# **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.

- 4. The issue and acceptance 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 22/12/2020 11:24 (SGT) Date of Accident 21/12/2020 11:30 (SGT) Exact Location of Accident Newton Circus, Singapore Additional Location Information ROUNDABOUT TO SCOTTS RD EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMP3132U

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHUN HUI NRIC No. SXXXX244J Email Address JET GERRARD@HOTMAIL.COM Mobile Phone No (Phone) +65-93833933 Alternative Phone No +65-93833933

## VEHICLE PARTICULARS

Manufacturer

Model Fit 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 hire

# INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5112752427-01 Cover Note Number

## DRIVER

Name of Driver TAN CHUN HUI NRIC No SXXXX244J Date Of Birth 17/02/1982 Occupation Outdoor

Date Of Driving Pass 14/11/2008 Driving experience 12 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93833933 Alt. Phone Number +65-93833933 Email Address JET\_GERRARD@HOTMAIL.COM Address BLK 509 SERANGOON NORTH AVE 4 #06-362 Address complement Postcode 550509 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 Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 PASSENGER 1 Name **MATHEW** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Tanglin Division Headquaters** Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT E/20201221/7030 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** 

SMA1012A

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Address	TAN CHUN HUI
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMP3132U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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:
  - 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;
  - (iil) 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
- (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
- 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.
- 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, o
  - (ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

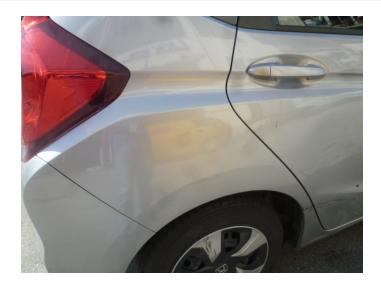
NRIC/FIN No.:

mission that instrument you

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Dog	24 5		
SKETCH PLAN			
A: Smp 3132			
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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	befor to 70	Regard	
	6/20201221/7	030	
		-	
DECLARATION We declare the foregoing particula	rs are true in every respect.	H	
olicyholder's Signature até & Time: Charles they charge age	Oriver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's S Name: NRIC/FIN No.:	ignature





















Report No. E/20201221/7030

# POLICE REPORT (NP299)

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

Date/Time Report Made 21/12/2020 17:09	Vide Re	port No.		Station Diary No
Name Of Informant	Address			
TAN CHUN HUI	509 SERANGOON NORTH AVENUE 4 #06-362 SINGAPORE 550509			
ID Type / ID No. NRIC NO / S8206244J	Contact No. Home/Office: Mobile: 93833933			
Nationality SINGAPORE CITIZEN	Email Address jet_gerrard@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Other car and light goods vehicle drivers nec	Male	38	17/02/1982	Chinese
Institution/School Name	Languag English	ge	- Vivione Milities Pro-	- <del>1</del> - 100 00 00 00 00 00 00 00 00 00 00 00 00
Date/Time Of Incident 21/12/2020 11:30 - 21/12/2020 11:40	13-1-13-13-13-13-13-13-13-13-13-13-13-13	Of Inciden	10	
Brief details.			*	

I was travelling along Newton circus roundabout at my own lane. Suddenly, I felt a huge impact from the rear right portion. I got down and realised vehicle B hit onto my vehicle while cutting into my lane.

Victim	(NXXVIIAZAS CECENOGOSICONICA DO POTENTIA DA			
Person Name	TAN CHUN HUI			
ID Type	NRIC NO	ID No	S8206244J	
Signature Of Off Not applicable	icer Recording The Report:	The	nature Of Informant: identity of the person making this ort has been authenticated by Pass. No signature is required.	
Signature Of Inte Not applicable	erpreter:		e/Time: 2/2020 17:09	
Officer In-Charge Of Case:		Clas	Classification Of Case:	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20201221/7030

Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Other car and light goods vehicle drivers nec	Address	509 SERANGOON NORTH AVENUE 4 #06-362 SINGAPORE 550509
Mobile No	93833933	Is Informant A Victim?	Yes

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable Date/Time: 21/12/2020 17:09 Officer In-Charge Of Case: Classification Of Case: Authentication Stamp

