

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	12/04/2018 10:25
Date Of Accident	07/04/2018 13:30
Exact Location Of Accident	JUNCTION OF DUNMAN RD & JOO CHIAT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW473S
Insured/Policyholder	
Name Of Registered Owner	CASSIA VALET SERVICES
Co Reg No	53224641A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93860906
Alternative Phone No	OFFICE-93860906

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESQUIRE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074633636-02
Cover Note Number	

Driver

Name of Driver	CHAN LUP MING
NRIC No	S8213776I
Date Of Birth	28/05/1982
Occupation	INDOOR
Date Of Driving Pass	30/09/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93860906
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 307 BUKIT BATOK STREET 31 #08-109
Postcode	650307
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 - 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	
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3070C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG MENG KOK
NRIC/Passport Number	S6807927F
Contact Number	81888653
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN LUP MING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKW473S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 307 BUKIT BATOK STREET 31 #08-109
Postcode	650307

Sketch Plan

IMPORTANT NOTICE

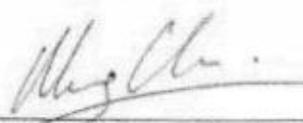
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

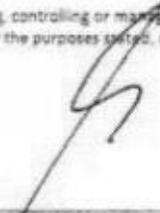
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Insured's Signature
Date & Time:



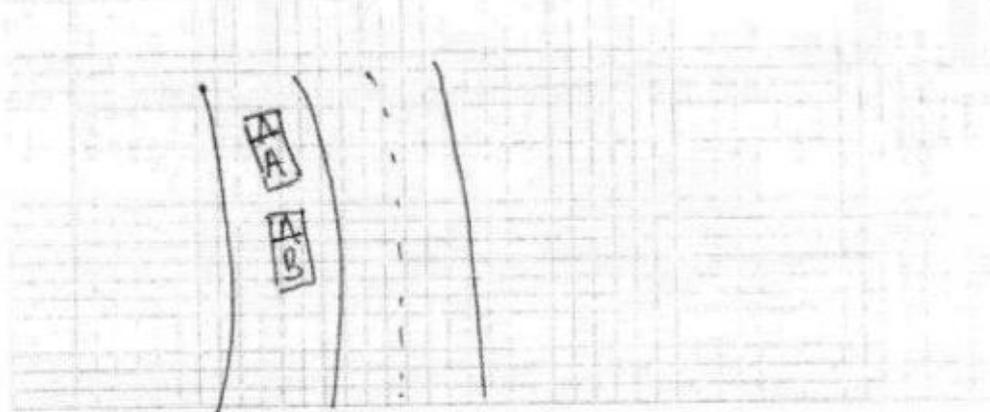
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NIC/PIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See police report

DECLARATION

I declare that the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

[Handwritten Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180407/2142

1 of 3

Report No. T/20180407/2142

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No. 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 21:25	Video Report No.:	Station Diary No.: 56
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Name of Informant: CHAN LUP MING		Address: APT BLK 307 BUKIT BATOK STREET 31 #05-109 SINGAPORE 650307	
ID Type / ID No. NRIC NO / S8213776I	Contact No. Home/Office:	Mobile: 93860906	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 28/05/1982	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2018 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 DUNMAN ROAD JOO CHIAT ROAD Junction of Dunman Road and Joo Chiat Road				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by:

PLATE NO:	Colour:	Make/Model:	Year:	Colour:	Damage:
4008133	Car	TOYOTA	Engine	White	Signify Damaged

Reason for Incident: _____
Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180407/2142

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Report No. T/20180407/2142

Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No. 1800-5679999

CONTINUATION OF REPORT

Name	CHAN LUP MING	ID No.	S8213776I
Accused Vehicle	SKW473S (Car)	Contact No.	93860906
Hospital/Clinic	MOUNT ALVERNA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Discharge	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Name	YONG MENG KOK	ID No.	S6807927F
Related Vehicle	NIL	Contact No.	8188853
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Discharge	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

On 04/04/2018 at 1333hrs, I was driving my vehicle bearing plate number SKW473S along Dunman Road towards Joo Chiat Road. After which, I came to a cross junction of Dunman Road and Joo Chiat Road, stopped and waiting to turn right into Joo Chiat Road. At that point of time, the traffic light was green and I was stationary in the 1st lane. I was the 7 in Queue, waiting for right turn green arrow.

At that time, I was waiting for the right turn green arrow. I felt an impact on the rear of my car. I alighted and made a check and discovered a motorcyclist bearing plate number BHA3070C had collided onto my rear bumper. My vehicle body was dented. Both of us drivers exchanged particulars. I have in-board video camera installed at the front of my car but not the rear of my car. No traffic police or ambulance attended. Later, I felt muscle spasm on my right arm and could not be lifted up and thus I want to seek medical attention at Mount Alvernia Hospital. I was then given 07 days of MC by the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180407/2142

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Report No. T/20180407/2142

1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200

CONTINUATION OF REPORT

1. Name of Informant: [Faint text]

[Large area of faint, illegible text, likely the main body of the report]

For QRTA's: 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 65474855 stating the report number as reference.

Signature Of Officer Reporting The Report

Sgt DANNY ANG JUN XIANG

Signature Of Informant

[Handwritten signature]

Signature Of Informant

Date/Time
07/04/2015 21:25

Officer In Charge Of Case

Sgt 2 DETRIAN SENG HUI BOHAI
Contact No. 65474855

Classification Of Case

SN 116

Singapore Police Force