: HIT FROM REAR				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No:	Type:	Make:	Model:	Color:	Condition:	No of Passenger:
SJN5982R	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20200217/7009

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

2 of 3

Report No. T/20200217/7009

CONTINUATION OF REPORT

Driver			
Name	TAN POH CHUAN	ID No.	S7407865F
Related Vehicle	SJN5982R (Car)	Contact No.	96353046
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/02/2020 at about 1900hrs i was driving my vehicle SJN5982R along Braddell Road towards Lornie Road.As i was driving the extreme left lane right before Woodleigh Park Lamp Post no.29, the front traffic was slowing down and i also slowed down my vehicle.

Out of a sudden, i heard a very loud bang and i felt a very big impact from the rear of my vehicle.i then realise that one vehicle FBH2168X had hit on to the rear part of my vehicle and cause damages to my vehicle.i felt pain on my neck and back and see a doctor.i received 3 days of medical certificate.
i have videos of this accident.Thats all.



**SINGAPORE
POLICE FORCE**



T/20200217/7009

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

3 of 3

Report No. T/20200217/7009

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

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

Date/Time:
17/02/2020 11:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

