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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/09/2020 16:48
Date Of Accident	24/09/2020 19:00
Exact Location Of Accident	CTE TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS1315S
Insured/Policyholder	
Name Of Registered Owner	GOH WEE JIANG (WU WEIJIANG)
NRIC No	SXXXX593A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91267304
Alternative Phone No	OFFICE-91267304
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MS008143-R00
Cover Note Number	
= -	

Driver

Name of Driver

NG SHU SHAN

NRIC No

SXXXX459G

Date Of Birth

12/10/1990

Occupation

INDOOR

Date Of Driving Pass

17/02/2012

Driving Experience 8 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91550023

Fax Number

Contact Number OFFICE-91550023

EMail Address NOEMAIL

BLK 92A TELOK BLANGAH STREET 31 Address

#25-221

Postcode 101092

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - E/20200924/7031.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ1018L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

IMPORTANT NOTICE

- 1. Please raport correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 4. The issue and acceptance of this Form by insurance companies to 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:
- 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.
- 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 (POPA)

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 anit/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 not personal information to all insurer(s) who have insured whicle(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 lims, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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 enquices by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well to on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable low 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 kersonal 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 surposes.
- (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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing freed, regulators, law enforcement and government agencies as cessonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Data & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/PIN No.1

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Accident Sketch Plan

SKETCH PLAN	**	SKIN		
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Police Report





Report No. E/20200924/7031

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made 24/09/2020 21:54	Vide Report No.		Station Diary No	
Name Of Informant NG SHU SHAN	Address 92A TELOK BLANGAH STREET 31 #25-221 SINGAPORE 101092		#25-221	
ID Type / ID No. NRIC NO / S9038459G	Contact No. Home/Office: Mobile: 91550023			
Nationality SINGAPORE CITIZEN	Email Address spdyjoey@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Police officer	Female	29	12/10/1990	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 24/09/2020 19:10 - 24/09/2020 19:10	Location Of Incident CENTRAL EXPRESSWAY			
24/00/2020 10:10 2 // 00/2020 10:10	1000111111			

Brief details.

On 24 September 2020 at about 1910hrs, I was driving my red Honda Civic sedan car bearing the registration plate number SJS1315S. I was traveling on the first lane of CTE slip-road of Upp Serangoon Road. It was a peak hour and traffic was very heavy.

As I was travelling straight, maintaining on my lane, suddenly one grey Volkswagen sharan MPV bearing the registration plate number SMJ1018L on travelling on the second lane tried to merged onto my lane. Then I heard collision on my car as such I turn on my hazard light and came out of my car to make a

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2020 21:54
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200924/7031

check. I discovered a dent on the left passenger side door.

Subsequently, the driver of SMJ1018L, Miss Swee and I conversed and exchanged contact numbers. Miss Swee informed that the said MPV does not belongs to her, as it is under her father's name as such she was unable to decide on private settlement or lodge for insurance claims.

No injury sustained for both parties involved.

This report is lodged for my record purpose.

Victim				
Person Name	NG SHU SHAN			
ID Type	NRIC NO	ID No)	S9038459G
Gender	Female	Age		29
Race	Chinese	Language		English
Occupation	Police officer	Address		92A TELOK BLANGAH STREET 31 #25-221 SINGAPORE 101092
Mobile No	91550023	Is Informant A Victim?		Yes
Person Name	Miss Swee			
Gender	Female	Race		Chinese
Language	English	Mobile No		86110092
Signature Of Off Not applicable	icer Recording The Report:		The iden	e Of Informant: hity of the person making this as been authenticated by s. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 24/09/2020 21:54		
Officer In-Charge Of Case:		Classification Of Case:		

Police Report





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POLICE REPORT (NP299)

Officer In-Charge Of Case:

Authentication Stamp

Person Name

CONTINUATION OF REPORT

NG SHU SHAN (Informant)

Report No. E/20200924/7031

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by
Signature Of Interpreter:	SingPass. No signature is required. Date/Time:

Classification Of Case:























