

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	22/06/2020 12:01
Date Of Accident	19/06/2020 12:15
Exact Location Of Accident	64 LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7771T
Insured/Policyholder	
Name Of Registered Owner	TAN XIN JIE, ADELINE (CHEN XINJIE)
NRIC No	SXXXX370H
Email Address	ADELINE_1988@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98787926
Alternative Phone No	OTHERS-98787926

Vehicle Particulars

Manufacturer	AUDI
Model	A6 2.0 TFSI (PI)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115109160
Cover Note Number	

Driver

Name of Driver	TAN XIN JIE, ADELINE (CHEN XINJIE)
NRIC No	SXXXX370H
Date Of Birth	20/05/1988
Occupation	INDOOR
Date Of Driving Pass	23/08/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98787926
Fax Number	
Contact Number	OTHERS-98787926
E Mail Address	ADELINE_1988@HOTMAIL.COM

Address	118C TANAH MERAH BESAR LANE
Postcode	498902
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	SIDE SWIPE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200620/7010

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCM9995R
Vehicle Make/Model/Colour	JAGUAR / XJ6 3.0C LWB
Details Of Properties	
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)

Accident Sketch Plan

SKETCH PLAN

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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: 22/6/20
12:07 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature

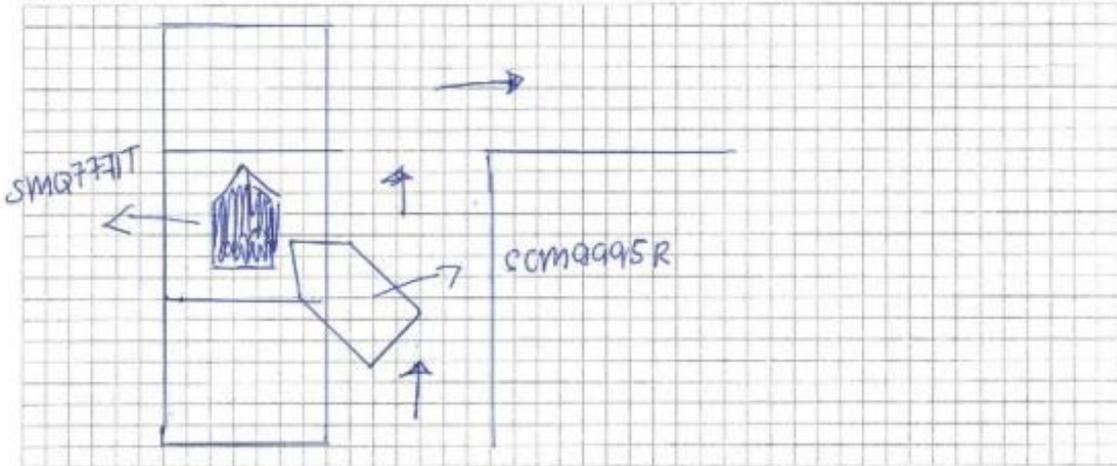
Name:

NRIC/FIN No.:

Accident Sketch Plan

64 LOYANG WAY OPEN CARPARK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 22/6/20
12:09 PM

QIAANC Sketch Form 93

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

Firefox

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SINGAPORE POLICE FORCE



T/20200620/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20200620/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN XIN JIE, ADELINE	ID No.	S8817370H
Related Vehicle	SMQ7771T (Car)	Contact No.	98787926
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle (Vehicle no. SMQ7771T) was parallel parked right after a bend in a carpark lot at 64 Loyang Way Singapore 508754. The other party's vehicle (Vehicle no. SCM9995R, Black Jaguar) was turning at the bend when it hit my vehicle's rear driver side car door. The driver continued to drive off and caused further damage to both front and back door of the driver side of my vehicle. I have video evidence of this accident but it is in AVI format. Will submit a copy to Pasir Ris Neighborhood Police post.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200620/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200620/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPiB / TAN JEOK LENG Contact No.: 65476144

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 20/06/2020 13:59
Classification Of Case:

Authentication Stamp
NP168

Accident Sketch Plan



SINGAPORE
POLICE FORCE

Traffic Police
10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/26829/2020
Date : 19 August 2020

Tan Xin Jie, Adeline
118C Tanah Merah Besar Lane
Singapore 498902

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SMQ7771T AND SCM9995R ALONG LOYANG WAY
ON 19/06/2020 AT ABOUT 0015 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of SCM9995R had committed the following offences:
- (i) Careless driving under Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA;
 - (ii) Failing to stop after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
 - (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276;
 - (iv) Failing to render assistance under Section 84(3) Road Traffic Act Cap 276.

Action has been initiated against the driver for the said offences.

2. If you have any clarification, you may contact the Investigation Officer, SSS Neo Zhi Yuan at office number: 6547 6079.

3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S63500206 / GST Reg. No. : M400617735

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 : MVA320053094 Vehicle Registration No: SMQ7771T
Name (as shown in NRIC) : TAN XIN JIE, ADELINE (CHEN XINJIE) NRIC/FIN/Passport No : S8817370H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 118C TANAH MERAH BESAR LANE Singapore (498902)
Contact (Tel) : Mobile No. : 98787926
Email Address :
Date of Accident : 19.06.2020 Time of Accident : 00:15
Place of Accident : 64 LOYANG WAY
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:

UPDATE: TO CLAIM THIRD PARTY INSURANCE

Handwritten signature of policyholder

Policyholder / Driver's Signature
Date: 22.08.2020

IDAC KAKI BUKIT

Reporting Centre Personnel's Signature
Name: SITI
NRIC/FIN No.:
Date: 22-08-2020

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: S61500290 / GST Reg. No: S400017735

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 : MVA320053094 Vehicle Registration No: SMQ7771T
Name (as shown on NRIC) : TAN XIN JE, ADELIN (CHEN XINJE) NRIC/FIN/Passport No : S8817370H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 118C TANAH MERAH BESAR LANE Singapore (498902)
Contact (Tel) : Mobile No. : 98787926
Email Address :
Date of Accident : 19 06 2020 Time of Accident : 12:15
Place of Accident : 64 LOYANG WAY
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:

UPDATE: TO update the time to 12:15

Policyholder / Driver's Signature
Date: 19 SEP 2020

IDAC KAKI BUKIT
Reporting Centre Personnel's Signature
Name: SIT
NRIC/FIN No: 9 SEP 2020
Date: