

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	21/03/2018 16:11
Date Of Accident	20/03/2018 14:35
Exact Location Of Accident	NORTH BUONA VISTA DR TWDS BIOPOLIS DR AFTER MOE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4478G
Insured/Policyholder	
Name Of Registered Owner	CHUA ZHI YANG
NRIC No	S9023728D
Email Address	LAWRENCE.CHUA.Z.Y@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96634790
Alternative Phone No	OFFICE-64991194

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S009758
Cover Note Number	

Driver

Name of Driver	CHUA ZHI YANG
NRIC No	S9023728D
Date Of Birth	04/07/1990
Occupation	INDOOR
Date Of Driving Pass	06/01/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96634790
Fax Number	
Contact Number	OFFICE-64991194
Email Address	LAWRENCE.CHUA.Z.Y@GMAIL.COM

Address	BLK 21 CHAI CHEE ROAD #06-458
Postcode	461021
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-445 9999 - FAX NO: 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6933T
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 INJURED PERSON 1

Name	CHUA ZHI YANG
Approximate Age	
Injuries Sustain	BACK & NECK PAIN / 5 DAYS MC
Injured person in which vehicle?	SLA4478G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

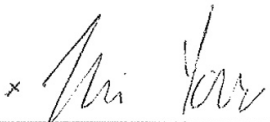
SKETCH PLAN

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 liability.
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.

x 

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 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180321/2072

1 of 3

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

Report No. T/20180321/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 14:08	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA ZHI YANG			Address: APT BLK 21 CHAI CHEE ROAD #06-458 SINGAPORE 461021	
ID Type / ID No.: NRIC NO / S9023728D			Contact No.: Home/Office: Mobile: 96634790	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 04/07/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Other commercial and marketing sales representatives			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2018 14:35	Type of Location: Bend
Location: Along Road 1 NORTH BUONA VISTA DRIVE				
The Metropolis				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHA6933T	Car	HYUNDAI	i40	Blue	Slightly Damaged	0
SLA4478G	Car	HONDA	Fit	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA4478G	SHC INSURANCE PTE. LTD.	DMPC17S009758	03/06/2017	02/06/2018



**SINGAPORE
POLICE FORCE**



T/20180321/2072

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

2 of 3

Report No. T/20180321/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA ZHI YANG	ID No.	S9023728D
Related Vehicle	SLA4478G (Car)	Contact No.	96634790
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	21/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 20/03/2018 at about 2.35pm, I was travelling on the lane 1 of North Buona Vista Drive near to MOE building and there is a Comfort taxi (SHA6933T) just exited the building and drive on the 2nd lane of the road. Right after the bend of MOE building, the said taxi cut into my lane and hit the side of my car front bumper. There is an in car camera installed in my car and it captured the accident. I have a recording of the accident. After the accident I feel headache and did not went for medical check up straight away. However after I wake up this morning, felt pain at the back of my body and my neck. I went for a medical check up and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20180321/2072

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

3 of 3

Report No. T/20180321/2072

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 MOHAMED NOR BIN MOHAMED ALI
JINNAH

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2018 14:08

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

[Handwritten Signature]

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

