

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	14/03/2018 10:33
Date Of Accident	13/03/2018 15:00
Exact Location Of Accident	JUNCTION OF LOCK ROAD AND DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6601T
Insured/Policyholder	
Name Of Registered Owner	CHANCHAL SINGH S/O UDHAM SINGH
NRIC No	S0502995C
Email Address	ATHWALCS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90216711
Alternative Phone No	OTHERS-90216711

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 D/AB 2WD 4DR (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	REPORTING ONLY
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	5097848804
Cover Note Number	

Driver

Name of Driver	CHANCHAL SINGH S/O UDHAM SINGH
NRIC No	S0502995C
Date Of Birth	10/07/1947
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1971
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90216711
Fax Number	
Contact Number	OTHERS-90216711
EEmail Address	ATHWALCS@YAHOO.COM.SG

Address	BLK 57 TELOK BLANGAH HEIGHTS #05-149
Postcode	100057
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSB2248 (MOTORCYCLE)
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180313/2161 (COLLISION TYPE IS HEAD TO SIDE)

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	JSB2248
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HAZMI
NRIC/Passport Number	G8585567R
Contact Number	81668864
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name HAZMI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? JSB2248

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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:
14/3/2018

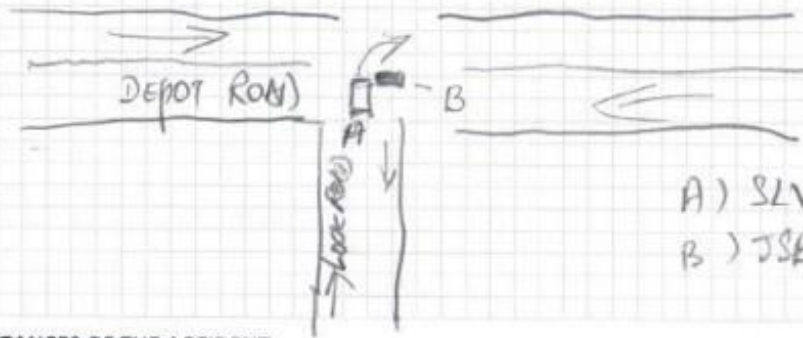
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

Sketch Plan of Lock Road / Depot Road



A) SLV6601T
B) JSB 2248

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20180313/2187

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:
14/3/2018

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

[Signature] 14/03/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180313/2161

1 of 4

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20180313/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 19:32	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: CHANCHAL SINGH S/O UDHAM SINGH			Address: APT BLK 57 TELOK BLANGAH HEIGHTS #05-149 SINGAPORE 100057	
ID Type / ID No.: NRIC NO / S0502995C			Contact No.: Home/Office: Mobile: 90216711	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 10/07/1947	Type of Informant: Driver	
Race: Sikh			Language:	Institution / School Name:
Occupation: FREELANCE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/03/2018 15:00	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 LOCK ROAD DEPOT ROAD Along Lock Road entering Depot Road				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSB2246	Motorcycle				Slightly Damaged	0
SLV6601T	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180313/2161

2 of 4

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20180313/2161

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV6601T	NTUC Income Insurance Co-Operative Limited	5097848804	05/02/2018	04/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAZMI	ID No.	G8585567R
Related Vehicle	JSB2246 (Motorcycle)	Contact No.	81668864
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2018	Date Discharge	13/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHANCHAL SINGH S/O UDHAM SINGH	ID No.	S0502995C
Related Vehicle	SLV6601T (Car)	Contact No.	90216711
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/03/2018 at about 1500hrs I was driving my vehicle bearing registration plate number SLV6601T (V1) on my way to fetch a passenger at Interlace Condo. I came out from Lock Road towards Depot Road. I check for oncoming traffic from both side of Depot Road and saw no vehicle therefore I started to move forward. When V1 was about to cover half of the dual carriageway, I saw a motorcycle approaching my car. I managed to brake thinking the motorcycle would swerve around my vehicle but the motorcycle did not managed to do so, therefore it collided with the side of my car. As the motorcyclist did managed to slow down in time, the collision only made the motorcycle came into a stop.

I went out of my car and checked whether the motorcyclist was safe. I observed that he had some abrasion on one of his knees. I then told the motorcyclist to sit by the side of the road. I saw that the damages on both vehicle was not serious. Therefore I helped the motorcyclist to push his bike to the side and offered him to get medical attention at Alexandra Hospital. The doctor assessed that there were no serious injuries on him and that the motorcyclist was given 3 days of MC.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180313/2161

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 4

Report No. T/20180313/2161

CONTINUATION OF REPORT

I wish to state that the motorcyclist actually offered to settle the damages privately with the written Private Settlement form from the insurance company.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180313/2161

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

4 of 4

Report No. T/20180313/2161

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:
D /
Sgt 3 MUHAMMAD HAIQAL BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/03/2018 19:32

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No: 65476179

Classification Of Case:

Authentication Stamp
NP168



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

