

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
EEmail 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

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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:

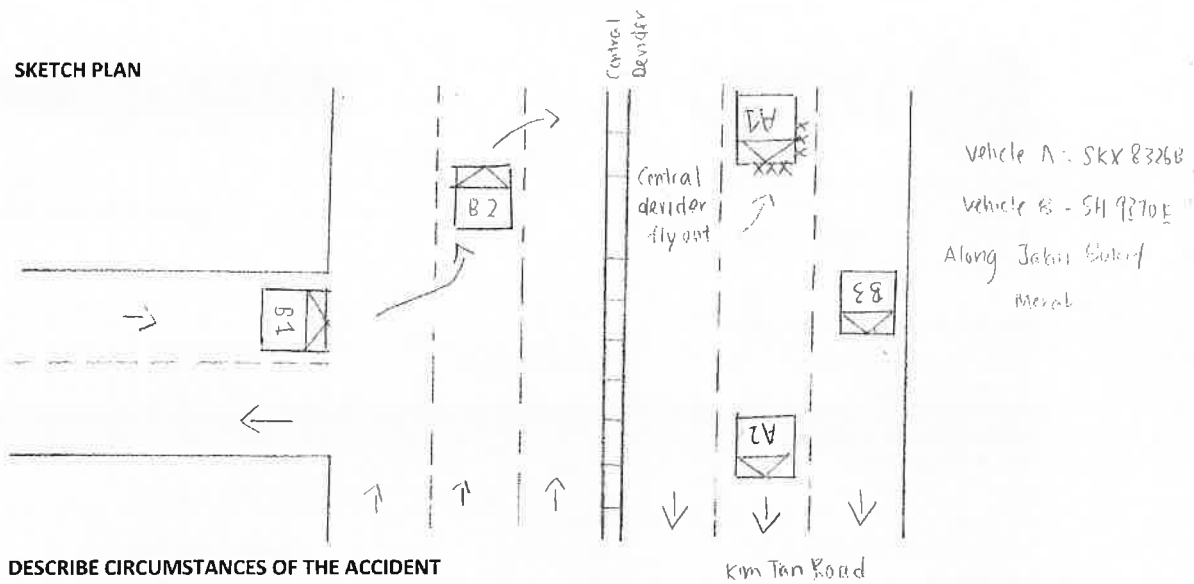
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report-

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

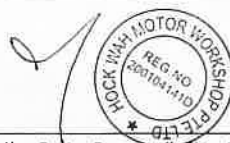
DECLARATION

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.:



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

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

2 of 3
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

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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