

## 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	22/09/2020 15:44
Date Of Accident	19/09/2020 08:30
Exact Location Of Accident	SLE ENTER TPE AFTER FIRST TUNNEL TWDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6560Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TK MOTOR WORKSHOP
Co Reg No	5XXXX097L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96273323

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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?	YES
If No, Please state action to be taken	
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	5116712910
Cover Note Number	

### Driver

Name of Driver	OLIVER GUO YANLIANG
NRIC No	SXXXX007A
Date Of Birth	06/11/1996
Occupation	INDOOR
Date Of Driving Pass	27/03/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86685866
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	16 CACTUS DR #02-03
Postcode	809690
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	CLOUDY
Road Surface	WET

#### 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?	YES
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)	2
Passenger 1	NAME: : RYAN ONG SHAO MING GENDER: : MALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200919/7018

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE1005E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RYAN ONG SHAO MING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6560Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## 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.

**T K MOTOR WORKSHOP**

Policyholder's Signature  
Date & Time:

Authorised Signature

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

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

## Accident Sketch Plan

### SKETCH PLAN

Refer to Sketch

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7120200919 / 7018

I wish to highlight, the other veh was damage on the rear bootlid below part and there are some damage on the top of the bootlid <sup>is</sup> not due to the accident, and also don't had any injury to the van driver.

### DECLARATION

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

#### T K MOTOR WORKSHOP

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

GRM/AC SketchPlanForm\_v2

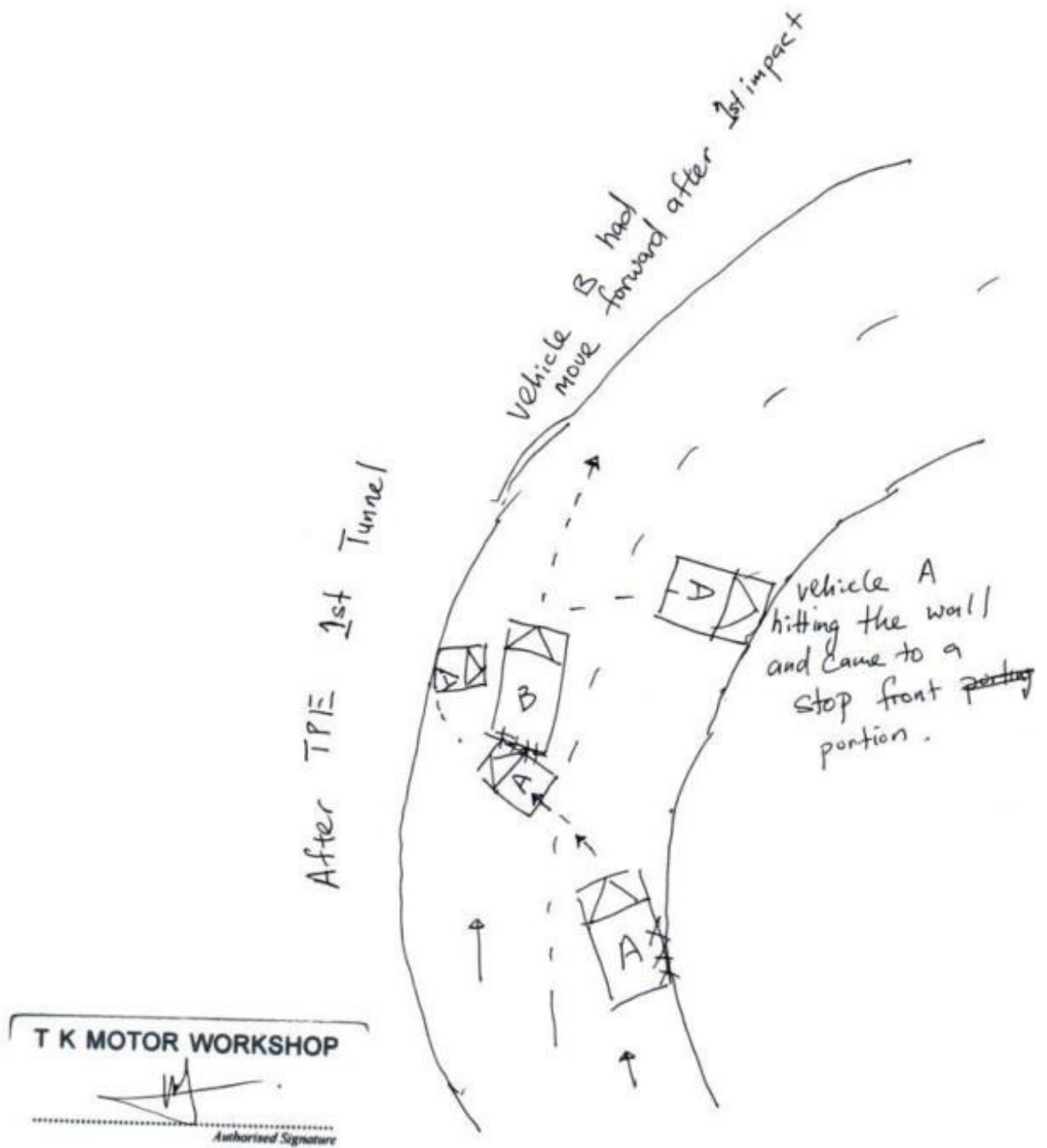
Authorized Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/7018

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

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Report No. T/20200919/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2020 18:19	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars				
Name of Informant: OLIVER GUO YANLIANG			Address: 16 CACTUS DRIVE #02-03 SINGAPORE 809690	
ID Type / ID No.: NRIC NO / S9640007A			Contact No.: Home/Office: Mobile: 86685866	
Nationality: SINGAPORE CITIZEN			Email: OLIVER_PCS@HOTMAIL.COM	
Sex: Male	Age: 23	Date of Birth: 06/11/1996	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2020 08:30	Type of Location: Bend
Location:  SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE1005E	Van	NISSAN	NV350	Grey	Slightly Damaged	1
SJM6560Z	Car					0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/7018

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

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Report No. T/20200919/7018

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANDREW CHIA HAN CHUANG	ID No.	S1810550J
Related Vehicle	GBE1005E (Van)	Contact No.	96914659
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	OLIVER GUO YANLIANG	ID No.	S9640007A
Related Vehicle	SJM6560Z (Car)	Contact No.	86685866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	RYAN ONG SHAO MING	ID No.	S8733012E
Related Vehicle	SJM6560Z (Car)	Contact No.	98457418
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/09/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

### Brief Details.

On 19th Sept 2020, at about 8.30am I was driving from yck road towards TPE. As the road was wet and slippery, after I exited the first tunnel, the car went over a puddle of water and self skided to the left and hit on to a van, GBE1005E, rear portion and the air bag was activated. Thereafter hitting the right wall and came to a stop.

After the accident, Ryan Ong Shao Ming S8733012E (98457418), is conveyed by ambulance to Sengkang hospital. At the same time, the van's driver Andrew Chia S1810550J (96914659), exchanged particulars with me. That's all.



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200919/7018

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

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Report No. T/20200919/7018

**CONTINUATION OF REPORT**

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/7018

Police Station Of Origin:  
Traffic Police  
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Report No. T/20200919/7018

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:

19/09/2020 18:19

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo



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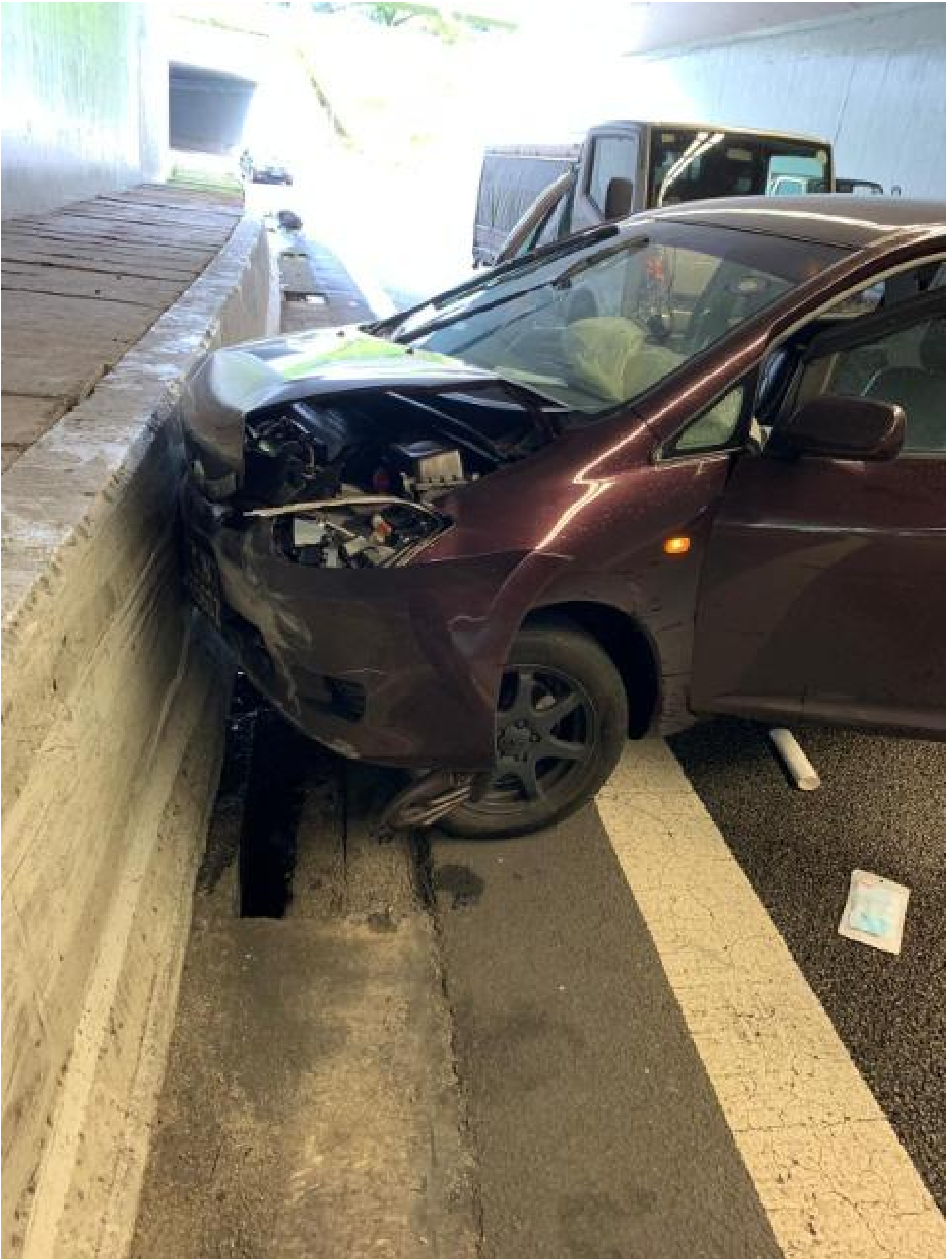
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