

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 Actual 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 First Submission	06/11/2024 13:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/11/2024 15:35 (SGT)
Exact Location of Accident	Bishan St 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9544J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA BENG CHUAN
NRIC No	S1527077B
Email Address	BUSINESS@COLOURVIBE.SG
Mobile Phone No	(Phone) +65-97666643
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142464547

DRIVER

Name of Driver	CHUA BENG CHUAN
NRIC No	S1527077B
Date Of Birth	07/06/1962
Occupation	Outdoor
Driving Pass Date	28/10/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97666643
Alt. Phone Number	-
Email Address	BUSINESS@COLOURVIBE.SG
Address	BLK 10 JALAN KUKOH
Address complement	#12-69
Postcode	162010
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

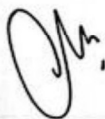
Vehicle Registration Number	SNT7827P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

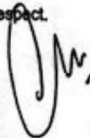
On the mentioned date and time, I was travelling straight along
bishan street 12, suddenly I felt an impact on the front left portion
of my vehicle A

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 & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

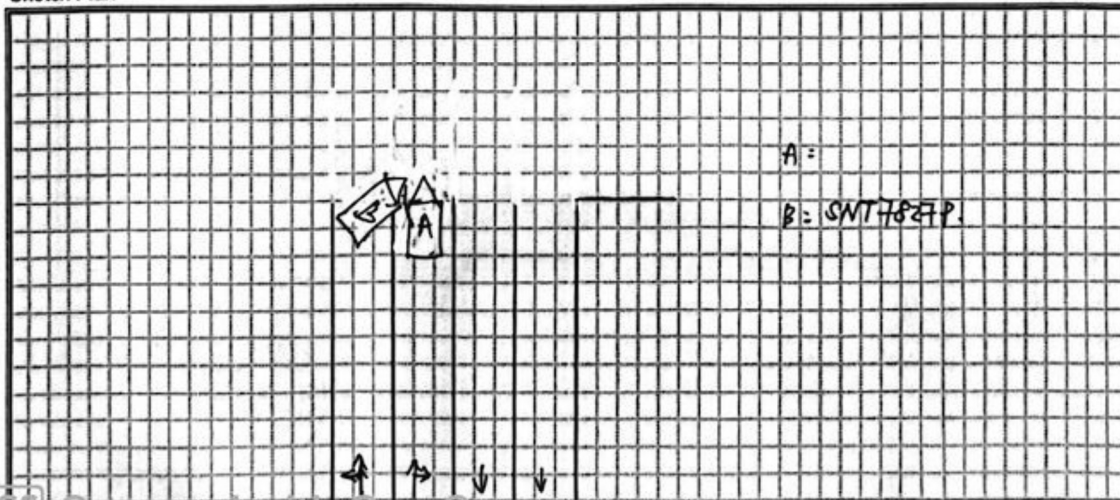
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Scanned with CamScanner



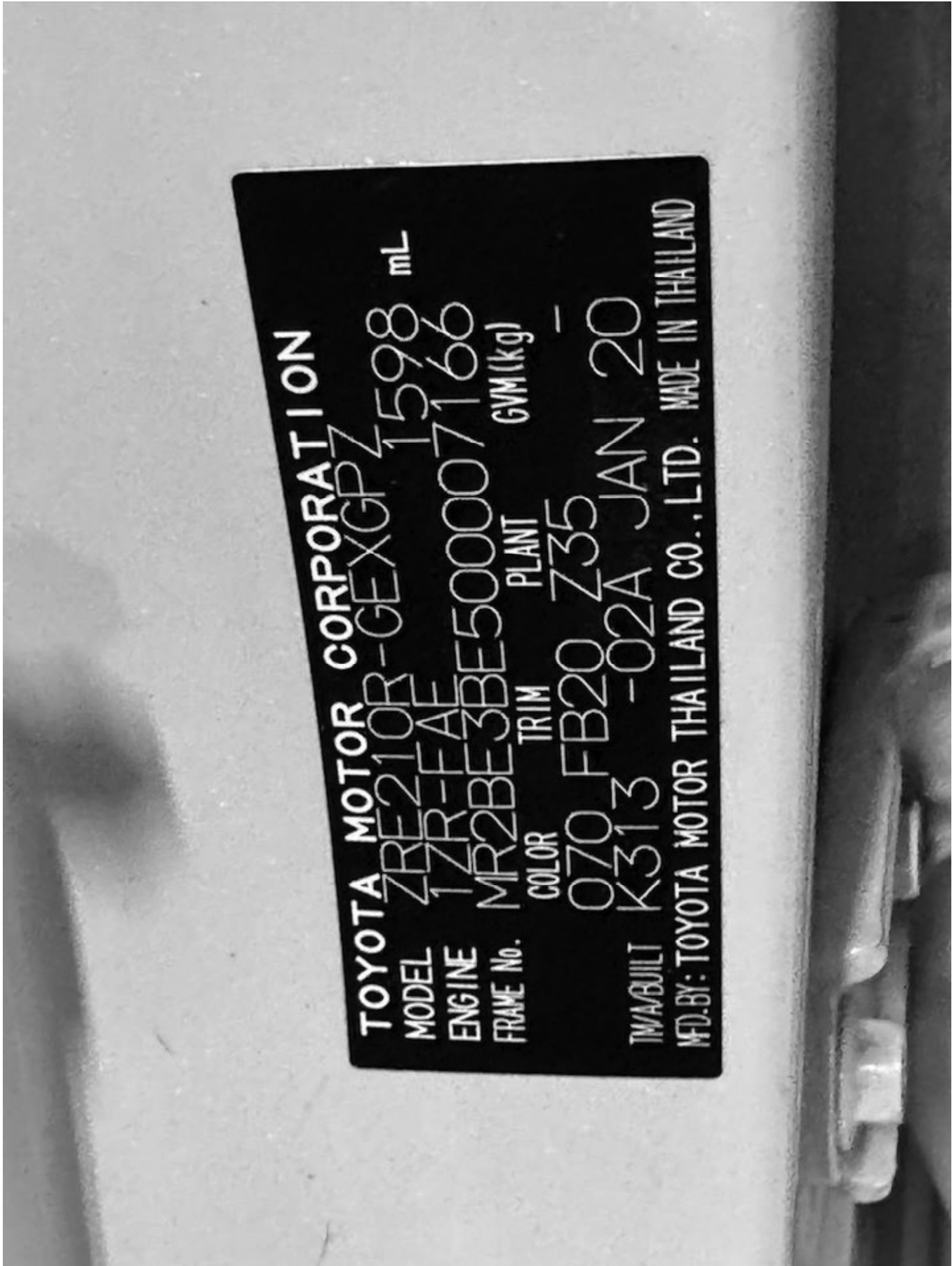












TOYOTA MOTOR CORPORATION

MODEL ZRE210R-GEXGPZ 1598 mL

ENGINE 1ZR-FAE GVM(kg)

FRAME No. MR2BE3BE500007166

COLOR 070 FB20 TRIM Z35 PLANT -

JAN 20

TM/A/BUILT K313 -02A

MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND









**SINGAPORE
POLICE FORCE**



T/20241107/7054

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

1 of 3

Report No. T/20241107/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2024 13:46		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: CHUA BENB CHUAN			Address: 10 JALAN KUKOH #12-69 SINGAPORE 162010	
ID Type / ID No.: NRIC NO / S1527077B			Contact No.: Home/Office: Mobile: 97666643	
Nationality: SINGAPORE CITIZEN			Email: BUSINESS@COLOURVIBE.SG	
Sex: Male	Age: 62	Date of Birth: 07/06/1962	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Other food and related products machine operators			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2024 15:35	Type of Location: Straight Road
Location: BISHAN STREET 12				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS9544J	Motor car	TOYOTA	COROLLA ALTIS ELEGANCE (AUTO)(2WD)	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMS9544J	NTUC Income Insurance Co-Operative Limited	5142464547	05/01/2024	22/03/2025



**SINGAPORE
POLICE FORCE**



T/20241107/7054

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

2 of 3
Report No. T/20241107/7054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA BENG CHUAN	ID No.	S1527077B
Related Vehicle	SMS9544J (Motor car)	Contact No.	97666643
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 (MC)	03	Degree of Injury	Slight

Brief Details.

ON THE MENTIONED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG BISHAN STREET 12.
SUDDENLY I FELT AN IMPACT ON THE FRONT LEFT PORTION OF VEHICLE



**SINGAPORE
POLICE FORCE**

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



T/20241107/7054

3 of 3

Report No. T/20241107/7054

CONTINUATION OF REPORT

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: 07/11/2024 13:46
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168



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: SA1824B60005. Vehicle Registration No: SMS9544J
 Name (as shown in NRIC): CHUA BENH CHUAN. NRIC/FIN/Passport No: S1527077B.
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 10 Jalan Katoh #12-69 162010. Singapore ()
 Contact (Tel): _____ Mobile No.: 9766 6643.
 Email Address: business@colovibe.sg.
 Date of Accident: 15/11/24 Time of Accident: 15:35.
 Place of Accident: Bishan st 12.
 Insurance Company: Income.

(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:

Add on police report and injury add on 3 days mc.

Policyholder / Driver's Signature
Date:



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