

## 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	03/08/2020 14:19
Date Of Accident	01/08/2020 12:50
Exact Location Of Accident	ALONG KPE TUNNEL TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX9448M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN KIN TUCK
NRIC No	SXXXX890G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87686408
Alternative Phone No	OFFICE-87686408

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	REPORTING ONLY
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	5117269990
Cover Note Number	

### Driver

Name of Driver	CHAN KIN TUCK
NRIC No	SXXXX890G
Date Of Birth	24/09/1999
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87686408
Fax Number	
Contact Number	OFFICE-87686408
EEmail Address	NOEMAIL

Address	BLK 178B RIVERVALE CRES #04-443
Postcode	542178
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

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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SCV9988P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO YONG HUEI

NRIC/Passport Number	SXXXXX209G
Contact Number	91196996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

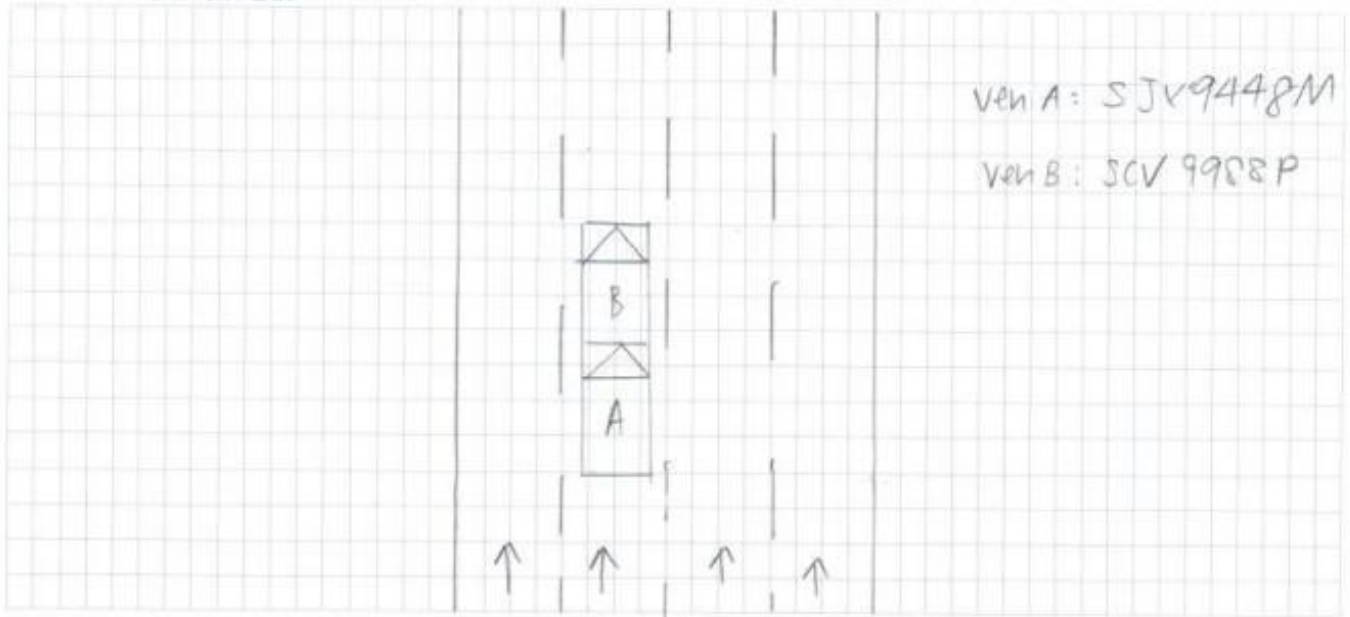
  
Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

# Accident Sketch Plan

## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/08/2020, I was travelling straight along KPE towards  
 PE, Vehicle B (SCV9988P) suddenly jammed brake and  
 I follow suit. I managed to stop but my car  
 front tire suddenly skid towards the vehicle and  
 collided onto the rear portion of vehicle B.

## DECLARATION

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

  
 Policy holder's signature  
 Date & time:

  
 Driver's signature  
 (if driver is not policy holder)  
 Date & time:

  
 reporting centre personnel's Signature  
 NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200813/2004

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20200813/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2020 01:09	Vide Report No.:	Station Diary No.: 27
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### Informant's Particulars

Name of Informant: CHAN KIN TUCK	Address: APT BLK 178B RIVERVALE CRESCENT #04-443 SINGAPORE 542178		
ID Type / ID No.: NRIC NO / S9930890G	Contact No.: Home/Office: Mobile: 87686408		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 20	Date of Birth: 24/09/1999	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: National Service Full Time	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2020 13:00	Type of Location: SLIGHT BEND
Location:  KALLANG PAYA LEBAR EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	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
SCV9988P	Car				Slightly Damaged	0
SJX9448M	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Black	Slightly Damaged	2

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200813/2004

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20200813/2004

### CONTINUATION OF REPORT

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX9448M	NTUC Income Insurance Co-Operative Limited	5117269990	22/04/2020	21/04/2021

#### Brief Details.

On 01/08/20, I was driving my vehicle bearing SJX9448M along KPE tunnel before PIE exit. I was driving on the third lane.

As I was driving, the car ahead of me bearing SCV9988P had suddenly brake as there was another vehicle ahead of me who had applied sudden brake. As such, I was unable to brake on time, causing my front part of the vehicle to collide into the rear vehicle.

I have alighted from my vehicle and spoke to the mentioned car driver. We had then discussed and concluded that we will settle it amicably. I had exchange particulars and number with him. I had further asked if he is fine after which he mentioned that he is fine. We then parted way. At that point of time my in-car camera is not in working condition. Both of us are not injured. There is however dent on the driver rear bumper and dent on my front lower bumper. From my observation, the mentioned driver does not have any injuries.

I wish to state that the driver had contacted me and opt for insurance to settle the issue instead.

I am lodging a report as I have receive a letter from SPF to lodge an NP168 ref TP/IP/33287/2020 under TP IO Zulfazdli.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200813/2004

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20200813/2004

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:  
F /  
Sgt 3 NOR'AI SAH BINTE MOHD PERDAUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

SN 095

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
13/08/2020 01:09

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo







## 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: S66550020G / 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 : MNA 120065202 Vehicle Registration No: SJX 9448M  
Name (as shown in NRIC) : Chen Kin Tuck NRIC/FIN/Passport No : SXXXX 890G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87686408  
Email Address : Chen-1166@hotmail.com  
Date of Accident : 1/8/20 Time of Accident : 12:50  
Place of Accident : Along KPE tunnel twos PIE  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report T/20200813/2004.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chen  
Policyholder / Driver's Signature  
Date: 9.9.20

mt  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 9/9/20