

## 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	10/11/2020 17:23
Date Of Accident	09/11/2020 07:05
Exact Location Of Accident	KJE TWDS PIE(TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4099L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GEAK TINN CINDY
NRIC No	SXXXX220D
Email Address	CINDYTANGT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97522932
Alternative Phone No	OTHERS-97522932

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 GF CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114404657
Cover Note Number	29/11/19 - 06/02/21

### Driver

Name of Driver	TAN GEAK TINN CINDY
NRIC No	SXXXX220D
Date Of Birth	05/05/1988
Occupation	INDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97522932
Fax Number	
Contact Number	OTHERS-97522932
EEmail Address	CINDYTANGT@HOTMAIL.COM

Address	BLK 501A WELLINGTON CIRCLE #04-28
Postcode	751501
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	CHAIN COLLISION
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	5
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)	1

#### 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 ATTACHED. My vehicle was towed to traffic police as I was conveyed to the hospital on scene. My vehicle front (both airbag activated) and rear were damaged.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT518M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BOON ANN
NRIC/Passport Number	
Contact Number	98782261
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMQ2974H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NG TIAN WEE  
NRIC/Passport Number  
Contact Number 94770722  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKA7941C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver RAYMOND CHEW  
NRIC/Passport Number  
Contact Number 93374317  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLE7681U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GIANG CHWEE LENG  
NRIC/Passport Number  
Contact Number 97574290  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN GEAK TINN CINDY  
Approximate Age  
Injuries Sustain 2 DAYS MC  
Injured person in which vehicle? SMN4099L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address

Postcode

## Sketch Plan

### SKETCH PLAN


1. VEHICLE NO.: SMN 4099L  
2. INSURER CO: NTUC  
3. ACCIDENT  
DATE & TIME: 09/11/20 @ 07:07

### 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.

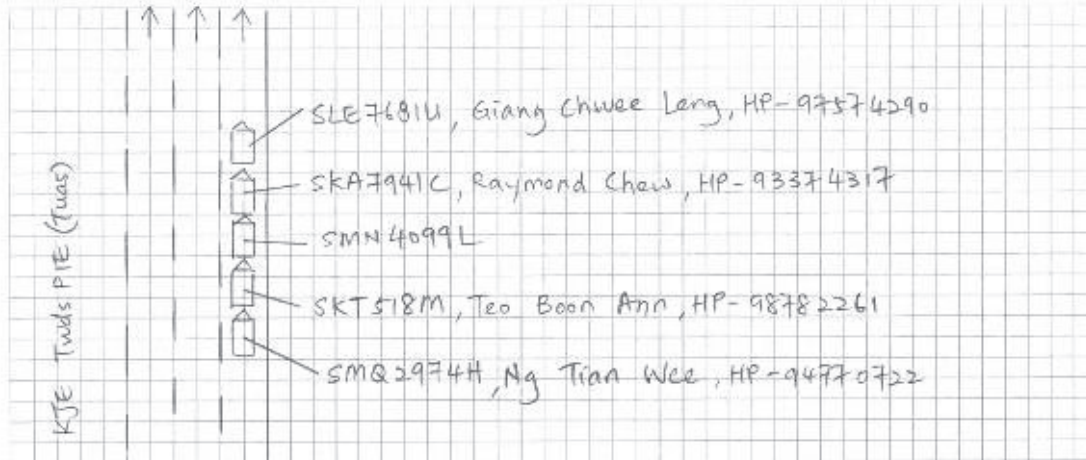
  
Policyholder's Signature  
Date & Time:

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

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

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20201109/7047

My vehicle was towed to traffic police as I was conveyed to the hospital on scene. Both <sup>EE Jnr. 10/11/2020</sup> ~~my vehicle~~ ~~airbag~~ My vehicle front (both airbag activated) and rear were damaged.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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: \_\_\_\_\_

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

GLARMC Sketch Plan Form\_V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )





**SINGAPORE  
POLICE FORCE**



T/20201109/7047

1 of 4

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

Report No. T/20201109/7047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/11/2020 20:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN GEAK TINN, CINDY			Address: 501A WELLINGTON CIRCLE #04-28 SINGAPORE 751501		
ID Type / ID No.: NRIC NO / S8815220D			Contact No.: Home/Office: Mobile: 97522932		
Nationality: SINGAPORE CITIZEN			Email: CINDYTANGT@HOTMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 05/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manufacturing engineer (general)			Driving Licence Information: Class: 2A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/11/2020 07:07	Type of Location: Straight Road
Location:  Along KJE towards the direction of PIE Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKA7941C	Car	HONDA	STREAM	White	Slightly Damaged	2
SKT518M	Car	MAZDA		Red	Slightly Damaged	0
SMN4099L	Car	HONDA	FIT	Blue	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201109/7047

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

2 of 4

Report No. T/20201109/7047

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Car					0
	Car					0
	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN4099L	NTUC Income Insurance Co-Operative Limited	5114404657	29/11/2019	06/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKA7941C (Car)	Contact No.	NIL
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	Unknown Passenger	ID No.	NIL
Related Vehicle	SKA7941C (Car)	Contact No.	NIL
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



PR



**SINGAPORE  
POLICE FORCE**



T/20201109/7047

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

3 of 4  
Report No, T/20201109/7047

**CONTINUATION OF REPORT**

Driver			
Name	TAN GEAK TINN, CINDY	ID No.	S8815220D
Related Vehicle	SMN4099L (Car)	Contact No.	97522932
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2A Date of Expiry: NIL
Date	09/11/2020	Date	09/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

The incident happened when my vehicle was travelling along KJE towards PIE (TUAS) whereby the vehicle in front suddenly jammed his brake and came to a halt. I responded by jamming my brakes but still collided with the car in front. The sudden braking also resulted in a rear-end collision with the car behind.

PR



**SINGAPORE  
POLICE FORCE**



T/20201109/7047

4 of 4

Report No. T/20201109/7047

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

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:

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

Date/Time:  
09/11/2020 20:42

Classification Of Case:

Authentication Stamp  
NP168