# **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 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.

# **ACCIDENT STATEMENT**

Date of Submission 18/12/2020 12:15 (SGT) Date of Accident 17/12/2020 12:10 (SGT) Exact Location of Accident 139 Tampines Street 11, Singapore 521139 Additional Location Information **BLK 139 TAMPINES ST 11 CARPARK** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJS25711

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN XUE WEI NRIC No. SXXXX549D Email Address des.universalkitchensolutions@gmail.com Mobile Phone No (Phone) +65-92298586 Alternative Phone No +65-92298586

#### VEHICLE PARTICULARS

Manufacturer **BMW** Model 520i Variant 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 - Claiming third party Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company **Tokio Marine** Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 19-MK000635-R00 Cover Note Number

#### DRIVER

Name of Driver TAN XUE WEI NRIC No SXXXX549D Date Of Birth 29/03/1988 Occupation Outdoor

Date Of Driving Pass 14/12/2007 Driving experience 13 YEARS Gender Male Mobile Number (Phone) +65-92298586 Alt. Phone Number +65-92298586 Email Address des.universalkitchensolutions@gmail.com Address **BLK 130 SIMEI STREET 1** Address complement #09-230 Postcode 520130 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JQN6226 Vehicle Category Commercial vehicle **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20201217/2106 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** 

JQN6226

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KUAN YONG SHEN
Contact Number	(Phone) +65-86969787
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 aforesald.
- 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:
  - 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:

NRIC/FIN No.:

JAN 6226.	facking lots.	845 139
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DESCRIBE CIDCUMSTANCE	Parking lot	
DESCRIBE CIRCUMSTANC		
On	17/12/2020 at @	1209 hrs, I dreveng in my
vehicle (SIS)		parking lot infront of
	1 , ,	was watting in the queue
as there we	. ( )	the carpusk exit grantry.
Suddenly, a	malay lorry ( JON-	
not see	my tar and collided	onto the front right
portion of m	of vehicle.	/ /
/		
DECLARATION	or or	
	ticulars are true in every respect.	
× ff	4	Shyun 18/12/20
	OF	
Policyholder's Signature	Øriver's Signature	Reporting Centre Personnel's Signature





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 2 of 4 Report No. T/20201217/2106

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJS2571L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MK000635	06/08/2019	05/08/2021	

Details of Perso	n Involved		Orașia de la Companii	SEE ALL	17170	Kan Carlo
Any Pedestrian I	CONTRACTOR OF CONTRACTOR	AND DESCRIPTION OF THE PERSON	LED VINDOUS LOUIS CONTROL	" Hay Street	CN SWINSON	ENOMINOUS ENGERGOS LAS POLICIONES
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	<b>第一分数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数</b>		Carlo (AUS)	VERNA.	F. 5.85	
Name	KUAN YONG SHEN			ID No.		NIL
Related Vehicle	JQN6226 (Lorry)			Contact No.		86969787
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver	on the rest of the second	Section BANANA	SACRETURE PROPERTY	<b>等時時</b>	VIII E	理数量の主要の利用を対して
Name	TAN XUE WEI			ID No.		S8810549D
Related Vehicle	SJS2571L (Car)			Contact No.		92298586
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 17/12/2020 at 1209hrs, I was driving my car bearing registration no. (SJS2571) out of the parking lot in front of Blk 139 Tampines Street 11 and was waiting in the queue to exit the open spaced carpark. There were a few vehicles in front of me at the at point of time and my car (SJS2571) was in a diagonal position as I have not drove out from the parking lot fully. Suddenly, I noticed a lorry bearing registration no.(JQN6226) turning at the T-Junction and subsequently it hit the side of my car. My car was seriously damaged as the right front bumper had fallen off from the fame of the vehicle while the lorry sustained slight scratches on the left front bumper. Subsequently, Traffic Police came to the accident location. No one was injured and no one conveyed to the hospital.

This is the first time such accident happened to me and the driver of the lorry admitted to his mistake upon interview. I would like to state that I tried to horn to warn the driver when I saw the lorry that was about to hit my car but it was too late already. I also would like to state that my car have a in-car camera but it was not working at that point of time as it had no battery. I am lodging this report for insurance purposes.





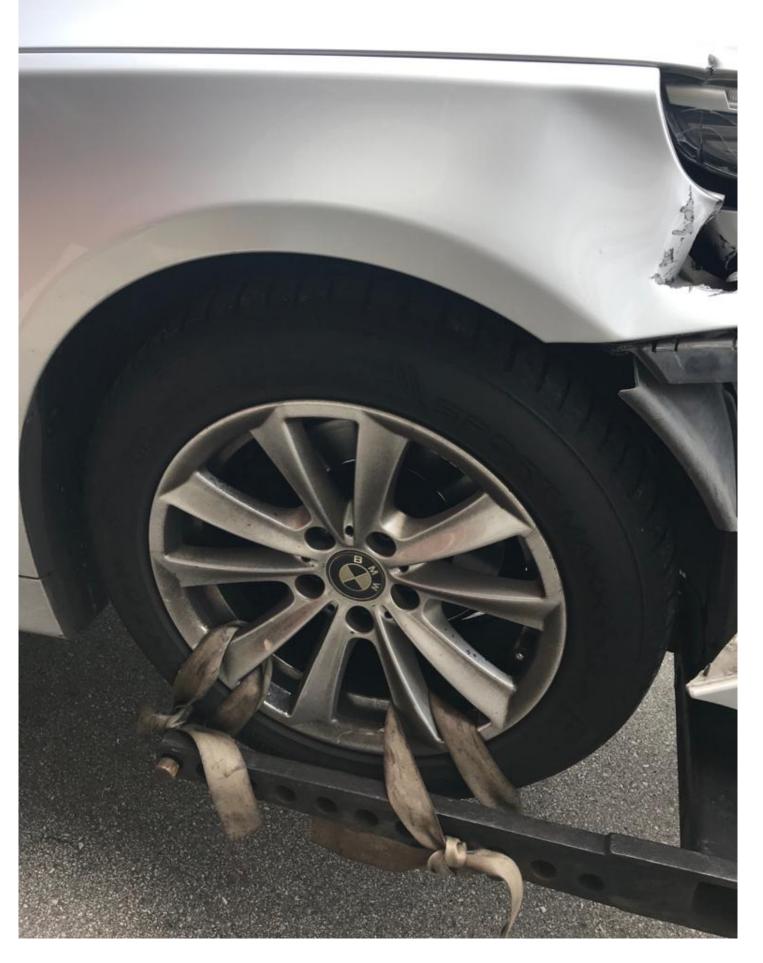


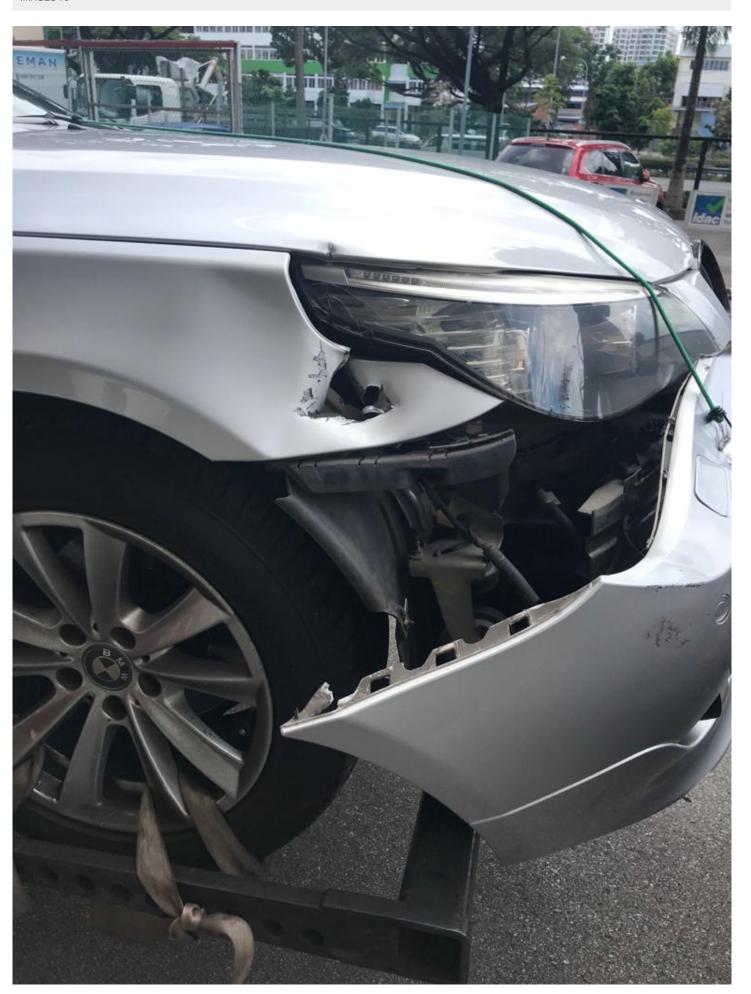


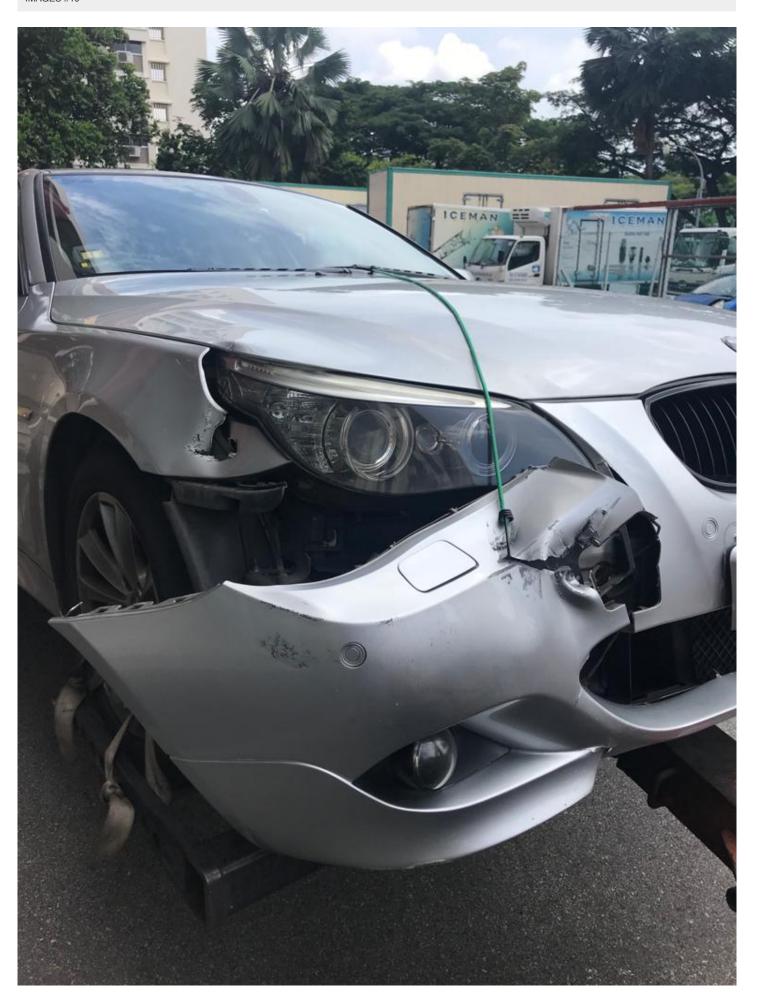
















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

1 of 4 Report No. T/20201217/2106

Tel No: 1800-7929999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 18:46			Vide Report No.: G/20201217/0109	Station Diary No.: 63	
Informa	nt's Partic	ulars	Production of the second		
Name of Informant: TAN XUE WEI			Address: APT BLK 130 SIMEI STREET 1 #09-230 SINGAPORE 520138		
ID Type / ID No.: NRIC NO / S8810549D			Contact No.: Home/Office:	Mobile: 92298586	
Nationality: SINGAPORE CITIZEN		EN .	Email:		
Sex: Age: Date of Birth: Male 32 29/03/1988			Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Project Coordinator			Driving Licence Information: Class: 3,4 Date of Expiry:		

Type of Accident:	Non-Injury Drink Date/Time Attended by Police Drive: Accident:		Date/Time of	Type of Location Car Park	
Location: TAMPINES S Weather: Clear	TREET 11	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control: Not Controlled	1	Traffic Volume: Heavy	
Two Way		TVOL COTTLICT			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQN6226	Lorry	HINO		White	Slightly Damaged	2
SJS2571L	Car	BMW	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP	Silver	Seriously Damaged	0





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 4 Report No. T/20201217/2106

Tel No: 1800-7929999

CONTINUATION OF REPORT

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SJS2571L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MK000635	06/08/2019	05/08/2021	

Details of Perso	n Involved		000002	10 TA TA		RESIDENCE AND ALLERS
Any Pedestrian I	The state of the s			A Mayor Street	CL - 1912 1912 19	and the contemplation of the c
No. of Pedestrian	ns Injured: NIL	2-2-1-2-2-2-2-W	Use of Pe	destriar	Cross	sing: NA
Driver			(10.45)	<b>化型热</b>	4. 英語	
Name	KUAN YONG SHEN			ID No.		NIL
Related Vehicle	JQN6226 (Lorry)			Contact No.		86969787
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days granted Medical Leave NIL			Degree of	of Injury NIL		
Driver	on the rest of the second	Charles BANANA	<b>的数据的图形</b> 图	<b>等時時</b>	<b>WHEN</b>	<b>自由数据</b> 设计2000年10日本中,
Name	TAN XUE WEI			ID No.		S8810549D
Related Vehicle	SJS2571L (Car)			Contact No.		92298586
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Da			harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	guergurowyy

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Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 3 of 4 Report No. T/20201217/2106

Tel No: 1800-7929999

CONTINUATION OF REPORT

Vide report: G/20201217/0109.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 4 of 4 Report No. T/20201217/2106

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: J / Sgt 2 AHMAD SUFYAN BIN AMRAN	Signature of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 17/12/2020 18:46
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case:
Authoritication Stepp Police Force	