

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	23/11/2017 09:51
Date Of Accident	22/11/2017 14:10
Exact Location Of Accident	DRIVE WAY OF BLK 846 SIMS DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC1690X
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE TRANSPORTATION SERVICE PTE. LTD.
Co Reg No	200807976G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92303988
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073270135-02
Cover Note Number	-
Driver	
Name of Driver	MA QIANG
Passport No/FIN	G8405723T
Date Of Birth	08/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81897123
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 480 JURONG EAST ST 41 #12-296
Postcode	640480
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 ON COLLISION
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6

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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1186A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHIA LEE SENG
NRIC/Passport Number	S1281165I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name

Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.:

Accident Sketch Plan

SKETCH PLAN

A= PC 1690X
B= SLN 1186 A

Drive Way of BIK 846 Sims Drive

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

A Positive Experience

DECLARATION

I/We declare the following 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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171123/2062

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

1 of 3
Report No. T/20171123/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2017 13:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MA QIANG			Address: 480 JURONG WEST ST 41 #12-296 SINGAPORE 640480		
ID Type / ID No.: FIN NO / G8405723T			Contact No.: Home/Office: Mobile: 81897123		
Nationality: CHINESE			Email:		
Sex: Male	Age: 30	Date of Birth: 08/06/1987	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/11/2017 14:10	Type of Location:
Location: Along Road 1 SIMS DRIVE OUTSIDE BLK 846 HDB				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1690X	Van	TOYOTA	TOYOTA HIACE HIROOF AUTO 14 SEATER	White		5
SLN1186A	Car	TOYOTA	VIOS 1.5E CVT	Grey		2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171123/2062

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

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Report No. T/20171123/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MA QIANG	ID No.	G8405723T
Related Vehicle	PC1690X (Van)	Contact No.	81897123
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
Driver			
Name	CHIA LEE SENG	ID No.	S1281165I
Related Vehicle	SLN1186A (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	NIL	Degree of Injury	NIL

Brief Details.

ON 22/11/2017 AT 1410HRS AT SIMS DRIVE,

I HAD JUST COME OUT OF THE CARPARK AND WAS MAKING A TURN. AFTER MAKING A TURN, THERE WAS A CAR THAT WAS STOPPED IN THE MIDDLE OF THE ROAD SLIGHT TO THE RIGHT. AS I WAS MAKING A TURN WITH MY VAN, I HAD TO TURN OUT MORE TOWARDS THE RIGHT. THERE WAS NO SIGNAL LIGHTS ON THE CAR AND COLLIDED INTO THE VEHICLE AFTER MAKING THE TURN. THE FRONT RIGHT OF MY VEHICLE COLLIDED INTO THE FRONT RIGHT OF HIS VEHICLE. DURING THE COLLISION, HIS PASSENGERS WERE ALIGHTING AND ONE OF THE PASSENGERS FELL. AS A RESULT, AMBULANCE WAS CALLED IN ADDITION TO THE POLICE.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171123/2062

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

3 of 3

Report No: T/20171123/2062

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 /
LEE KWANG HONG KENDRICK

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:
Not applicable

Date/Time:
23/11/2017 13:28

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: *[Handwritten signature]*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TEST	22	586	0015648
WT.	:	2180	KG
WT.	:	3500	KG
EN WT.	:	13	OTHER
ER CAP.	:	(F) 195 R 15C 106/1045	
	:	(R) 195 R 15C 106/1045	