

## 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	21/11/2017 15:19
Date Of Accident	20/11/2017 08:00
Exact Location Of Accident	CROSS JUNC OF COMPASSVALE WALK / COMPASSVALE DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6925S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR NGOO KIM KWANG
NRIC No	S0193589E
Email Address	THIERRIE@ME.COM
Mobile Phone No	(LOCAL) +65-94554545
Alternative Phone No	OTHERS-94554545

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO 1.6 MT ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV004650-R01
Cover Note Number	

### Driver

Name of Driver	CHIA LEE TIAK
NRIC No	S1354952D
Date Of Birth	22/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1978
Driving Experience	39 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94554545
Fax Number	
Contact Number	OTHERS-94554545
Email Address	THIERRIE@ME.COM

Address	BLK 228C COMPASSVALE WALK #03-304
Postcode	543228
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	SIDE SWIPE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	HOGANG N.P.C
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 SINGAPORE 538775 , <b>POSTCODE:</b> 538775 , <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

PLS REFER TO THE POLICE REPORT :T/20171121/2022

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7758X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
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 CHIA LEE TIAK

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJF6925S

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name MR NGOO KIM KWANG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJF6925S

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

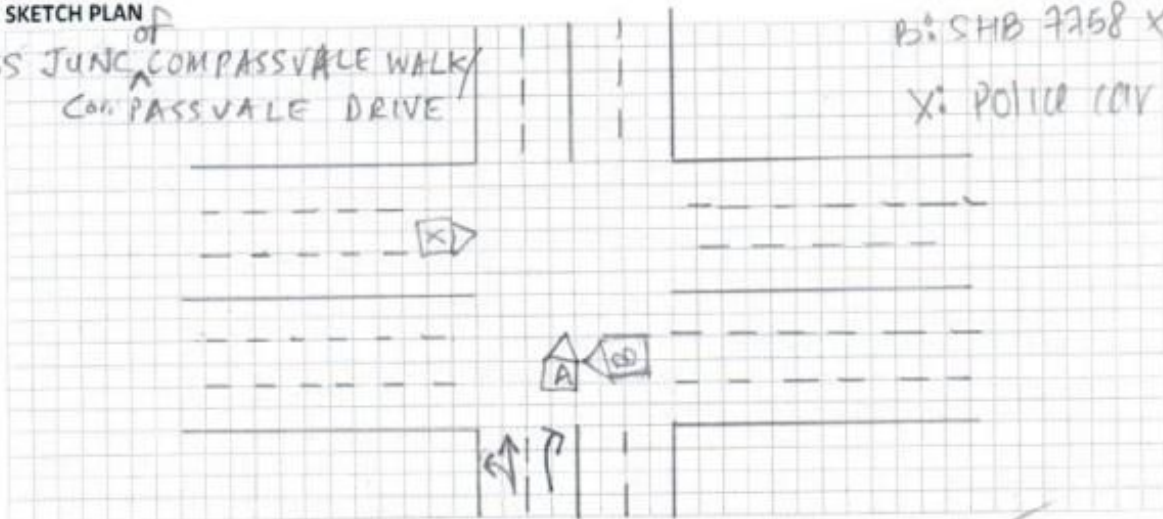
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan #2

SKETCH PLAN  
of  
CROSS JUNC. COMPASSVALE WALK/  
Car. PASSVALE DRIVE

A: SJF 69125 S  
B: SHB 7758 X  
X: POLICE CAR



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report  
T/20171121/2022

## 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:

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

22/01/2017 11:21/2022



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171121/2022

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20171121/2022

#### CONTINUATION OF REPORT

##### **Brief Details.**

On 20/11/2017, at about 0800hrs, I was driving my vehicle bearing SJF6925S along Compassvale Walk and stopped at the traffic junction of Compassvale Drive as it was red light. I was the first vehicle on the right lane at the junction as I wanted to turn right. I then moved forward when the light changed to green. A Transcab taxi bearing SHB7758X which was travelling along the center lane of Compassvale Drive did not stop the vehicle. The taxi driver beat red light and did not stop his vehicle at the junction. The taxi collided head-on onto the right passenger side of my car, and my car spun. I tried to jam brake as the car was spinning but the car did not come to a stop, and I eventually pulled my handbrake.

A blue police jeep that was at the junction at that point of time rendered assistance by calling traffic police and ambulance. My husband who was sitting on the left side of the front passenger seat came out of the car as the passenger side door could be opened. I could not come out of the vehicle as I could not move physically and the driver side door could not be opened.

The policemen at the scene attempted to open the door but could not and they proceeded to control traffic. They also attended to the people in the taxi. Ambulance arrived shortly and strapped me before bringing me out of the vehicle.

My husband took pictures of the damages on the vehicle. The rear right passenger door and front right driver door were dented badly, and the windscreen cracked.

We were both conveyed to Khoo Teck Phuat hospital by the ambulance. I was given 4 days of medical leave and my husband was given 3 days of medical leave.

I wish to state that there is a built-in camera in the taxi.

I wish to thank the officers who attended to us and I wish to state that they were helpful and efficient in their work.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171121/2022

1 of 3

Report No. T/20171121/2022

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2017 09:07	Vide Report No.:	Station Diary No.: 26
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### Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: CHIA LEE TIAK			APT BLK 228C COMPASSVALE WALK #03-304 SINGAPORE 543228	
ID Type / ID No.: NRIC NO / S1354952D			Contact No.: Home/Office: 94554545	Mobile:
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 57	Date of Birth: 22/11/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2017 08:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 COMPASSVALE WALK COMPASSVALE DRIVE CROSS JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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 Passenger
SHB7758X	TAXI				Seriously Damaged	2
SJF6925S	Car				Seriously Damaged	1

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20171121/2022

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Hougang N.P.C  
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I wish to thank the officers who attended to us and I wish to state that they were helpful and efficient in their work.

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POLICE FORCE**



T/20171121/2022

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Tel No: 1800-4890999

3 of 3

Report No. T/20171121/2022

### 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:  
F /  
Sgt 3 SATHYA VANI D/O PARAMASIVAN RAJU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/11/2017 09:07

Classification Of Case: