

## 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	30/09/2020 14:57
Date Of Accident	18/09/2020 15:00
Exact Location Of Accident	SERANGOON NORTH AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3063K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADVANCE CR PTE LTD
Co Reg No	2XXXXX997M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96253682

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001932000
Cover Note Number	

### Driver

Name of Driver	TAN KOK BENG
NRIC No	SXXXX305C
Date Of Birth	27/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2005
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85222067
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 474 AMK AVE 10 #03-846
Postcode	560474
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	COLLIDED INTO BICYCLIST
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT T/20200928/2066

### 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	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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:

28/9/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/9/20

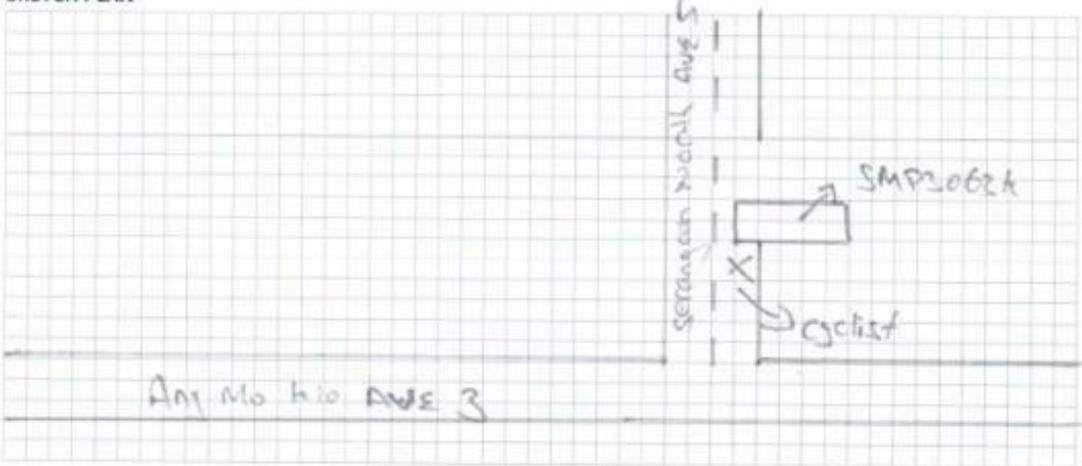
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 sep 2020 at about 1500hrs, I was driving grab and fetch a passenger at No. 2 serangoon North Ave 5. When I exit the building and preparing to turn right, I stop my vehicle stationary and look on the traffic on the right side. Suddenly I heard sound coming from the left side of the vehicle and I saw my side mirror was mis-align. I then went down the car and saw a cyclist had collided onto my vehicle.

I then check on him and there were no visible injuries on him however the front wheel of his wheel was slightly dented. He claimed that he was alright and left the scene without exchanging particulars.

I made a check on my vehicle and found no damage on the vehicle however there are some minor marks on the front left tyre. I believe that the cyclist had collided onto the front left tyre.

DECLARATION

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

Policyholder's Signature

Date & Time:

28/9/20

GARAGE MANAGEMENT VS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/9/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200928/2066

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20200928/2066

CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN KOK BENG	ID No.	S8520305C
Related Vehicle	SMP3063K (Car)	Contact No.	85222067
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.**

On 28/09/2020 in the afternoon, my rented vehicle company called me regarding one Traffic Police report reference TP/IP/41169/2020 I/C Juremah Bte Ahmad tel: 65476219 involved my rented vehicle SMP3063K.

On 18/09/2020 about 1500hrs, I drove to 2 Serangoon North Ave 5 (S)554911 to fetch a female passenger over there. She wanted to head to Chinatown. After she took in my grab vehicle, I was about to leave the building and want to take a right turn. I stopped at the stop line to check whether traffic is clear. Suddenly, one male Chinese cyclist in his 50s bumped onto my left side vehicle. I came out of my vehicle and discovered the said cyclist had bumped onto my vehicle. I enquired with him whether he need medical attention which he said no need. I observed him that he does not have any visible injuries. I noticed that his bicycle front wheel slight dented. He said he is in a rush for his grab delivery so we did not exchange any particulars. I then checked my vehicle, so far only front left tire slightly scratch. I have in-car (front) camera installed but I believed the footage had been overwrite.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200928/2066

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3  
Report No. T/20200928/2066

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 /  
Staff Sgt CHIN YONG PEI, DESMOND

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/09/2020 15:48

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
  
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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