

## 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 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	06/08/2015 16:18
Date Of Accident	05/08/2015 16:10
Exact Location Of Accident	JUNC OF CHOA CHU KANG WAY & AVENUE 4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2351J
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#### Insured/Policyholder

Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-65611233

#### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3 CVT ABS D/AIRBAG 2WD
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?	Yes
If No, Please state action to be taken	
Vehicle Category	Commercial Vehicle

#### Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	0073346186-10
Cover Note Number	

#### Driver

Name of Driver	FANG NA
NRIC No	G1473845U
Date Of Birth	07/05/1980
Occupation	Indoor
Date Of Driving Pass	05/08/2015
Driving Experience	0 Year And 0 Month
Gender	Female
Mobile Number	(Local) +65-97809387
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 23 WEST COAST CRESCENT #05-11
Postcode	128046
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - LEARNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Cross 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?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Choa Chu Kang Npc
Police Station Address	<b>ROAD:</b> 20 Choa Chu Kang St 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND ENCLOSE POLICE REPORT T/20150805/2169.

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

Vehicle Registration Number	SHC3734K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEW KAI PIAU
NRIC/Passport Number	S7403593J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	FANG NAN
Approximate Age	
Injuries Sustain	

Injured person in which vehicle? SKP2351J

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

SKETCH PLAN

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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.

SHIP BATHING DRIVING CENTRE LTD  
 115 BUKIT BATOK WEST AVENUE 5  
 SINGAPORE 658554  
 TEL: 6751 1211 FAX: 6758 6774

*[Handwritten Signature]*

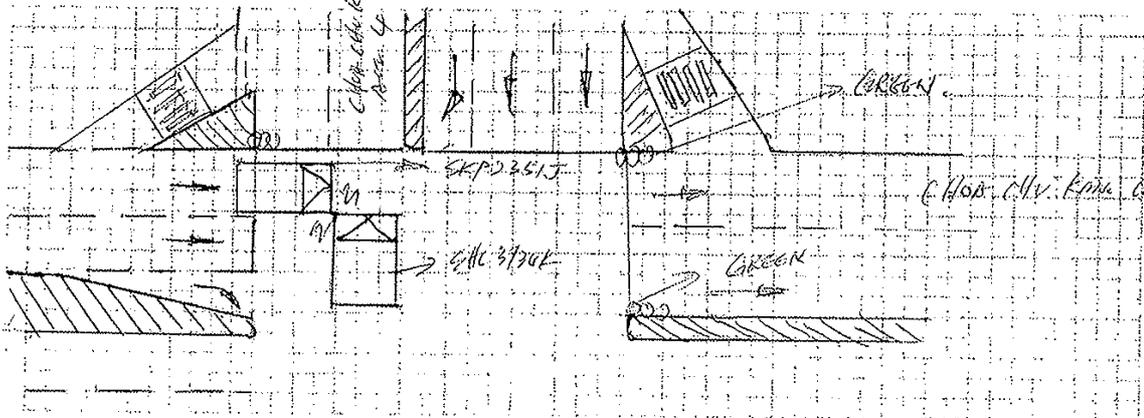
*Fang Na*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

06/08 2015 THU 11:22 FAX BBDC

004/010

Describe Circumstances of the Accident

Vehicle No: STP-2357J was travelling along Caledon CHe  
Road way traffic light was green at the Junction NE  
PROCEED AT THE Junction there was another taxi No: S1105730  
came from the right side and hit onto our vehicle. Person  
was send to hospital by ambulance.

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

police report Pg.1

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20150805/2169

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Report No. T/20150805/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2015 18:50	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars			
Name of Informant: GOH CHYE HUA		Address: APT BLK 296E CHOA CHU KANG AVENUE 2 #12-64 SINGAPORE 685296	
ID Type / ID No.: NRIC NO / S70172421		Contact No.: Home/Office: Mobile: 97232556	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 26/05/1970	Type of Informant: Passenger
Race: Chinese		Language: English	Institution / School Name:
Occupation: BBDC DRIVING INSTRUCTOR		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2015 16:10	Type of Location: X-Junction	
Location: Along Road 1 CHOA CHU KANG WAY  Junction of Choa Chu Kang Way and Choa Chu Kang Avenue 4				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3734K	Car	HYUNDAI	i40	Blue	Seriously Damaged	1
SKP2351J	Car	HONDA	Jazz	Silver	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKP2351J	NTUC Income Insurance Co-Operative Limited	0073346186-10	26/08/2014	25/08/2015

police report Pg.2

06/08 2015 THU 13:58 FAX BBDC

001/001

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



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Report No. 1720150805/2169

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	Chew Kai Piau	ID No.	S7403593J
Related Vehicle	SHC3734K (Car)	Contact No.	NIL
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
Passenger:			
Name	GOH CHYE HUA	ID No.	S7017242I
Related Vehicle	SKP2351J (Car)	Contact No.	97232556
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Name	Fang Na	ID No.	G1473845U
Related Vehicle	SKP2351J (Car)	Contact No.	NIL
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

**Brief Details.**

On 05/08/2015 at about 1610hrs, my trainee was driving the Bukit Batok Driving Centre vehicle, SKP2351J along Choa Chu Kang way. Vehicle SKP2351J was involved in a accident at the junction of Choa Chu Kang Avenue 4 and Choa Chu Kang Way. SKP2351J was driving along way 2nd lane and the traffic light was green. Hence my trainee continued to move straight. However, vehicle SHC3734K from Choa Chu Kang Avenue 4 suddenly collided to the side of the driver's door.

We are not sure whether he beat the red light but I was very sure that the traffic light was green at Choa Chu Kang Way. My trainee was conveyed to hospital.

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



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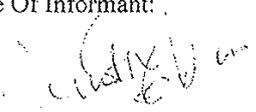
Report No. T/20150805/2169

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: J/ WANG ZHEN XIONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2015 18:50
Officer In Charge Of Case: TP / GIT / Yeo Kia Huat Contact No.: 65476325	Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

