

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 ability.
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 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	21/10/2014 13:55
Date Of Accident	20/10/2014 22:15
Exact Location Of Accident	ANG MO KIO AVE 8 TOWARDS BISHAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV9535B
Insured/Policyholder	
Name Of Registered Owner	TAN SU TENG
NRIC No	S1617828D
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	MATRIX
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	5023730640-07 (DRIVO PREMIUM)
Cover Note Number	
Driver	
Name of Driver	TAN CHEE KIONG @CHEN CHAO QUN
NRIC No	S0617325Z
Date Of Birth	27/05/1930
Occupation	Indoor
Date Of Driving Pass	20/08/1952
Driving Experience	62 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-97334482
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 108 BUKIT PURMEI ROAD #04-117
Postcode	090108
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured Parent
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident Unknown - REFER TO SKETCH
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? Yes
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name [Other] BUKIT TIMAH NPC
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

ACCIDENT HAPPENED ON 20TH OCTOBER 2014 AT ABOUT 22:15 HOURS. PLEASE REFER TO POLICE REPORT NO. T/20141021/4003 ATTACHED. **ATTENDED BY CHRISTINA**

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GT8982X
Vehicle Make/Model/Colour TOYOTA LORRY
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBG6120L
Vehicle Make/Model/Colour MOTORCYCLE
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

UNKNOWN RIDER

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

FBG6120L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

UNKNOWN PILLION

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

FBG6120L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

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.

Signature 21 OCT 2014

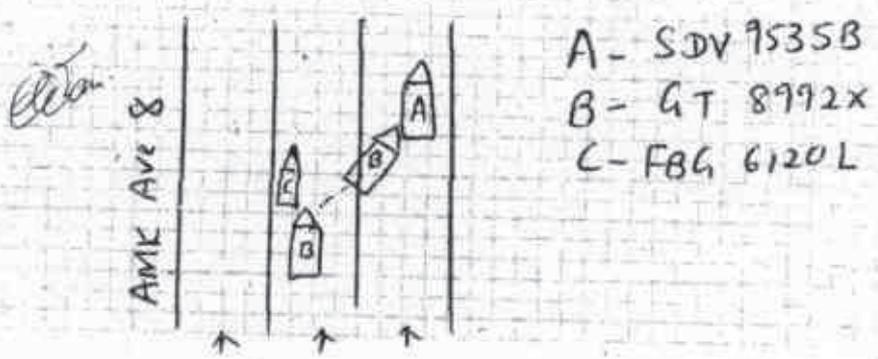


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

(Refer to police Report attached)

Declaration

We declare the foregoing particulars are true in every respect.

21 OCT 2014

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Sketch Plan #3 Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20141021/4003

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Report No. T/20141021/4003

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made: 20/10/2014 01:31	Vide Report No.: F 20141020/0245	Station Diary No.: 9
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Informant's Particulars

Name of Informant: TAN CHEE KIONG		Address: APT BLK 108 BUKIT PURMEI ROAD #04-117 SINGAPORE 090108	
ID Type / ID No.: NRIC NO / S0617325Z		Contact No.: Home Office: Mobile: 97334482	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 84	Date of Birth: 27 05 1930	Type of Informant: Driver
Race: Chinese		Language: English	Institution School Name:
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2014 22:15	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 MO KIO AVENUE 8 BISHOPIAN ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6120L	Motorcycle			White	Slightly Damaged	1
GT8992X	Lorry	TOYOTA		Blue	Slightly Damaged	1
SDV9535B	Car	HYUNDAI	MATRIX	Green	Slightly Damaged	0

Details of Person Involved

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

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20141021-4003

CONTINUATION OF REPORT

Driver			
Name	TAN CHEE KIONG		ID No. S0617325Z
Related Vehicle	SDV9535B (Car)		Contact No. 97334482
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 20/10/2014 at about 2215hrs, I was driving along Ang Mo Kio Avenue 5 towards Bishan Road in my car (SDV9535B) on the extreme right lane of a three lane road. I then witness one lorry (GT8992X) travelling in the center lane hit a motorcycle (FBG6120L) and saw two persons falling from the motorcycle. The said lorry then swerved into my lane and hit the left side of my car, leaving a scratch in the rear passenger door.

The male Indian lorry driver and the passenger then got out of the lorry, and attended to the motorcyclist and the passenger that was injured. One male subject approached and informed that he would call for the ambulance and for the police. I went over to get the particulars of the lorry driver, and he told me that he would parked his vehicle further in front first before giving me his particulars. I told him not to move the vehicle as traffic police have not arrived yet. However, the lorry driver along with the passenger drove off immediately when the ambulance arrived at scene. The male subject that helped to call for ambulance and police left prior to police arrival. I am not sure if he had witnessed the accident.

The motorcyclist and the passenger was sent to the hospital, and they suffered scratches on the arms. One of them sustained pain in his back. I do not have particulars of the lorry driver, the passenger or the injured person. There is no in-built camera installed in my car. I was asked by the police officers that attended to the case to provide a report.

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20141021/4003

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Report No: T-20141021/4003

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:
E/
Ho Kang Ling

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/10/2014 01:31

Officer In Charge Of Case:

TP / GIT /
DJUN ENDI BIN DJUHARI
Contact No: 65472077
SN 170

Authentication Stamp
Signature

Singapore Police Force

Classification Of Case: