SUBMITTED BY: Sharifah Nusaybah Binte Syed Jamil Binshahab

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

Date Of Driving Pass

**Driving Experience** 

- 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 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

	ACCIDENT STATEMENT		
Date Of Report	13/07/2020 21:49		
Date Of Accident	11/07/2020 17:00		
Exact Location Of Accident	ORCHARD ROAD (BEFORE LUCKY PLAZA)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJT1693U		
Insured/Policyholder			
Name Of Registered Owner	L.K AUTO LEASING PTE. LTD.		
Co Reg No	2XXXXX694W		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	Office-NOPHONE		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	VIOS-1.5 J (A)		
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		
f 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	YES		
Policy Number	5111775364		
Cover Note Number			
Driver			
Name of Driver	TAN JUN CHANG, ROGER (CHEN JUNCHANG)		
NRIC No	SXXXX768D		
Date Of Birth	30/09/1990		

**OUTDOOR** 

24/06/2011

9 YEARS AND 0 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97550083

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

**BLK 49 WHAMPOA SOUTH** Address

#02-10

Postcode 330049 NO

Was driver an employee of the Insured's Company

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

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : SPOUSE

Gender: : Female

**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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE Police Station Address

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKX32B

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

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**

PRIVATE CAR

Name TAN JUN CHANG, ROGER

Approximate Age Injuries Sustain

Injured person in which vehicle? SJT1693U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name CHUAINA ATCHARA

Approximate Age Injuries Sustain

Injured person in which vehicle? SJT1693U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 the purpose(s).
  - 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.

S. Miseasterst S. Mis

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.:

Scanned with CamScanner

Vehicle A: SJT16934		10
While B: SEX 32 B.		ORCHINED FOND
	B	ORCF
BE CIRCUMSTANCES OF THE ACCIDENT •		
- Refer to Police Rep	· · · · · · · · · · · · · · · · · · ·	
1000 CB /8500 07 80500 Ward		
		-/
to		
	/	
	***	*

Date & Time:

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Scanned with CamScanner

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Police Report





Police Station Of Origin: Traffic Police 10 Ubi Averue 3 SINGAPORE 408865 Tel No: 85470000

1 of 3 Report No. 1/20200713/7022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2020 18:58		Aade:	Vide Report No.:	Station Diary No.:	
Informa	int's Partic	ulars			
Name of Informant: TAN JUN CHANG, ROGER			Address: APT BLK 49 WHAMPOA SOUTH #02-10 SINGAPORE 330049		
ID Type / ID No.: NRIC NO / S9036768D		68D	Contact No.: Home/Office:	Mobile: 97550083	
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: babyolivia71259@gmail.com		
Sex: Age: Date of Birth: Male 29 30/09/1990			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Courier services			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2020 17:00	Type of Location Straight Road
Location: ORCHARD R	OAD			
Weather:		Road Surface:	F	load Speed Limit:
		Dry		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJT1693U	Car	TOYOTA	VIOS		Seriously Damaged	2
SKX32B	Car	FERRARI			Seriously Damaged	0

Details of Person Involved		
Any Pedestrian Involved: No	A CONTROL OF THE CONTROL AND CONTROL OF THE CONTROL OF	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

## **Police Report**





Report No. 1/20200713/7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 85470000

#### CONTINUATION OF REPORT

Passenger .				
Name	CHUAINA ATCHARA	ID No.	G1813599Q	
Related Vehicle	SJT1683U (Car)	Contact No	. NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class; NIL Date of Expiry: NIL	
Date Treatment	11/07/2020	Date Discharge 11/0	scharge 11/07/2020	
No. of Days gran	ted Medical Leave 03	Degree of Injury Serious		
Oriver				
Name	TAN JUN CHANG, ROGER	ID No.	S9036768D	
Related Vehicle	SJT1693U (Car)	Contact No	97550083	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	11/07/2020	Date Discharge 11/0	7/2020	
No. of Days gran	ted Medical Leave 03	Degree of Injury Serious		

Brief Details.
ON 11/07/2020 AT ABOUT 17:00HR, I WAS DRIVING MY VEHICLE - SJT1693U, ALONG ORCHARD ROAD ON THE 3RD LANE FROM THE RIGHT. AS FRONT VEHICLE SLOW DOWN AND STOPPED, I FOLLOWED SUIT. MOMENTS LATER, VEHICLE NUMBER - SKX32U, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY WIFE & I THEN SEEK MEDICAL ATTENTION AT UNIHEALTH 24-HR CLINIC (TPY) AND WAS GIVEN 3 DAYS MC.

## **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 85470000

3 or 3 Report No. 1/20200713/7022

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

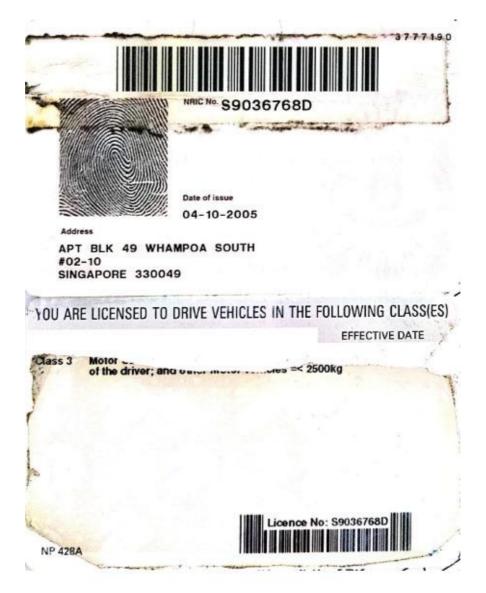
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2020 16:56
Officer In Charge Of Case: TP / TPHO / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

## **Driving License**



Scanned with CamScanner

## **Driving License**



Scanned with CamScanner













