

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 22/02/2021 12:14 (SGT)
Date of Accident 20/02/2021 13:25 (SGT)
Exact Location of Accident Scotts Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX890C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN GUO QUAN
NRIC No SXXXX811C
Email Address tanguoquan@hotmail.com
Mobile Phone No (Phone) +65-98469876
Alternative Phone No +65-98469876

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 Comprehensive
Fleet Policy No
Policy Number 5120884027
Cover Note Number -

DRIVER

Name of Driver TAN GUO QUAN
NRIC No SXXXX811C
Date Of Birth 02/04/1986
Occupation Outdoor

Date Of Driving Pass	22/02/2007
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-98469876
Alt. Phone Number	+65-98469876
Email Address	tanguoquan@hotmail.com
Address	BLK 261C PUNGGOL WAY #13-325
Address complement	-
Postcode	023261
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 - 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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN FEMALE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210222/2035

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	FBH7437L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AH LEE
Contact Number	(Phone) +65-91883633
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	TAN GUO QUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJX890C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Veh A: SJX 840 C
Veh B: FBH 7437 L

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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.

**I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 3 pm 20/2/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

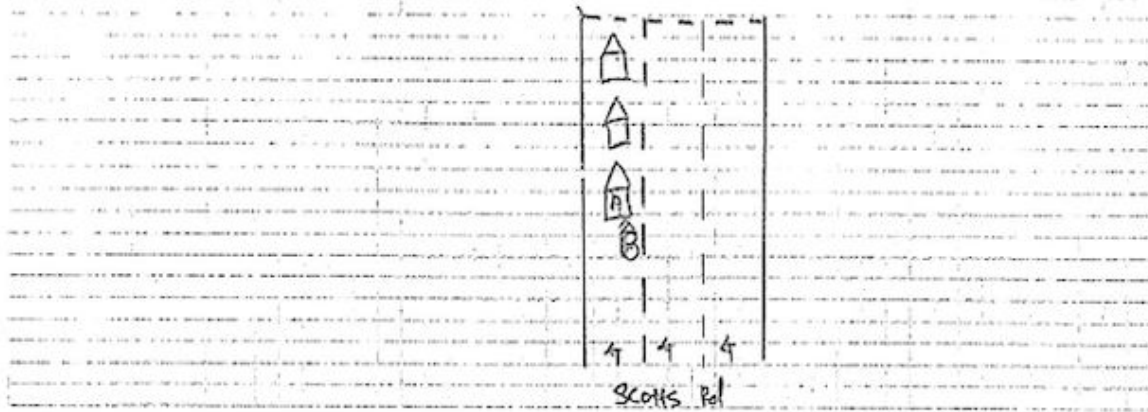
Name:

NRIC/FIN No.:

SKETCH PLAN

Veh A: 33X 890C

Veh B: FBH 7439L

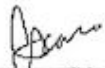


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please Refer To The Notice of Reporting & Police Report T/20210222/2085

DECLARATION

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


 Policyholder's Signature
 Date & Time: 3 PM 20/2/2021

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

 20/02/2021
 Reporting Centre Personnel's Signature
 Name: Rodi W...
 NRIC/FIN No.:





























SINGAPORE POLICE FORCE



T/20210222/2035

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210222/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2021 11:20		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: TAN GUO QUAN		Address: APT BLK 261C PUNGGOL WAY #13-325 SINGAPORE 823261		
ID Type / ID No.: NRIC NO / S8609811C		Contact No.:		Mobile: 98469876
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 34	Date of Birth: 02/04/1986	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2021 13:30	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7437L	Motorcycle				Slightly Damaged	0
SJX890C	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX890C	NTUC Income Insurance Co-Operative Limited	5120884027	13/02/2021	11/02/2022


**SINGAPORE
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T/20210222/2035

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210222/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AH LEE	ID No.	NIL
Related Vehicle	FBH7437L (Motorcycle)	Contact No.	91883633
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN GUO QUAN	ID No.	S8609811C
Related Vehicle	SJX890C (Car)	Contact No.	98469876
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 20/02/2021 at about 1330hrs, I was driving my car along Scotts Road which I use for Grab services. I had slowed down my car while approaching the Newton Circus roundabout when suddenly I felt a bump from the rear of my car. I realized a motorcycle had hit the rear of my car.

I made a checked with my passenger and she informed me she was alright at the time. I then went out of my car to make a checked on my vehicle and discovered my rear bumper was dented and had sustained a cracked. The motorcyclist informed me he was not injured.

There were no Traffic Police or any one conveyed by ambulance at scene. I exchanged particulars with the motorcyclist and my car was towed back to the workshop after that.

**SINGAPORE
POLICE FORCE**

T/20210222/2035

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210222/2035

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:

F /

Sgt 3 MUHAMMAD NAJEEB BIN OSMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/02/2021 11:20

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

NOTICE OF REPORTING

This is to confirm that Name: Tan Guo Quan(Chen Guoquan),
NRIC: S8609811C Contact number: 98469876 has reported to the Police an
accident which occurred along Scotts Road outside Newton Circus MRT
Exit A on 20/02/2021 at about 1330hrs involving the following vehicle:
SJX890C (informant's) and FBH7437L (other party).

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic
Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T202322 Sung Hong How
Date: 20/02/2021 Time: 1530hrs

S/D Ref: 35

Police Post/Unit: Queenstown NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Queenstown
Neighbourhood Police
No 3 Queensway #1
Singapore 14907

