

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	15/07/2017 16:27
Date Of Accident	14/07/2017 07:30
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER EUNOS EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFG9990A
Insured/Policyholder	
Name Of Registered Owner	CHUA GUAT PING (CAI YUEPING)
NRIC No	S7435934E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90933990
Alternative Phone No	OTHERS-90933990
Vehicle Particulars	
Manufacturer	BMW
Model	320I-2.0 (A)
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
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	5077144118-01
Cover Note Number	
Driver	
Name of Driver	TAY MENG CHUAN
NRIC No	S7144395G
Date Of Birth	09/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1990
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90933990
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 752 JURONG WEST ST 74 #10-18 SINGAPORE
Postcode	640752
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SH7873J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM KOOI SENG
NRIC/Passport Number	S1471004C
Contact Number	91899927
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 TAY MENG CHUAN

Approximate Age

Injuries Sustain REFER POLICE REPORT

Injured person in which vehicle? SFG9990A

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A) SFG 9990A	
B) SH 7873J	

Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20170714/2195

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &



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

Witnessed by Reporting Centre
Personnel

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170714/2195

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20170714/2195

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2017 21:05		Vide Report No.:		Station Diary No.: 90	
Informant's Particulars					
Name of Informant: TAY MENG CHUAN			Address: APT BLK 752 JURONG WEST ST 74 #10-18 SINGAPORE 640752		
ID Type / ID No.: NRIC NO / S7144395G			Contact No.: Home/Office: Mobile: 90933990		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 09/12/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ISURANCE AGENT			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2017 07:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Changi after Eunos Exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG9990A	Car				Seriously Damaged	0
SH7873J	Taxi					0

Details of Person Involved

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170714/2195

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20170714/2195

CONTINUATION OF REPORT

Driver			
Name	TAY MENG CHUAN	ID No.	S7144395G
Related Vehicle	SFG9990A (Car)	Contact No.	90933990
Hospital/Clinic	CHONG'S CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/07/2017	Date Discharge	14/07/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LIM KOOI SENG	ID No.	S1471004C
Related Vehicle	SH7873J (Taxi)	Contact No.	91899927
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 14/07/2017 at about 7.30am, I was driving my vehicle SFG9990A along PIE towards Changi. I was traveling on the extreme right lane when suddenly the vehicle in front came to a stop and as such I slowed down and stopped my vehicle.

A few seconds after I came to a stop, out of a sudden, I felt a huge impact on the rear. A blue Comfort Delgro taxi bearing registration number, SH7873J had knocked on the rear of my vehicle.

Due to the collision, my vehicle was seriously damaged on the rear side. I had exchange my particulars with the taxi driver after the accident.

I had gone to Chong's Clinic for medical treatment after the accident and was given 5 days of MC.

I wish to state that it was drizzling during the accident and the road surface was wet. There is no in-car camera in my vehicle.



SINGAPORE
POLICE FORCE



T/20170714/2195

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20170714/2195

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:
E /
Staff Sgt MUHAMMAD HAFIZ BIN ZUHURI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/07/2017 21:05

Officer In Charge Of Case:
TP / AEIT /
Sgt YEO KIA HUAT
Contact No: 65476325

SN 070

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

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

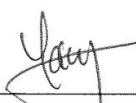
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MS2117093326 . Vehicle Registration No : SFG9990 A
Name(as shown in NRIC): Tay Meng Chuan
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
NRIC/Passport No : S7144395G .
Address : _____
Contact (Tel) : 90933990 . (H/P) : _____
(Email) : _____
Date of Accident : 14/7/2017 . Time of Accident : 0730hrs .
Place of Accident : PJE towards Changi after Eunos ext.
Insurance Company : NTUC

(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:

Amend accident type.



Signature of Vehicle Owner / Driver
Date: 17/7/17

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm