

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 Submission 28/10/2020 16:31 (SGT)
Date of Accident 27/10/2020 19:35 (SGT)
Exact Location of Accident STILL ROAD SOUTH TOWARDS ECP
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK2901E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SECURED DELIVERY
Company Reg No 53409678J
Email Address ADRIANTAN89@HOTMAIL.COM
Mobile Phone No (Phone) +65-86064022
Alternative Phone No (Phone) +86064022

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV200
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116807450
Cover Note Number -

DRIVER

Name of Driver SECURED DELIVERY
Company Reg No 53409678J
Date Of Birth 25/05/1989
Occupation Outdoor

Date Of Driving Pass	12/10/2019
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-86064022
Alt. Phone Number	(Phone) +-86064022
Email Address	ADRIANTAN89@HOTMAIL.COM
Address	APT BLK 812C CHOA CHU KANG AVE 7 #07-631
Address complement	-
Postcode	683812
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 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	10 Ubi Avenue 3
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBA9656U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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 RIDER
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

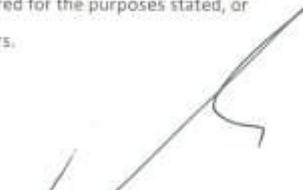
SKETCH PLAN

IMPORTANT NOTICE

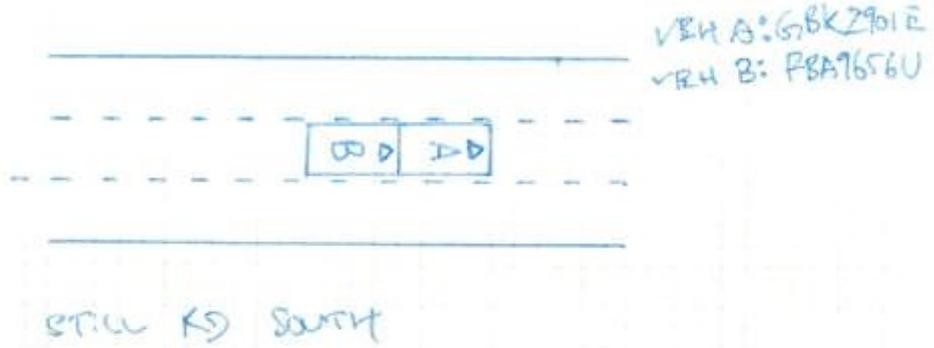
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/ID No.:



















**SINGAPORE
POLICE FORCE**



T/20201027/7027

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

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Report No. T/20201027/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2020 23:33		Vide Report No.: G/20201027/0172		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN ZHI XIANG, ADRIAN			Address: 812C CHOA CHU KANG AVENUE 7 #07-631 SINGAPORE 683812		
ID Type / ID No.: NRIC NO / S8918306E			Contact No.:		Mobile: 86064022
Nationality: SINGAPORE CITIZEN			Email: ADRIANTAN89@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 25/05/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Despatch worker		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2020 19:35	Type of Location: Straight Road
Location: STILL ROAD SOUTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBA9656U	Motorcycle	HONDA	CB 400	White	Slightly Damaged	0
GBK2901E	Van					0



**SINGAPORE
POLICE FORCE**



T/20201027/7027

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

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Report No. T/20201027/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2020 23:33
Officer In Charge Of Case: TP / TPHQ / NG BEIFENG Contact No.: 65476845	Classification Of Case:
Authentication Stamp NP168	



**SINGAPORE
POLICE FORCE**



T/20201027/7027

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

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Report No. T/20201027/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBA9656U (Motorcycle)	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	Slight
Driver			
Name	TAN ZHI XIANG, ADRIAN	ID No.	S8918306E
Related Vehicle	GBK2901E (Van)	Contact No.	86064022
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

Brief Details.

I was driving straight along still road south towards ECP. The car in front of me slowed down and came to a stop. I slowed down and came to a stop too. Shortly after i felt an huge impact on my vehicle rear portion. I alighted to checked and found out that FBA9656U did not manage to stop in time and collided into my vehicle rear portion. A passer by called the ambulance and the ambulance and traffic police came shortly after.