

## 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	11/04/2016 17:01
Date Of Accident	11/04/2016 15:00
Exact Location Of Accident	SERANGOON ROAD / BARTLEY ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR6D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUAH THIAN FAH
NRIC No	S0398233E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81565045
Alternative Phone No	Others-81565045

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOUAREG V6

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	Private Car
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### Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M477088 (COMP)
Cover Note Number	

### Driver

Name of Driver	KUAH AH HONG
NRIC No	S1268404E
Date Of Birth	28/11/1956
Occupation	Indoor
Date Of Driving Pass	03/08/1976
Driving Experience	39 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96306552
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	8A ST.MICHAEL'S ROAD
Postcode	327951
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Sibling
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Traffic Light 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)	3

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Traffic Police Division Hq
Police Station Address	<b>ROAD:</b> 10 Ubi Avenue 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT ATTACHED T/20160411/2167. ATTENDED BY AINI

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

Vehicle Registration Number	SHA6006U
Vehicle Make/Model/Colour	HYUNDAI I40 TAXI
Details Of Properties	
Name of Driver	GOH NGIN POW
NRIC/Passport Number	S1681777E
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	TAXI PASSENGER
Approximate Age	
Injuries Sustain	

Injured person in which vehicle? SHA6006U

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

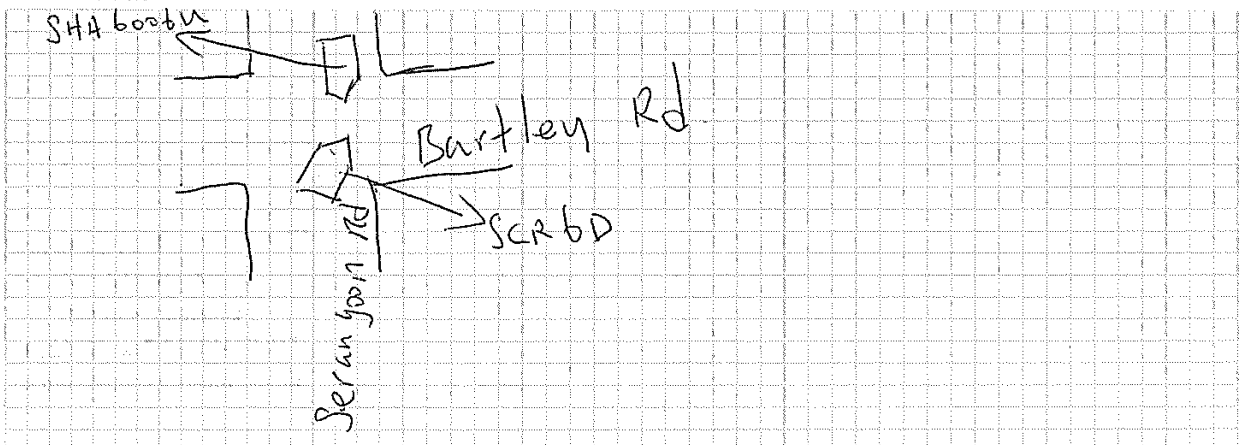
11 APR 2016

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





# Accident Sketch Plan Pg.1



**SINGAPORE  
POLICE FORCE**



T/20160411/2167

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

1 of 3

Report No. T/20160411/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2016 18:13		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KUAH AH HONG			Address: 8A ST. MICHAEL'S ROAD SINGAPORE 327951		
ID Type / ID No.: NRIC NO / S1268404E			Contact No.: Home/Office: Mobile: 96306552		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 28/11/1956	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/04/2016 15:00	Type of Location: T-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SCR6D	Car				Seriously Damaged	2
SHA6006U	Car				Seriously Damaged	2

## Details of Person Involved

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

# Accident Sketch Plan Pg.1



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T/20160411/2167

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Tel No: 65470000

2 of 3

Report No. T/20160411/2167

## CONTINUATION OF REPORT

Driver			
Name	KUAH AH HONG	ID No.	S1268404E
Related Vehicle	NIL	Contact No.	96306552
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, WHILE TRAVELING ALONG THE ROAD I WANTED TO MAKE A RIGHT TURN. THE TRAFFIC LIGHT WAS GREEN AND I PROCEEDED WITH THE TURN. SUDDENLY ANOTHER VEHICLE CAME FROM THE LEFT DIRECTION AND HIT ONTO MY VEHICLE. THERE WAS INJURY AT THE SCENE AND AMBULANCED BROUGHT THE INJURED TO HOSPITAL.



**SINGAPORE  
POLICE FORCE**



T/20160411/2167

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

3 of 3

Report No. T/20160411/2167

**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:  
TP /  
MUHAMMAD AZFAR BIN ABIDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
LIM JUN HUI, ADRIAN SINGAPORE  
Contact No: 65476350

Authentication Stamp  
NP168

Signature: \_\_\_\_\_

Signature Of Informant:

Date/Time:  
11/04/2016 18:13

Classification Of Case:



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo

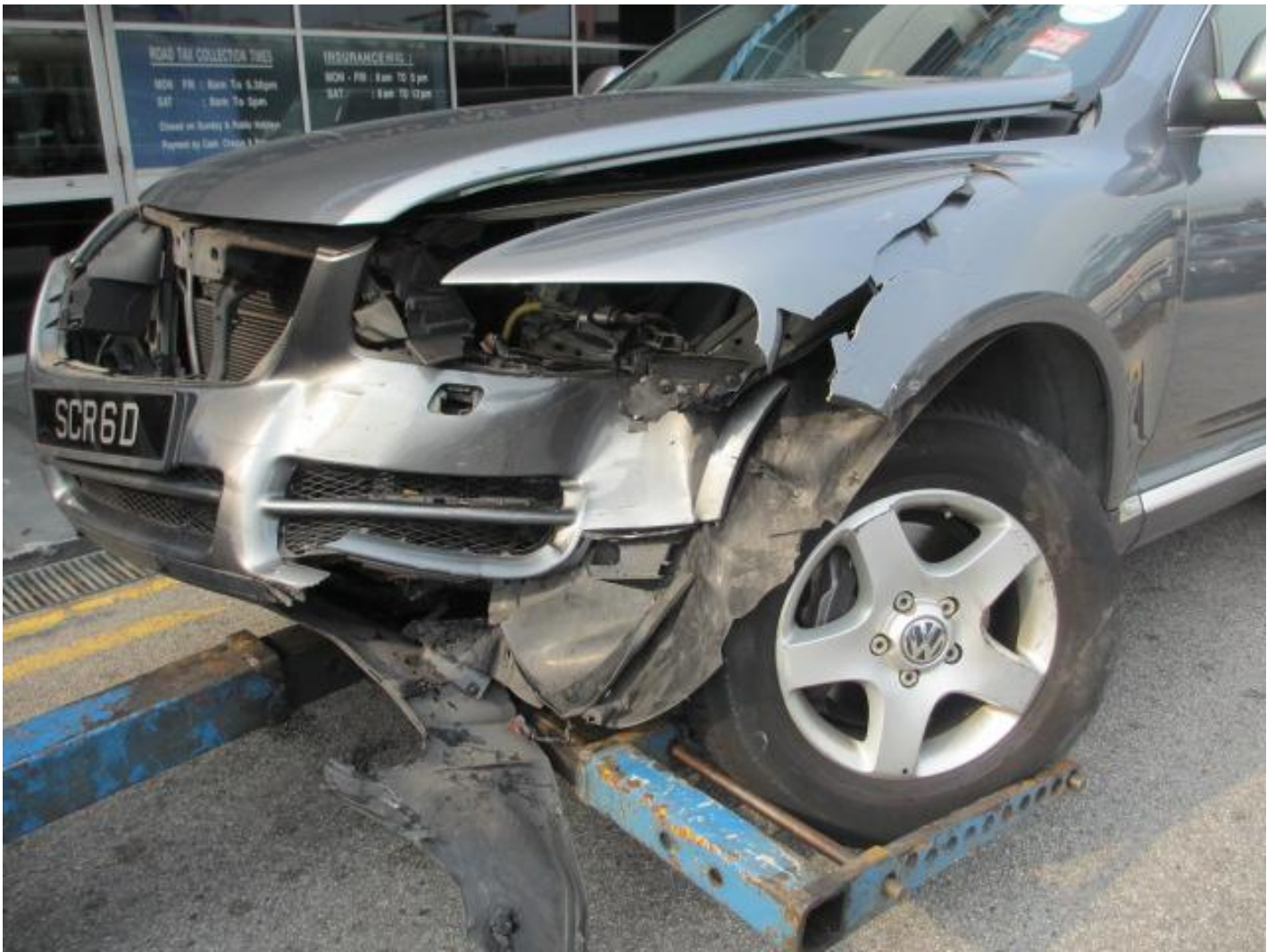


Accident Photo





Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

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

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No : SCR6D  
Name(as shown in NRIC): Kuqin Anthony  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S 12684045  
Address : 8A St Michael Rd S732951  
Contact (Tel) : \_\_\_\_\_ (H/P) : 9630552  
(Email) : \_\_\_\_\_  
Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_  
Place of Accident : Serangoon Rd.  
Insurance Company : India

**(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:

- Attached Police Report  
- Injuries

  
Signature of Vehicle Owner / Driver  
Date: