

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	09/04/2018 18:57
Date Of Accident	07/04/2018 18:05
Exact Location Of Accident	X-JUNC OF RAFFLES AVENUE & BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5396L
Insured/Policyholder	
Name Of Registered Owner	INVEST WELLNESS & SERVICES PTE. LTD.
Co Reg No	201434387Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90915808

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5089920360
Cover Note Number	

Driver

Name of Driver	SEET ENG CHUAN(XUE YONGCHUAN)
NRIC No	S8313504B
Date Of Birth	03/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83240018
Fax Number	
Contact Number	
Email Address	JOESEET3583@GMAIL.COM

Address	BLK 207 SERANGOON CENTRAL #07-204
Postcode	550207
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 - CROSS JUNCTION
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180407/2155

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	SLB7466R
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHIEU KWUAN

NRIC/Passport Number	S1360207G
Contact Number	96319023
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:

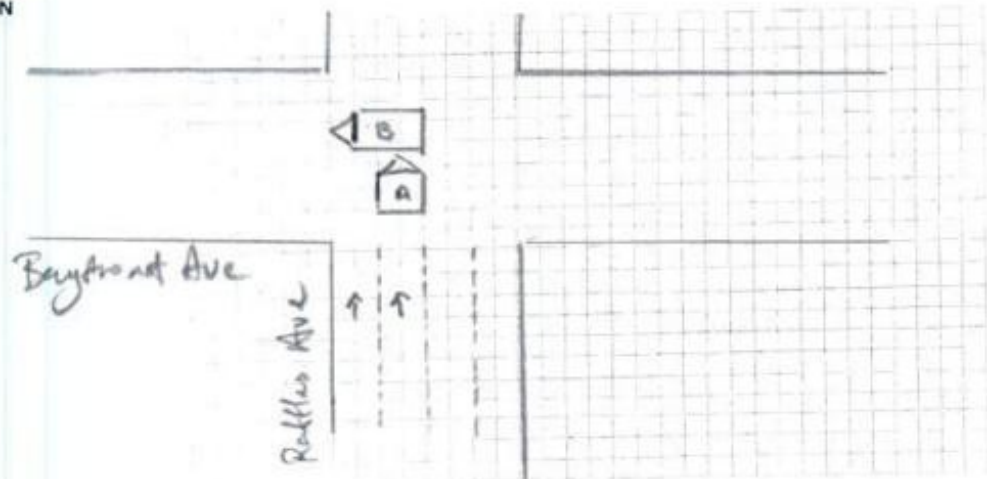
9/4/18

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

9/4/18

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180407/2155

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180407/2155

2 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No. T/20180407/2155

CONTINUATION OF REPORT

Driver			
Name	SEET ENG CHUAN	ID No.	S8313504B
Related Vehicle	NIL	Contact No.	83240018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/04/2018 at about 1803hrs, I was driving my car SGT5396L along Raffles Ave. I stopped at the junction of Raffles Ave and Bayfront Ave as the traffic light was red. Subsequently I saw that the traffic light turned green, thus I proceeded as per normal. When I continue to drive, a vehicle, SLB7466R, came from the right side from Bayfront Ave. I couldn't stopped in time, thus I hit onto the vehicle in the middle of the road. After the hit, the vehicle swerved to the right and hit onto the divider.

After the accident, I came out of the vehicle and I thought that the other driver's passenger was injured, thus I called the ambulance. Ambulance and traffic police came there after and advised us to make a traffic accident report. No one was injured. We then called our towing service to tow our vehicle.

I making this report for insurance claim as well and instructed by the traffic police.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



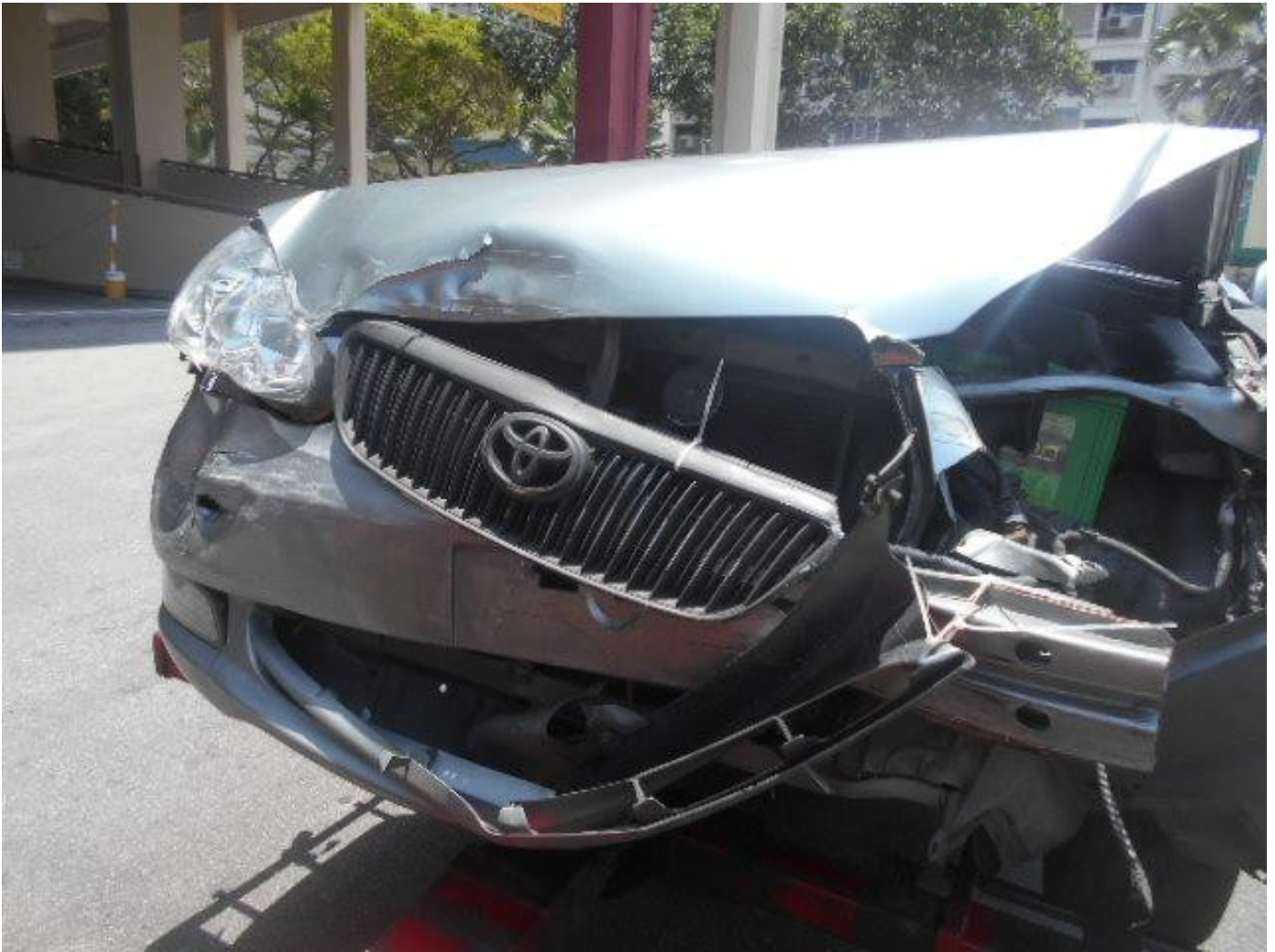
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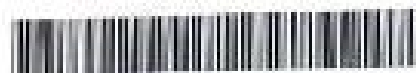
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180407/2155

1 of 3

Report No: T/20180407/2155

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 23:42	Video Report No.: A/20180407/0178	Station Diary No.: 69
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Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: SEET ENG CHUAN			APT BLK 207 SERANGOON CENTRAL #07-204 SINGAPORE 550207	
ID Type / ID No.: NRIC NO / S8313504B			Contact No.: Home/Office:	Mobile: 83240018
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 03/05/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE DRIVER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 07/04/2018 18:05	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 RAFFLES AVENUE BAYFRONT AVENUE X-Junction				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT5396L	Car					2
SLB7466R	Car					1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
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T/20180407/2155

2 of 3

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CONTINUATION OF REPORT

Driver			
Name	SEET ENG CHUAN	ID No.	S6313504B
Related Vehicle	NIL	Contact No.	83240018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Police Report



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T/20180407/2155

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50 Serangoon Avenue 2 #01-02 SINGAPORE
558128
Tel No. 1800-4880999

3 of 3

Report No. T/20180407/2155

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:

F /

Sgt 2 TEO JING XIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/04/2018 23:42

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP158