

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 | 20/08/2020 11:51 |
| Date Of Accident | 15/08/2020 11:00 |
| Exact Location Of Accident | ALONG JALAN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKX8326B |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN KHENG SOON |
| NRIC No | SXXXX624J |
| Email Address | KHENGSOON.TAN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-84981928 |
| Alternative Phone No | OTHERS-84981928 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | HARRIER PREMIUM 2.0 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 20-MS000231-R01 |
| Cover Note Number | 21/01/2020-20/01/2021 |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | TAN KHENG SOON |
| NRIC No | SXXXX624J |
| Date Of Birth | 06/10/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/09/2011 |
| Driving Experience | 8 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84981928 |
| Fax Number | |
| Contact Number | OTHERS-84981928 |
| Email Address | KHENGSOON.TAN@GMAIL.COM |

| | |
|---|--------------------------|
| Address | 5 SIMEI STREET #04-07 |
| Postcode | 529832 |
| 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 | COLLIDED INTO PROPERTY |
| 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? | NO |
| 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) | 5 |
| Passenger 1 | NAME: : LOO SHING GENDER: : MALE |
| Passenger 2 | NAME: : CHONG KEONG GENDER: : MALE |
| Passenger 3 | NAME: : LAY AI GENDER: : FEMALE |
| Passenger 4 | NAME: : AH LAY GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | POLICE STATION OF ORIGIN |
| Police Station Address | ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON THE 15/08/2020 AT ABOUT 1100HRS, I WAS DRIVING MY VEHICLE A TOYOTA HARRIER ALONG JALAN BUKIT MERAH TOWARDS KAMPONG BAHRU. A COMFORT DELGOGRO TAXI SH9370E WAS AT THE JUNCTION OF 112 JALAN BUKIT MERAH ROAD, HE WAS LOOKING TO TURN LEFT TO JALAN BUKIT MERAH WHEN HE ACCELERATED AND CRASHED TOWARDS THE CENTRAL DIVIDER, BREAKING THROUGH THE CENTRAL DIVIDER AND DRIVING INTO THE OPPOSITE DIRECTION. THE CENTRAL DIVIDER BROKE AND HIT ONTO MY VEHICLE. I SUBSEQUENTLY TURNED INTO KIM TIAN ROAD AND ALIGHTED FROM THE VEHICLE TO ASSESS THE DAMAGE ON MY VEHICLE AND THE TAXI. MY VEHICLE SUSTAIN SCRATCHED ON THE LEFT REAR PASSENGER SEAT AND THE FRONT PART OF MY VEHICLE WAS SCRATCHED AS WELL. THE FRONT PART OF THE TAXI WAS BADLY DENTED, AND REAR OF THE TAXI WAS SLIGHTLY DENTED. I TRIED TO APPROACH THE TAXI DRIVER TO EXCHANGE PARTICULARS, HOWEVER HE DID NOT GIVE ME HIS PARTICULARS AND ASKED ME TO LODGE A POLICE REPORT AND CONTACT COMFORT DELGRO DIRECTLY. I WISH TO STATE THAT NO ONE WAS INJURED FROM THE INCIDENT, HOWEVER THE CENTRAL DIVIDER ALONG JALAN BUKIT MERAH WAS DAMAGED.

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 | SH9370E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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. 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 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:

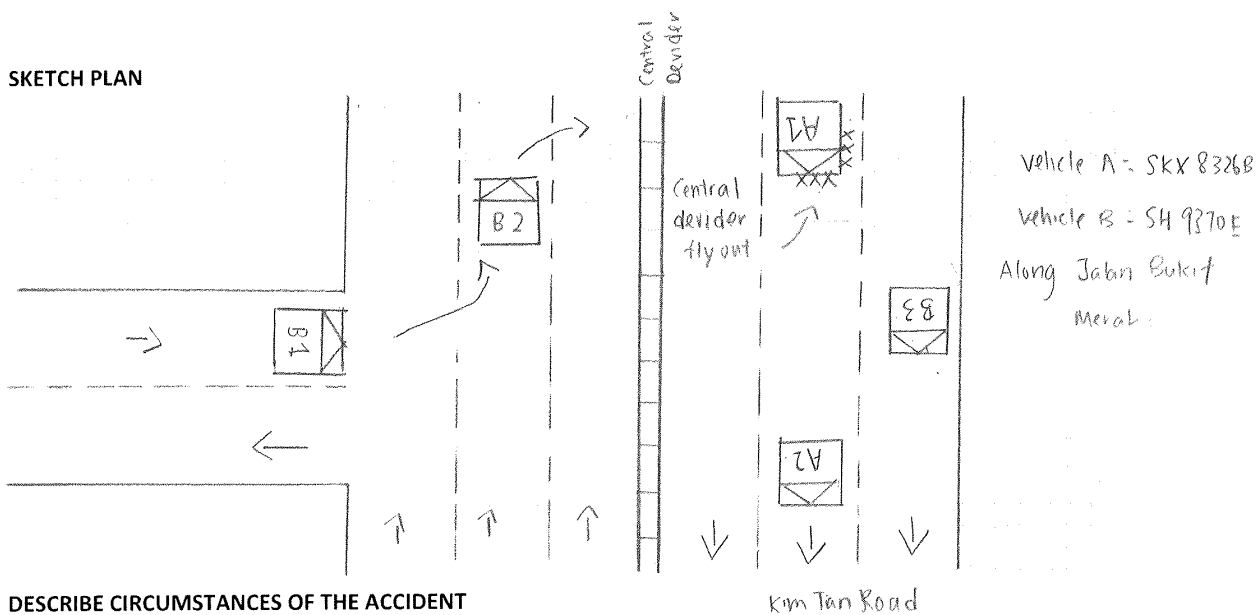


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | |
|--|---|-------------------------------|
| You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence. | | Reporting Only |
| | | Claim OD |
| | ✓ | Claim TP |
| | | Claim OD/TP at other workshop |

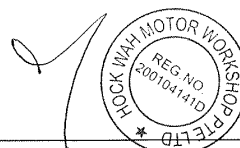
DECLARATION

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

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.:



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 03 Sep 2011 |

NP 428A

Licence No: S7288624J

9325061

NRIC No. S7288624J

Nationality
MALAYSIAN


Date of Issue
21-03-2014

Address
5 SIMEI STREET 3
#04-07
SINGAPORE 529892

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 7288624J**
Name: **TAN KHENG SOON**

Birth Date: **06 Oct 1972**
Issue Date: **01 Dec 2017**

 0027493848

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7288624J



Name: **TAN KHENG SOON**
陈 庆 顺

Race: **CHINESE**

Date of birth: **06-10-1972** Sex: **M**

Country/Place of birth: **MALAYSIA**





S7288624J

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200815/2053

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20200815/2053

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 15/08/2020 15:21 | | Vide Report No.: | | Station Diary No.: 29 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN KHENG SOON | | | Address: 5 SIMEI STREET 3 #04-07 SINGAPORE 529892 | | |
| ID Type / ID No.: NRIC NO / S7288624J | | | Contact No.: Home/Office: Mobile: 84981928 | | |
| Nationality: MALAYSIAN | | | Email: khengsoon.tan@gmail.com | | |
| Sex: Male | Age: 47 | Date of Birth: 06/10/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Operation Manager | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|---|-----------------------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Government Property | Drink Drive: No | Date/Time of Accident: 15/08/2020 11:00 | Type of Location: Straight Road |
| Location: JALAN BUKIT MERAH | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|--------|-----------------------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SH9370E | Car | | | | Seriously Damaged | 1 |
| SKX8326B | Car | TOYOTA | HARRIER PREMIUM 2.0 A | White | Slightly Damaged | 1 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKX8326B | TOKIO MARINE INSURANCE SINGAPORE LTD. | MS000231 | 21/01/2019 | 20/01/2021 |



**SINGAPORE
POLICE FORCE**



T/20200815/2053

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20200815/2053

CONTINUATION OF REPORT

Brief Details.

On the 15 August 2020 at about 1100hrs, I was driving my vehicle, a Toyota Harrier along Jalan Bukit Merah towards Kampong Bahru Road. A Comfort DelGro taxi, SH9370E, was at the junction of 112 Jalan Bukit Merah Road, he was looking to turn left to Jalan Bukit Merah when he accelerated and crashed towards the central divider, breaking through the central divider and driving into the opposite direction. The central divider broke and hit my vehicle.

I subsequently turned into Kim Tian Road and alighted from the vehicle to assess the damage on my vehicle and the taxi. My vehicle sustain scratched on the left rear passenger seat and the front part of my vehicle was scratched as well.

The front part of the taxi was badly dented, and rear of the taxi was slighted dented.

I tried to approach the taxi driver to exchange particulars, however he did not give me his particulars and asked me to lodge a police report and contact Comfort DelGro directly.

I wish to state that no one was injured from the incident, however the central divider along Jalan Bukit Merah was damaged.

**SINGAPORE
POLICE FORCE**

T/20200815/2053

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20200815/2053

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:

G /

Sgt 2 BENNY TAN KENG HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/08/2020 15:21

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

