#### 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 <u>truthful and accurate</u> 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 aforesaid.

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	ACCIDENT STATEMENT
Date Of Report	16/07/2020 14:05
Date Of Accident	16/07/2020 07:35
Exact Location Of Accident	PIE (CHANGI) NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP7403L
Insured/Policyholder	
Name Of Registered Owner	TAN KOK PENG (CHEN GUOPING)
NRIC No	SXXXX999H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98172935
Alternative Phone No	OFFICE-98172935
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B 200 AT ABS AIRBAGS HID 2WD 5DR(CHROME)
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113741599
Cover Note Number	
Dulyson	

#### Driver

Name of Driver TAN KOK PENG (CHEN GUOPING)

NRIC No SXXXX999H
Date Of Birth 08/10/1972
Occupation INDOOR
Date Of Driving Pass 07/07/1993

Driving Experience 27 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98172935

Fax Number

Contact Number OFFICE-98172935

EMail Address NOEMAIL

35 ROBIN ROAD Address

#10-05

Postcode 258210

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** 

**CHAIN COLLISION** Type Of Accident

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

3

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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

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

**SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200716/2035 & T/20200716/2048.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLJ1880A Vehicle Make/Model/Colour **SUBARU** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver **CHANG GOY HUA** 

NRIC/Passport Number

Contact Number 97388788

Address Postcode No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

1

Vehicle Registration Number SLW4460R Vehicle Make/Model/Colour **HONDA** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver MI YIN LONG

NRIC/Passport Number

Contact Number 96287685

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

TAN KOK PENG (CHEN GUOPING) Name

Approximate Age

Injuries Sustain **BODY** Injured person in which vehicle? SMP7403L YES Were seat belts worn?

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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:
  - 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/faw 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: Reporting Centre Personne 's Signature Name: NRIC/FIN No.:

SMESS MANAGEMENT VI

# **Accident Sketch Plan**

SKETCH PLAN			
		A.SMPZYOZ 18: Stw446 1 C. SUJ 1680A 1 A 1 B 1 B 1 PIE ne Paya b	OR
DESCRIBE CIRCUMSTANCE	E OF THE ACCIDENT		
	(e report - 7/2020716/203	ır.	
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1			
PECLARATION //We declare the foregoing par	ticulars are true in every respect.	That	
olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel & Signature Name: NRIC/FIN No.:	_

2





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20200716/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2020 12:18		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN KOK PENG			Address: APT BLK 35 ROBIN ROAD #10-05 ROBIN REGALIA SINGAPORE 258210			
ID Type / ID No.: NRIC NO / S7236999H			Contact No.: Home/Office: Mobile: 98172935			
National	lity: PORE CITIZ	ČEN .	Email:	-		
Sex: Age: Date of Birth: Male 47 08/10/1972			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Other accounting clerks (eg cost clerk)		erks (eg cost	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2020 07:35	Type of Location
TOWARDS C	EXPRESSWAY HANGI NEAR TO F	Road Surface:		Road Speed Limit:
Clear		Dry		
0,000				The second of th
Traffic Flow:		Traffic Control:	1	Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLJ1880A	Car					0
SLW4460R	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP7403L	NTUC Income Insurance Co-Operative Limited	5113741599	05/11/2019	27/03/2021





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200716/2035

#### CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMP7403L	Car	MERCEDES BENZ	B 200 AT ABS AIRBAGS HID 2WD 5DR(CHRO ME)	Grey		0

### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG PIE TOWARDS CHANGI ON THE EXTREME LEFT LANE ROAD WHEN THE VEHICLE BEARING (SLW4460R) INFRONT OF ME JAMMED BRAKE, I MANAGED TO STOP IN TIME BUT THE VEHICLE BEHIND(SLJ1880A)COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (SMP7403L) SUBSEQUENTLY I FELT PAIN ON MY RIGHT PALM AND I WENT TO MOUNT ALVERNIA HOSPITAL AND I WAS GIVEN 5 DAYS OF OUTPATIENT SICK LEAVE FROM 16/07/20 TO 20/07/20. I HAVE EXCHANGED PARITICULARS WITH THE INVOLVED PARTIES THATS ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200716/2035

CONTINUATION OF REPORT

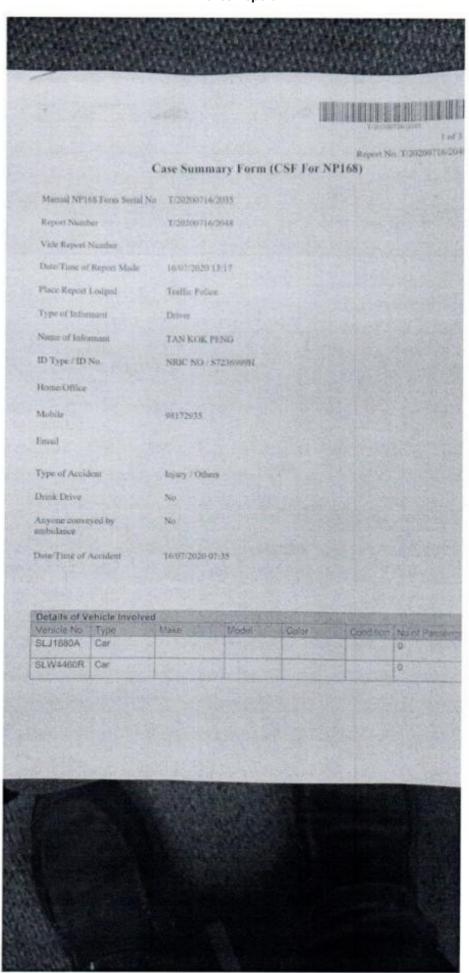
## Sketch Plan

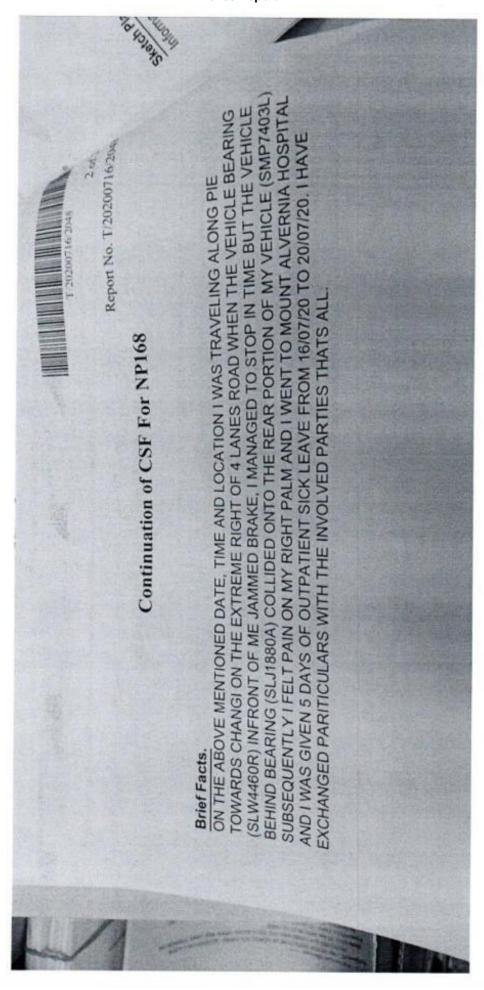
NP168

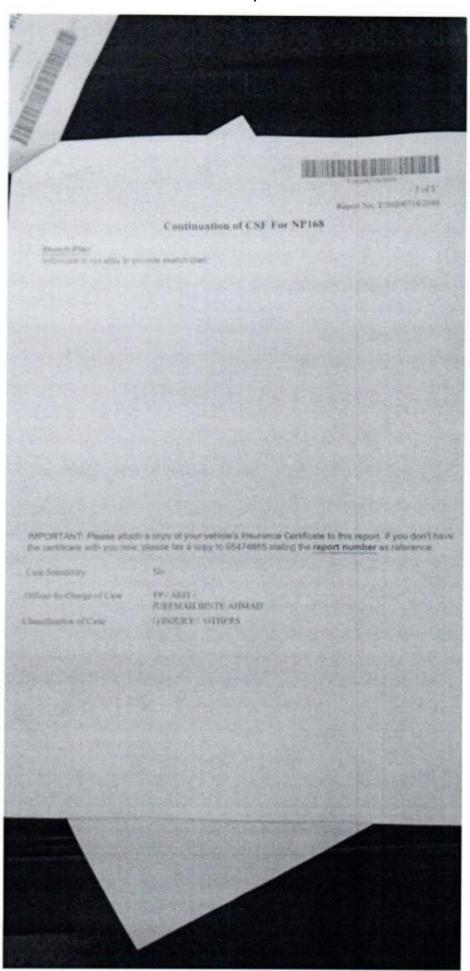
Informant is not able to provide sketch plan

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: TP / BERNARD KOH REN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/07/2020 12:18
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	



































#### **Addendum Sheet**



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

# IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MHN 12059988 Vehicle Registration No: JMP7436 Name (as shown in NRIC): Ton Jok Peng ( then Guaping) NRIC/FIN/Passport No : 5XXXXX 999# (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Mobile No .: 98 (72435 Email Address Date of Accident Time of Accident : Q:35 Place of Accident : Insurance Company: N700 (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amond the Oketch Plan

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