

# 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 ..... 18/05/2021 16:35 (SGT)  
Date of Accident ..... 18/05/2021 10:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SENGKANG COMMUNITY HUB  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY3708L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SINGAPURA LEASING PRIVATE LIMITED  
Company Reg No ..... 201528975D  
Email Address ..... robinnkhang@hotmail.com  
Mobile Phone No ..... (Phone) +65-98900400  
Alternative Phone No ..... +65-98900400

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Yaris  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5108691322-01-000006 DC  
Cover Note Number ..... 02/03/2021 - 01/03/2022

### DRIVER

Name of Driver ..... TAN YI SHENG (CHEN YISHENG)  
NRIC No ..... S8500707F

Date Of Birth .....	08/01/1985
Occupation .....	Indoor
Date Of Driving Pass .....	20/05/2006
Driving experience .....	15 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-86608799
Alt. Phone Number .....	-
Email Address .....	bensontanyisheng@gmail.com
Address .....	BLK 256A SUMANG WALK #11-603
Address complement .....	-
Postcode .....	821256
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	2
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) .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWN WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD7190Y
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	I40
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
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) .....	-

## SKETCH PLAN

VEHICLE NO.: SMY3708L  
 INSURER : NTUC  
 DATE & TIME: 18/05/21 @ 10:10hrs

**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: 18/05/2021

  
 Reporting Centre Personnel's Signature  
 Name: Donlyn (Amk)  
 NRIC/FIN No.: 18/05/21

SHAWA Sketch Plan Form V.1

### Aluminum Community

OKI

A	B
---	---

A. SMY37086

B: 54071904

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20210518/7015

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 &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GSP-Part 6, General Film 5446 V3

( ) Claim Own Policy

( ) Claim Third Party

( ) Reporting Only

(✓) Claim ODRTP at other workshop



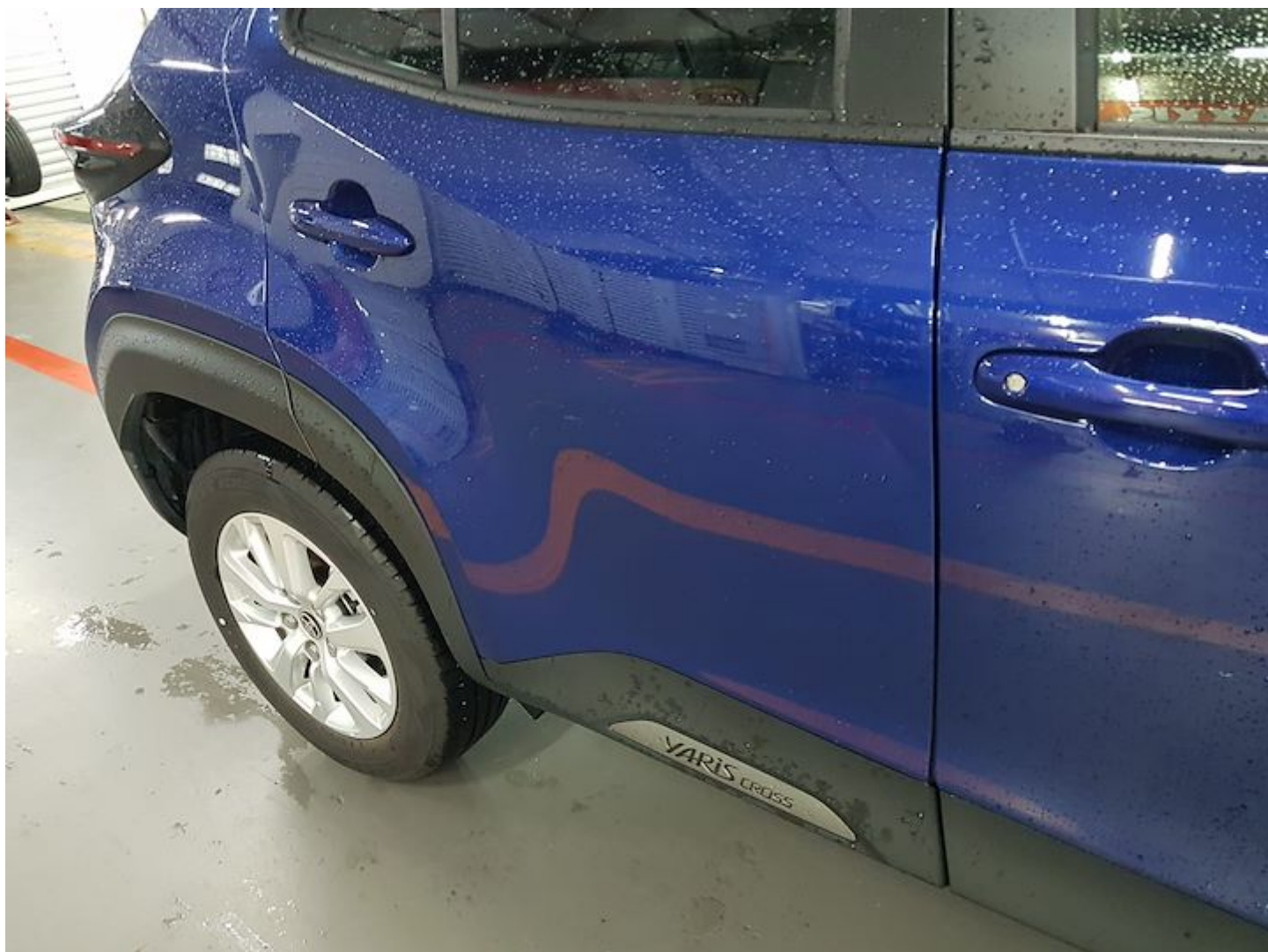
























**SINGAPORE  
POLICE FORCE**



T/20210518/7015

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

1 of 3

Report No, T/20210518/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2021 13:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN YI SHENG			Address: 256A SUMANG WALK #11-603 SINGAPORE 821256		
ID Type / ID No.: NRIC NO / S8500707F			Contact No.: Home/Office: Mobile: 86608799		
Nationality: SINGAPORE CITIZEN			Email: BENSONTANYISHENG@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 08/01/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2021 10:10	Type of Location: Straight Road
Location:  SENGKANG Community Hub				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD7190Y	Comfort Delgro Taxi	HYUNDAI	I40	Blue	Slightly Damaged	0
SMY3708L	Car	TOYOTA	Yaris Corss	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210518/7015

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

2 of 3

Report No. T/20210518/7015

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YI SHENG	ID No.	S8500707F
Related Vehicle	SMY3708L (Car)	Contact No.	86608799
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.

On 18/05/2021 at around 1010hrs, I was travelling along SengKang Community Hub, a Taxi No. SHD7190Y with a passenger onboard suddenly opened the rear LH Door and grazed against my moving vehicle. As this is a one way traffic, the taxi told me to head to the front to discuss on the said accident, however after which he drove his taxi off. I would wish to claim against the taxi for the damages on my Rear RH Door.

**SINGAPORE  
POLICE FORCE**

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



T/20210518/7015

3 of 3

Report No. T/20210518/7015

**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:  
TP / TPIB /  
STEPHANIE, CHEUNG TSZ YING  
Contact No.: 96208032

Authentication Stamp  
NP168

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

Date/Time:  
18/05/2021 13:59

Classification Of Case:

