

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 13/08/2021 16:42 (SGT)
Date of Accident 11/08/2021 12:00 (SGT)
Exact Location of Accident Commonwealth Ave, Singapore
Additional Location Information TURN LEFT TOWARDS STIRLING ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM5505R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WEE SIEW LIN CAROLINE MARINA
NRIC No SXXXX676A
Email Address davidk.k.tan@gmail.com
Mobile Phone No (Phone) +65-96327778
Alternative Phone No +65-96327778

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1197

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110143561506
Cover Note Number -

DRIVER

Name of Driver TAN KEE KAN
NRIC No SXXXX214C

Date Of Birth	12/08/1943
Occupation	Indoor
Date Of Driving Pass	24/02/1961
Driving experience	60 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96327778
Alt. Phone Number	-
Email Address	davidk.k.tan@gmail.com
Address	184 DEPOT ROAD #18-09
Address complement	-
Postcode	109686
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
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 vehicle 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	WEE SIEW LIN CAROLINE MARINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210813/2065

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

Vehicle Registration Number	FBP6120P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHAMED NOOR BIN MOHAMED HANIFA
NRIC No	SXXXX158H
Contact Number	(Phone) +65-88307389
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' law yers/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")

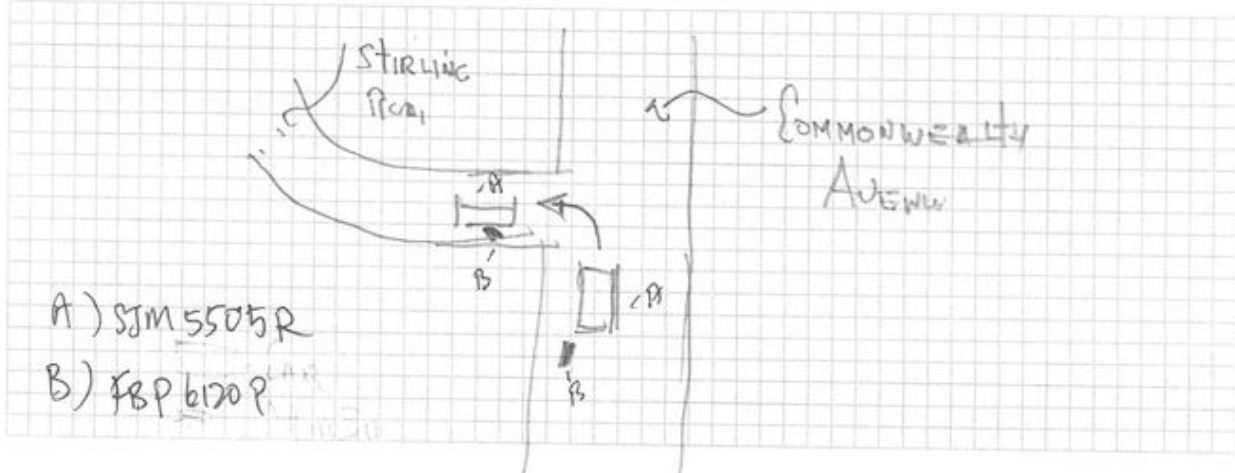
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER to POLICE REPORT 1/20210813/2065

Declaration

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 & Time

Witnessed by Reporting Centre Personnel
















**SINGAPORE
POLICE FORCE**


T/20210813/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210813/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2021 15:55		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: TAN KEE KAN			Address: 184 DEPOT ROAD #18-09 SINGAPORE 109686		
ID Type / ID No.: NRIC NO / S0283214C			Contact No.: Home/Office: Mobile: 96327778		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 78	Date of Birth: 12/08/1943	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 11/08/2021 12:00	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6120P	Motorcycle				No Damage	0
SJM5505R	Car				Slightly Damaged	1

Details of Person Involved

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



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T/20210813/2065

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Tel No: 1800-4719999

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Report No. T/20210813/2065

CONTINUATION OF REPORT

Driver			
Name	TAN KEE KAN		ID No. S0283214C
Related Vehicle	SJM5505R (Car)		Contact No. 96327778
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	Mohamed Noor Bin Mohamed Hanifa		ID No. S9527158H
Related Vehicle	NIL		Contact No. 88307389
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

Brief Details.

On 11/08/2021 at about 1200hrs, I was driving my vehicle SJM5505R, together with my wife on board. We were traveling towards Stirling road and my wife was using the map on her mobile phone to guide me to the location as we are not familiar with that area. I was travelling along Alexandra Road towards Strathmore avenue. At the Junction of Commonwealth Avenue, I make a left turn to commonwealth Avenue towards Clementi. Shortly after the turn, I make another left turn into Stirling road. While turning, I heard some knocking sound and I stopped my vehicle.

My wife alighted from the vehicle and noticed a motorcyclist was lying on the floor. Both me and my wife immediately went over to help him push up the motorbike and check on his injuries. We noticed that he had some abrasion on his right elbow. As I have a first aid kit with me, we assist to clean his injuries. While cleaning his injuries, he said that if he was given MC how will he claim, thus we passed him \$200 first. We then asked him how he wishes to settle this matter, and he told me that he wish to settle it privately and both of us agreed. I offered to pay for all his medical bills and the repair fee for his motorbike if needed.

On 12/08/2021 at about 1700hrs, I received a call from who introduced himself as an employee of Doctor delivery, HP: 88125151, he told me that he will be filing a insurance claim against my vehicle.

On 13/08/2021, I called up my insurance agent to inform about the matter and he told me to lodge a police report.

We wish to state that there was no visible damage to his motorbike when we brought it up.



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Report No. T/20210813/2065

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



T/20210813/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210813/2065

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:

D /

Sr Staff Sgt TAN WEI JIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2021 15:55

Officer In Charge Of Case:

TP / AEIT /

Insp. BOON YEN KIAN SN 49

Contact No: 65476172

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08218D0002 Vehicle Registration No: 5JM 5505R
 Name (as shown in NRIC): TAN KEE KAN NRIC/FIN/Passport No: SXXXXX74C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96327778
 Email Address: _____
 Date of Accident: 11/08/2007 Time of Accident: 12:00
 Place of Accident: COMMONWEALTH PARK WALK LANE 20, SINGAPORE
 Insurance Company: NOT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

STAND BY REPORTING ONLY

Policyholder / Driver's Signature
Date:

[Signature] 13/08/2007
Reporting Centre Personnel's Signature
Name: