

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	30/12/2017 11:23
Date Of Accident	26/12/2017 12:15
Exact Location Of Accident	PIE TOWARDS AIRPORT ROAD (BEFORE THOMSON EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD6152B
Insured/Policyholder	
Name Of Registered Owner	CHUA KWA KUANG
NRIC No	S1580276F
Email Address	WEILINGCHUA9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96170742
Alternative Phone No	OTHERS-96170742

Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ-1.1 5 (M)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3033781705
Cover Note Number	20/08/2017 - 19/08/2018

Driver

Name of Driver	CHUA KWA KUANG
NRIC No	S1580276F
Date Of Birth	20/12/1963
Occupation	INDOOR
Date Of Driving Pass	11/06/1999
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96170742
Fax Number	
Contact Number	OTHERS-96170742
Email Address	WEILINGCHUA9@GMAIL.COM

Address	BLK 166 BEDOK SOUTH AVE 3 #10-453
Postcode	460166
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20171228/2098.

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	SHC5935J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKK6830T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties SIDE RAILING
Vehicle Category NA/UNKNOWN
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA HWA KUANG
Approximate Age
Injuries Sustain OPEN WOUND OF EAR & SCALP,LUNG MASS & TRAUMA
Injured person in which vehicle? SGD6152B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SGD 6152B.
INSURER : China - Taipei
DATE & TIME: 26/12/17 12:15 AM

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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.

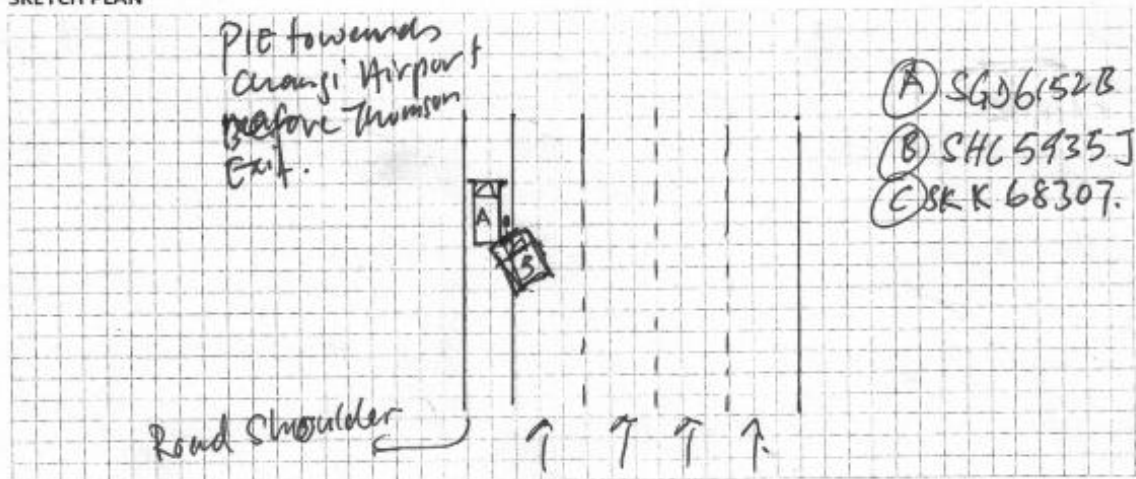
30/12/17
11 am
Policyholder's Signature
Date & Time:

30/12/17
11 am.
Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/01/18
Reporting Centre Personnel's Signature
Name: Danyu (AMK)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car SGD 6152B along plc towards Airport. Just before Thomson Exit, I was driving at the bend and my car tyre skidded, I then parked my car ~~at~~ at the road shoulder on the left hand side. Subsequently ~~to~~ alight my car and went to the front and back to check on my car. When I was walking back from the rear right side of my car, a vehicle collided on to me and my car and I was unconscious. When I woke up I was in the ambulance. I was conveyed to Tan Tock Seng hospital and was hospitalized for two days and given 14 days of medical certificate. The car plate number of the other's parties was given to me by the Traffic Police. (10)

My vehicle rear was badly damaged and the impact also pushed my vehicle to hit onto the side railing. My front left and the side also damaged.

Vehicle No: SGD 6152B (CHINA)
 Date & Time: 26/12/17 @ 1215 (raining/WET)

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

30/12/17
 11am.
 Policyholder's Signature
 Date & Time:

30/12/17
 11am.
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

GLA0000 SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
 (X) Claim ODP at other workshop (Insurance's Auto)

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171228/2098

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171228/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2017 18:17	Vide Report No.: E/20171226/0003	Station Diary No.: 95
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Informant's Particulars			
Name of Informant: CHUA HWA KUANG		Address: APT BLK 166 BEDOK SOUTH AVENUE 3 #10-453 SINGAPORE 460166	
ID Type / ID No.: NRIC NO / S1580276F		Contact No.: Home/Office: Mobile: 96170742	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 20/12/1963	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/12/2017 00:15	Type of Location: Bend
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TOWARDS AIRPORT.				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SGD6152B	Car	HYUNDAI	GETZ 1.1 5M	Yellow		0
SHC5935J	Car					0
SKK6830T	Car					0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20171228/2098

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171228/2098

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD6152B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3033781705	20/08/2017	19/08/2018

Details of Person Involved				
Any Pedestrian Involved: Yes		Use of Pedestrian Crossing: Not Available		
No. of Pedestrians Injured: 1				
Driver				
Name	CHUA HWA KUANG		ID No.	S1580276F
Related Vehicle	SGD6152B (Car)		Contact No.	96170742
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	26/12/2017		Date Discharge	28/12/2017
No. of Days granted Medical Leave	14		Degree of Injury	Serious

Brief Details.

On 26/12/2017 at about 0015am, I was driving my car SGD6152B along PIE towards airport. I was driving at the bend and my car tire skidded, I then parked my car at the road shoulder on the left hand side. Subsequently when I alight my car, a vehicle collided on to me and I was unconscious, when I woke up I was in the ambulance.

I was hospitalized for two days at Tan Tock Seng. I am given 14 days of Medical Certificate dated from 26/12/2017 to 08/01/2017. I do not have the particulars of the drivers. The car plate number was given by Traffic Police. I suffered open wound of ear, open wound of scalp, lung mass and trauma. That is all.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171228/2098

3 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171228/2098

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:

G /

Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / G / SINGAPORE
POLICE FORCE

Contact No.:

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

28/12/2017 18:17

Classification Of Case:

IDENTITY CARD NO. S1580276F

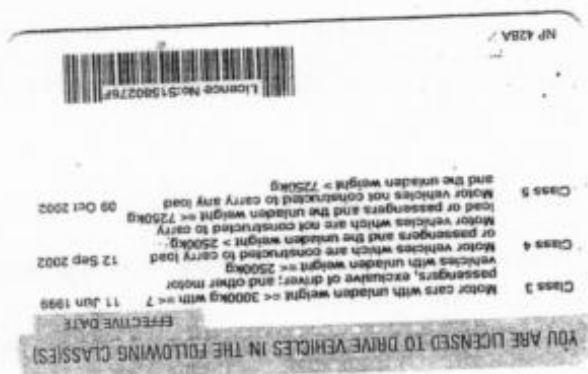
Name CHUA HWA KUANG

Race CHINESE

Date of birth 20-12-1963

Country/Place of birth SINGAPORE

Sex M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

