

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 Authorized 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 ability.
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 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 Report	23/12/2014 08:37
Date Of Accident	22/12/2014 15:20
Exact Location Of Accident	WEST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3853S
Insured/Policyholder	
Name Of Registered Owner	HOOI YUET OOI
NRIC No	S2135983A
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 KOMPRESSION-1.8 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5059410235-01 (CLASSIC)
Cover Note Number	
Driver	
Name of Driver	CHIA NAN HERNG
NRIC No	S8038779B
Date Of Birth	10/12/1980
Occupation	Indoor
Date Of Driving Pass	29/03/2005
Driving Experience	9 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96988095
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	517 WEST COAST ROAD #01-575
Postcode	S120517
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - T-JUNCTION
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN. ATTENDED BY : SUSAN

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC9688B
Vehicle Make/Model/Colour	BUS
Details Of Properties	
Name of Driver	WONG KOK FEI
NRIC/Passport Number	S7623058G
Contact Number	91797950
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	

Details of Witness

Name
Phone Number
Email Address

SKETCH PLAN

IMPORTANT NOTICE

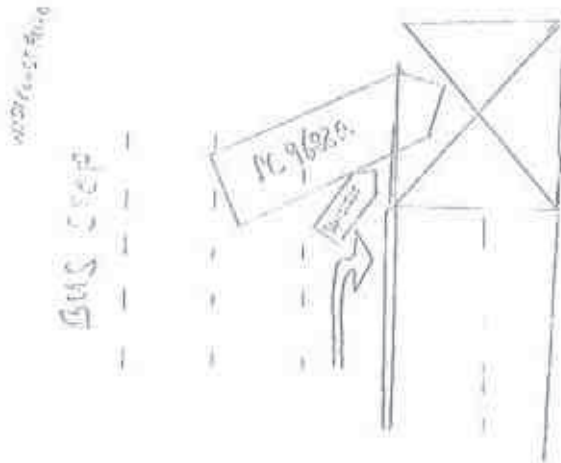
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 8427 / 6560 3312
Fax: 6569 0722
Email: varth@singnet.com.sg
Witnessed by Reporting Centre

Policyholder's Signature / Date & Time

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

Sketch Plan



Describe Circumstances of the Accident

I was driving along West Coast Road, and stopped behind the
 the stop line preparing to make a U-turn when a bus
 PC 46823B cut my vehicle from my left lane and collided
 onto my front left portion of my car despite my
 horn when I noticed the bus. After colliding the bus continue
 to advance despite my ^{various} horn and only stop ~~when it~~ after
 a while. After the Accident we wrote a note and
 (S76230586)
 Wong Kik Fei admits mistake and we both signed on it.

Declaration

We declare the foregoing particulars are true in every respect.

23 DEC 2014

(Signature)

POLICE REPORT
 No. 123456789
 Date 23 DEC 2014
 Time 10:00 AM
 Location 123456789

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20141223/2140

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Report No. T/20141223/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2014 18:47			Vide Report No.:		Station Diary No.: 103
Informant's Particulars					
Name of Informant: CHIA NAN HERNG			Address: APT BLK 517 WEST COAST ROAD #01-575 SINGAPORE 120517		
ID Type / ID No.: NRIC NO / S8038779B			Contact No.: Home/Office: Mobile: 96998095		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 10/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Health services manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2014 15:20	Type of Location: U-turn point
Location: Along Road 1 WEST COAST ROAD				
Along West Coast Road (at the U-turn point) opposite Blk 513 West Coast Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
PC9688B	Bus				Slightly Damaged	2
SGU3853S	Car	MERCEDES BENZ	E200 Kompressor-1.8(A)	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SGU3853S	NTUC Income Insurance Co-Operative Limited	5059410235-01	14/05/2014	13/05/2015



CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KOK FEI	ID No.	S7623058G
Related Vehicle	PC9688B (Bus)	Contact No.	91797950
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)	NIL	Degree of Injury	NIL
Driver			
Name	CHIA NAN HERNG	ID No.	S8038779B
Related Vehicle	SGU3853S (Car)	Contact No.	96998095
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/12/2014	Date Discharge	23/12/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	CHEN XIAOFANG	ID No.	G1393370M
Related Vehicle	SGU3853S (Car)	Contact No.	67781840
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/12/2014	Date Discharge	23/12/2014
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 22/12/2014 at about 1510 hrs, I was driving my car, SGU3853S (Mercedes -Benz, E200 Kompressor-1.8(A), Black color) and wanted to go Eunos area. My wife namely, Chen XiaoFang, Fin : G1393370M was together with me in the car.

Whilst along West coast road, I wanted to make a U-turn to West Coast Road towards Clementi Ave 2. i had stopped at the U-turn point waiting to make the turn, suddenly a bus from my left drove in and hit onto my left portion of my car.

I had horn the bus driver however the bus did not stop. The bus subsequently hit my car front left portion. Due to the impact, both of my wife and me felt pain of our neck and back of our body.

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



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Report No. T/20141223/2140

CONTINUATION OF REPORT

After the accident, the bus driver gave me his particulars and also signed on the note which I draft. The note stated that the bus driver admits is his fault of colliding into my vehicle. I wish to inform that there were 2 other passengers inside the bus. The bus registration number is PC 9688B.

The damages of my car as follows : Left front portion and also the front bonnet. The damages of the bus as follows: Scratches on the right portion of the bus.

On 23/12/2014, my wife and I felt pain on our necks and back and hence went to West Coast Clinic & Surgery (WC) to seek medical treatment. My wife was given 5 days medical leave starting from 23/12/2014 to 27/12/2014. I was given 3 days medical leave starting from 23/12/2014 to 25/12/2014.

There are no assault or threat took place.

I am lodging this Traffic Accident report for Traffic Investigation and also for Insurance claims.

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20141223/2140

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Report No. T/20141223/2140

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 /

WONG CHONG WAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

LING ENG HA

Contact No.: 65476414

Signature Of Informant:

Date/Time:

23/12/2014 18:47

Classification Of Case:

Authentication Stamp

NP168

SN 3413

Singapore Police Force