

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	11/09/2020 17:48
Date Of Accident	11/09/2020 07:50
Exact Location Of Accident	PIE TUAS BEFORE UPPER JURONG EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMS1204T
Insured/Policyholder	
Name Of Registered Owner	CHAN CHUN FOON
NRIC No	SXXXX638Z
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84449348
Alternative Phone No	OTHERS-84449348
Vehicle Particulars	
Manufacturer	AUDI
Model	A1 SPORTBACK-1.0 TFSI S-TRONIC (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00038452000
Cover Note Number	
Driver	
Name of Driver	CHAN CHUN FOON
NRIC No	SXXXX638Z
Date Of Birth	20/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2009
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84449348
Fax Number	
Contact Number	OTHERS-84449348
EEmail Address	XDETOX32@GMAIL.COM

Address	BLK 636B SENJA ROAD #11-329
Postcode	962636
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200911/2057

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	FBJ6949Y
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAN YU XUAN
NRIC/Passport Number	SXXXX728B
Contact Number	83122235
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN CHUN FOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMS1204T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 Personnel Signature
Name:
NRIC/FIN No.:

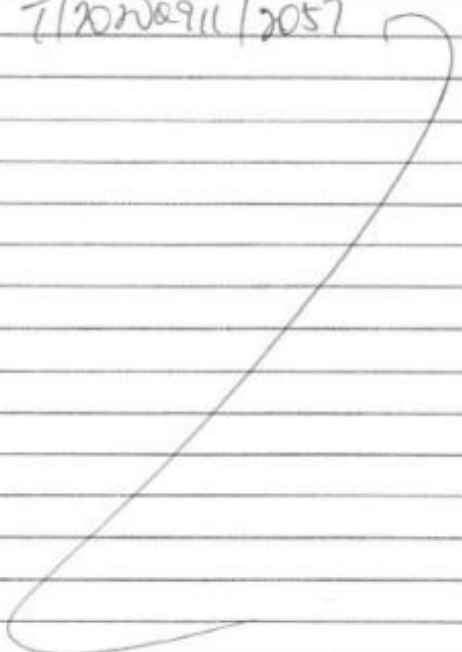
Accident Sketch Plan

SKETCH PLAN

				A: SMS 12047
				B: FBJ 6949Y
			A	PIE TVAS Before Upper Jurong Exit.
			B	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/2020911/2057



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:


11/09/2020
Name: 
NRIC/FIN No.: 

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200911/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20200911/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2020 14:42	Vide Report No.:	Station Diary No.: 61
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: CHAN CHUN FOON		Address: APT BLK 636B SENJA ROAD #11-329 SINGAPORE 672636	
ID Type / ID No.: NRIC NO / S8371638Z		Contact No.: Home/Office: Mobile: 84449348	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 20/02/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2020 07:55	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
FBJ6949Y	Motorcycle	YAMAHA		Green	Seriously Damaged	0
SMS1204T	Car	AUDI	A1 SB 1.0 TFSI (PI)	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS1204T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000384 52000	13/04/2020	12/04/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200911/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20200911/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN YU XUAN	ID No.	S9832728B
Related Vehicle	FBJ6949Y (Motorcycle)	Contact No.	83122235
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHAN CHUN FOON	ID No.	S8371638Z
Related Vehicle	SMS1204T (Car)	Contact No.	84449348
Hospital/Clinic	RC'S FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2020	Date Discharge	11/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/09/2020 at about 0753hrs, I was travelling in my car (SMS1204T) along PIE(Tuas) on Lane 1 of 4 lanes before the exit of Upper Jurong Road. The car in front of me applied brakes therefore I applied brakes and managed to stop in time. Suddenly I felt an impact from the rear and I made a check to discover that there was a motorcycle (FBJ6949Y) had collided onto my rear right of my car.

There were no Ambulance or Traffic Police at scene and no Government property involved. I wish to state that I do not have any in-car camera.

I then proceeded to seek medical treatment at RC's Family Clinic Pte Ltd due to my neck pain, back pain and pain on my left hand. I was then given 3 days MC from 11/09/2020 to 13/09/2020 (MC No: 0000033335).

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200911/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3




Report No. T/20200911/2057

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: J / Staff Sgt MUHAMMAD JUMALI BIN JAMAL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2020 14:42
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

