

## 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	11/08/2020 17:09
Date Of Accident	08/08/2020 12:20
Exact Location Of Accident	CHONG PANG MARKET CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9311A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HO CHUEN
NRIC No	S8534516H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98795406
Alternative Phone No	Office-90229099

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PTE 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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG20007679
Cover Note Number	

### Driver

Name of Driver	TAN CHIN TIONG
NRIC No	S1272005Z
Date Of Birth	27/05/1957
Occupation	INDOOR
Date Of Driving Pass	01/01/1978

Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90229099
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 722 YISHUN STREET 71 #06-301
Postcode	760722
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	COLLISION - CHANGE/CROSS LANE
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)	1

**Details of Police Action**

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

WHEN I WAS REVERSING INTO AN EMPTY PARKING LOT, VEHICLE B WAS DOING A THREE POINT TURN AND HIT ONTO MY VEHICLE'S RH SIDE MIRROR. NO ONE WAS INJURED.

**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	SMF217G
Vehicle Make/Model/Colour	
Details Of Properties	

8/20/2020

E-FILE

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Sketch Plan**

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

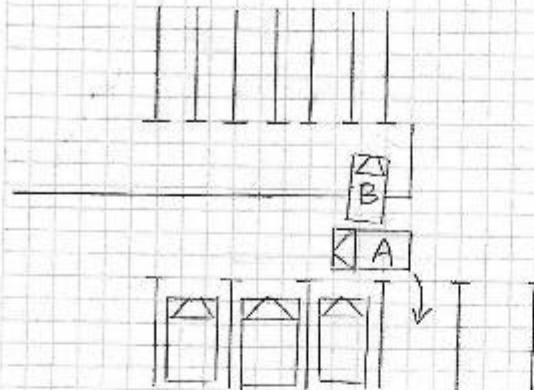
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

EC SketchPlan-nrm\_V3

## Sketch Plan #2

## SKETCH PLAN



DOA: 08/08/2020

A: SKL 9311A

B: SMF 217G

Chong Pang Market Car Park.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was reversing into an empty parking lot, vehicle B was doing a three point turn and hit onto my vehicle's RH side mirror. No one was injured.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**Driving License**



**SINGAPORE  
POLICE FORCE**



L/20200811/7022

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20200811/7022

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 11/08/2020 12:36	Vide Report No.	Station Diary No.
Name Of Informant TAN CHIN TIONG	Address 722 YISHUN STREET 71 #06-301 SINGAPORE 760722	
ID Type / ID No. NRIC NO / S1272005Z	Contact No. Home/Office:                      Mobile: 90229099	
Nationality SINGAPORE CITIZEN	Email Address thiansiong@thiansiong.com.sg	
Occupation Civil engineer (general)	Sex Male	Age 63
Institution/School Name	Date of Birth 27/05/1957	Race Chinese
Date/Time Of Incident 10/08/2020 12:00 - 11/08/2020 12:00	Location Of Incident 722 YISHUN STREET 71 #06-301 SINGAPORE 760722	

**Brief details.**

Today I was lodging an incident report with my insurer regards to a minor accident last weekend. It was then, I realised that I had lost my driver's license some time back. Hence, I wish to lodge a police report to note this matter.

Subjects Involved			
Victim			
Person Name	TAN CHIN TIONG		
ID Type	NRIC NO	ID No	S1272005Z

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: 11/08/2020 12:36
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



## Driving License



**SINGAPORE  
POLICE FORCE**



L/20200811/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200811/7022

Gender	Male	Age	63
Race	Chinese	Language	English
Occupation	Civil engineer (general)	Address	722 YISHUN STREET 71 #06-301 SINGAPORE 760722
Mobile No	90229099	Is Informant A Victim?	Yes
Person Name TAN CHIN TIONG (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

11/08/2020 12:36

Classification Of Case:

## Driving Licence

**g Licence**

**Qualified Driving Licence**

Qualified Driving Licence Number	S1272005Z
Status of Qualified Driving Licence	Valid
Class(es) of Qualified Driving Licence	3
Expiry Date	Lifetime unless revoked, suspended or disqualified

**Provisional Driving Licence**

You are not a valid Provisional Driving Licence Holder.

## Identification Card

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. [REDACTED]

Name

**TAN CHIN TIONG**

**陈振忠**

Race

**CHINESE**

Date of Birth

**27-05-1957**

Sex

**M**

Country of Birth

**SINGAPORE**

[REDACTED]

## Identification Card

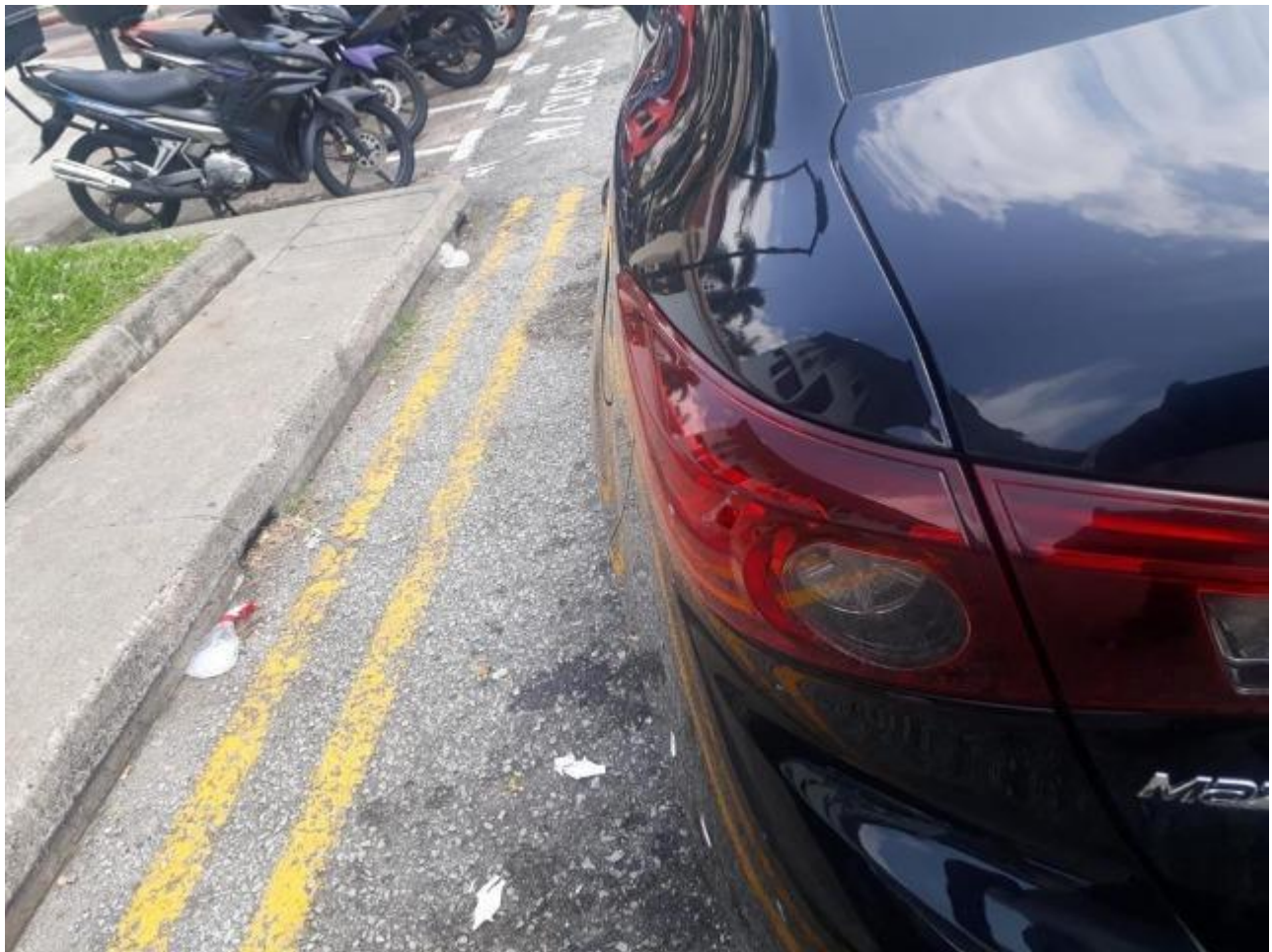


SCENE PHOTO





**SCENE PHOTO**



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo

