

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	06/04/2018 16:21
Date Of Accident	03/04/2018 23:30
Exact Location Of Accident	CAVENDISH PARK (20 PINE GROVE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH3095G
Insured/Policyholder	
Name Of Registered Owner	CHIN YIN KEONG
NRIC No	S2549954I
Email Address	DARYL.CHIN.SHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91918093
Alternative Phone No	HOME-62554540

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	5091479752
Cover Note Number	

Driver

Name of Driver	CHIN SHICHANG ,DARYL(CHEN SHICHANG, DARYL)
NRIC No	S8121249Z
Date Of Birth	04/08/1981
Occupation	INDOOR
Date Of Driving Pass	16/12/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91918093
Fax Number	
Contact Number	HOME-62554540
Email Address	DARYL.CHIN.SHI@GMAIL.COM

Address	20 PINE GROVE #05-04
Postcode	597595
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180406/2058

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	SLF5887B
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LIM SEOK KHENG
NRIC/Passport Number	S1151358A
Contact Number	90538848
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.

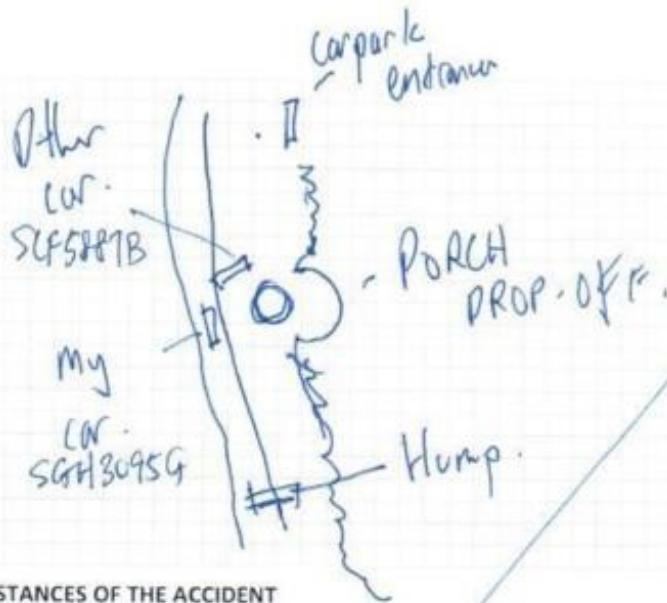
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: "PLS Refer to Police Report" and "D/20/200406/2058".

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.:

SGS/MAC Insurance Agency, Ltd.

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



D/20180406/2058

1 of 2

POLICE REPORT (NP299)

Report No. D/20180406/2058

Police Station Of Origin
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Date/Time Report Made 06/04/2018 15:12		Vide Report No.		Station Diary No. 38	
Name Of Informant CHIN SHICHANG, DARYL		Address 20 PINE GROVE #05-04 SINGAPORE 597595			
ID Type / ID No. NRIC NO / S8121249Z		Contact No. Home/Office		Mobile 91918093	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Journalist		Sex Male	Age 36	Date of Birth 04/08/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 03/04/2018 23:30		Location Of Incident 20 PINE GROVE CAVENDISH PARK SINGAPORE 597595 Near to drop off point of Blk 18			

Brief details.

On 03/04/2018 at about 2330hrs, I was going back home and was driving my car (SGH3095G) along the road of Cavendish Park Condominium and was going towards the basement car park. I was already in the compound by then and my only passenger was my 2 year old son. In front of me was a vehicle SLF5887B and while driving behind the vehicle, suddenly without signaling, the vehicle stopped in the middle of the road near to Blk 18 while turning right. As I was about one or two car length away from the car, I tried to swerve to my left but I could not stop in time and collided onto the rear of the vehicle. The

Signature Of Officer Recording The Report: D / Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 06/04/2018 15:12	
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP CANDICE CHUA SHUMIN Contact No.: 67740000		Classification Of Case:	

Authentication Stamp



Sketch Plan #4



**SINGAPORE
POLICE FORCE**



D/20180406/2058

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180406/2058

three of us then got down and I then asked the driver why she stopped in the middle of the road. The driver then told me that the passenger told her that it was the wrong block and therefore she stopped. I am still in contact with both the drivers and the passenger. Passenger claimed that she felt pain on her neck and when she seek medical attention, she was given 3 days of MC. The damages of my car is scratches and dent on the right side front bumper and the damages of the other vehicle are dent and scratches on the rear left bumper. I am lodging this report for the purpose of Insurance claiming.

Subjects Involved			
Others			
Person Name	Lim Seok Kheng (Driver of vehicle SLF5887B)		
ID Type	NRIC NO	ID No	S1151358A
Gender	Female	Nationality	SINGAPORE CITIZEN
Race	Chinese	Language	English
Mobile No	90538848		
Person Name	Rashida (Passenger of vehicle SLF5887B)		
Gender	Female	Mobile No	87504450

Signature Of Officer Recording The Report: D / Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2018 15:12
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP CANDICE CHUA SHUMIN Contact No.: 67740000	Classification Of Case:
Authentication Stamp 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

