

## 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 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	24/01/2018 11:25
Date Of Accident	19/01/2018 18:10
Exact Location Of Accident	WOODLANDS VIEW TWDS WOODLANDS DR 73
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7387E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	X-CLUSIVE CAR RENTAL PTE LTD
Co Reg No	201701254C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68481307

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED FLEX 1.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087613166-01
Cover Note Number	-

### Driver

Name of Driver	CHIA YONG KIANG,PETER (XIE YONGQIANG,PETER)
NRIC No	S7933011F
Date Of Birth	28/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87785443
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 576 WOODLANDS DR 16 #04-502
Postcode	730576
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM1926L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN CHIANG SUN
NRIC/Passport Number	S8774678Z
Contact Number	98528011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	CHIA YONG KIANG,PETER (XIE YONGQIANG,PETER)
Approximate Age	
Injuries Sustain	NECK & BACK & SHOULDER
Injured person in which vehicle?	SJQ7387E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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.



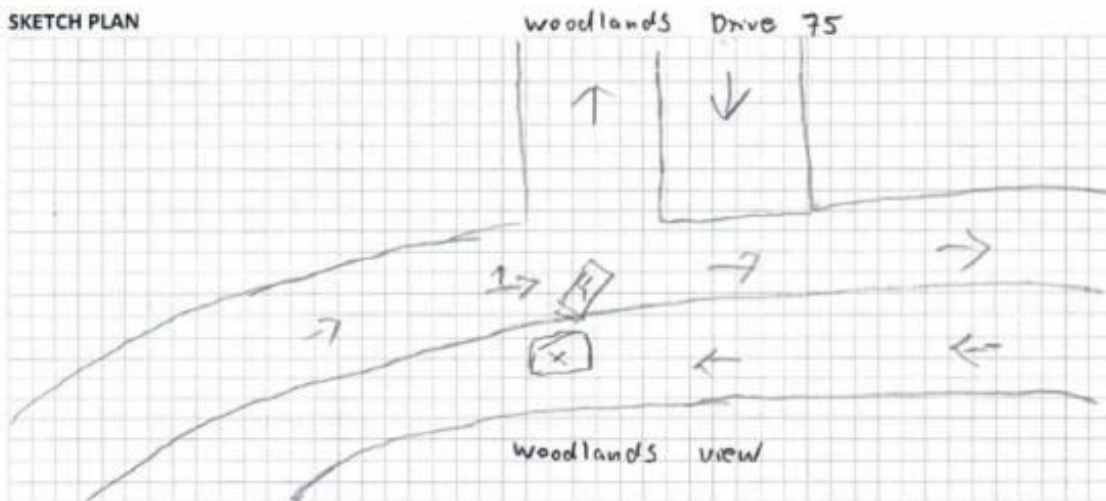
Policyholder's Signature  
Date & Time:

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



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 JAN 2018, FRIDAY @ about 6.10p.m. I was driving along woodland view toward woodland drive 73. Vehicle (Y) SLN1926L Drove out from Woodland drive 75 and collide on my car vehicle (X) on my right side of my vehicle. My vehicle plate number SJQ7387E.

### 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



J/20180122/7033

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## POLICE REPORT (NP299)

Police Station Of Origin:  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7910000

Report No. J/20180122/7033

Date/Time Report Made 22/01/2018 23:17	Video Report No.	Station Diary No.
Name Of Informant CHIA YONG KIANG, PETER	Address APT BLK 576 WOODLANDS DRIVE 16 #04-502 SINGAPORE 730576	
ID Type / ID No. NRIC NO / S7933011F	Contact No. Home/Office:	Mobile: 87785443
Nationality SINGAPORE CITIZEN	Email Address inotstupidfool2@gmail.com	
Occupation SELF EMPLOYED	Sex Male	Age 38
Institution/School Name	Date of Birth 28/10/1979	Race Chinese
Date/Time Of Incident 19/01/2018 18:20	Location Of Incident WOODLANDS DRIVE 73 NIL SINGAPORE 73	

### Brief details.

ON 19 Jan 2018 @ about 1810hrs. I was traveling with my vehicle SJDQ7387E along woodlands view towards woodlands dr 75 and its was raining at that point of time.

Just after the T-Junction between Woodlands Drive 73 and Woodlands View. This vehicle SLM1926L drove out from Woodlands Drive 73 to Woodlands View collided onto the right side of my vehicle. As the impact was quite strong...as my vehicle to swerve to the left resulting the left side bumper knocking on the side kerb and i manage to control the vehicle to the right and put to a stop. There is a stop line at

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2018 23:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



POLICE REPORT



SINGAPORE  
POLICE FORCE



J/20180122/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180122/7033

drive 73.

After which, I alight from my vehicle and did a brief inspection of my vehicle. The driver's door was badly damage, slight damage rest of the right side of my vehicle, front bumper and rims. I then took some photos showing the street name and a exchange of driver's particular for a 3rd party claim.

As both parties vehicle is able to drive.....Both vehicle was then driven off the accident. No towing was done.

IDAC report has been made from my side.

I then notice some pains on my back while i was getting back to my car. Only till the following day i started feeling bad pain on both side of my shoulder and the lower back. Therefore, I proceed to Yap Family Clinic to visit a Doctor for my injury. I was prescribed with some medications and two days of medical leave from 20 jan 2018 till 21 jan 2018. I am also required to do a medical review on 22 jan 2018. I was prescribed with some new medication and extended medical leave till 23 jan 2018 i was also required to do a x-ray at woodlands poly clinic.

Particulars of the other party driver

Name: Chen Chiang sun

NRIC: S8774678Z

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

22/01/2018 23:17

Classification Of Case:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



J/20180122/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180122/7033

Vehicle plate No: SLM1926L

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	CHIA YONG KIANG, PETER		
ID Type	NRIC NO	ID No	S7933011F
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	SELF EMPLOYED	Address Type	
Address	APT BLK 576 WOODLANDS DRIVE 16 #04-502 SINGAPORE 730576	Mobile No	87785443
Is Informant A Victim?	Yes		
Person Name	CHIA YONG KIANG, PETER (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2018 23:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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