

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 02/07/2021 14:55 (SGT)
Date of Accident 01/07/2021 19:29 (SGT)
Exact Location of Accident Singapore
Additional Location Information HUNDRED TREES CONDO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8641X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KENDORI MARINE ENGINEERING PTE. LTD.
Company Reg No 2XXXXX011C
Email Address LOUIS.KENDORMARINE@HOTMAIL.COM
Mobile Phone No (Phone) +65-93801068
Alternative Phone No +65-93801068

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 Commercial vehicle
Transmission Auto
CC 1597

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112756818-01
Cover Note Number -

DRIVER

Name of Driver LOUIS TAN YU WEI
NRIC No SXXXX228G

Date Of Birth	10/11/1993
Occupation	Indoor
Date Of Driving Pass	24/04/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93801068
Alt. Phone Number	-
Email Address	LOUIS.KENDORMARINE@HOTMAIL.COM
Address	BLK 442A BUKIT BATOK WEST AVENUE 8
Address complement	#04-871
Postcode	651442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Roundabout
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 vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL SEND TO INSURANCE DIRECTLY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ4084L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAIKUHARA SEIJI
Passport No/FIN	GXXXX697X
Contact Number	(Phone) +65-97227442

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



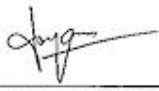


Name of injured person LOUIS TAN YU WEI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBJ8641X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

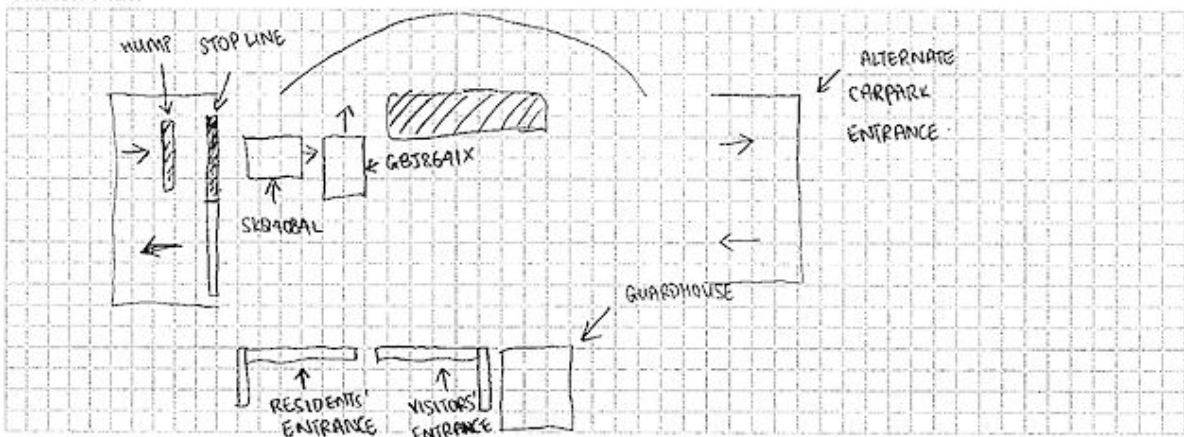
SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.

  Policyholder's Signature / Date & Time 02 JULY 2021 1350 HRS	 Driver's Signature (If driver is not the policyholder) / Date & Time 02 JULY 2021 1350 HRS	  Witnessed by Reporting Centre Personnel
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Sketch Plan

LICENSE PLATE: GBJ8641X ACCIDENT DATE & TIME: 01 JULY 2021 [1929 HRS .
CONTACT NUMBER: 93801068 E-MAIL ADDRESS: LOUIS.KENDORIMARINE @ HOTMAIL.COM .
LOCATION: WEST COAST DRIVE , HUNDRED TREES CONDOMINIUM.

I HAD JUST ENTERED THE RESIDENTS' ENTRANCE GALLERY AT 1929 HRS AND WAS ABOUT TO ENTER THE ROUNDABOUT AT THE FRONT PORCH AREA OF THE PROPERTY. AS I MOVED OFF ~~TO THE~~ AND WAS ABOUT TO ENTER THE AREA, A CAR BY THE PLATE NUMBER SKQ4084L DASHED OUT OF THE CARPARK EXIT AND HIT MY VEHICLE ON THE PASSENGER SIDE. THERE WAS A SPEED HUMP AS WELL AS A STOP LINE AT THE EXIT OF THE BASEMENT CARPARK.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

() Claim Own Policy (✓) Claim Third Party () Claim OD/TP at other workshop () Reporting Only

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210702/7012

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

1 of 3

Report No. T/20210702/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2021 14:39		Vide Report No.: D/20210701/0116		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOUIS TAN YU WEI			Address: APT BLK 442A BUKIT BATOK WEST AVENUE 8 #04-871 SINGAPORE 651442		
ID Type / ID No.: NRIC NO / S9342228G			Contact No.: Home/Office: Mobile: 93801068		
Nationality: SINGAPORE CITIZEN			Email: louistan.10@live.com.sg		
Sex: Male	Age: 27	Date of Birth: 10/11/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Operations officer (except transport operations)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2021 19:30	Type of Location: Roundabout
Location: WEST COAST DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ8641X	Van					0
SKQ4084L	Car	MAZDA	Mazda 5	Grey		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210702/7012

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

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Report No. T/20210702/7012

CONTINUATION OF REPORT

Driver			
Name	LOUIS TAN YU WEI	ID No.	S9342228G
Related Vehicle	GBJ8641X (Van)	Contact No.	93801068
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/07/2021	Date	01/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	DAIKUHARA SEIJI	ID No.	G3290697X
Related Vehicle	SKQ4084L (Car)	Contact No.	97227442
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 26/12/2021
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I had just entered the residents' entrance gantry at 1929hrs and was about to enter the roundabout at the front porch area of the property. As I moved off and was about to enter the area, a car by the plate number SKQ4084L dashed out of the carpark exit and hit my vehicle on the passenger side. There was a speed hump as well as a stop line at the exit of the basement carpark. Due to the impact from the side, I felt giddy and had chest pains and was conveyed to the hospital by ambulance.



**SINGAPORE
POLICE FORCE**

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



T/20210702/7012

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Report No. T/20210702/7012

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:

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:
02/07/2021 14:39

Classification Of Case:





