

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	22/05/2018 14:48
Date Of Accident	21/05/2018 19:30
Exact Location Of Accident	ALONG WHAMPOA WEST TWDS BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6857C
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88008855
Alternative Phone No	OFFICE-88008855

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	YES
Policy Number	5093371571
Cover Note Number	

Driver

Name of Driver	CHEONG KUO AN RICHARD
NRIC No	S9249795Z
Date Of Birth	28/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88189795
Fax Number	
Contact Number	OFFICE-88189795
Email Address	NOEMAIL

Address	BLK 593A MONTREAL LINK #02-66
Postcode	751593
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 - 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?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT -T/20180522/2065.

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	SJH4272U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	CHEONG KUO AN RICHARD
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLB6857C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



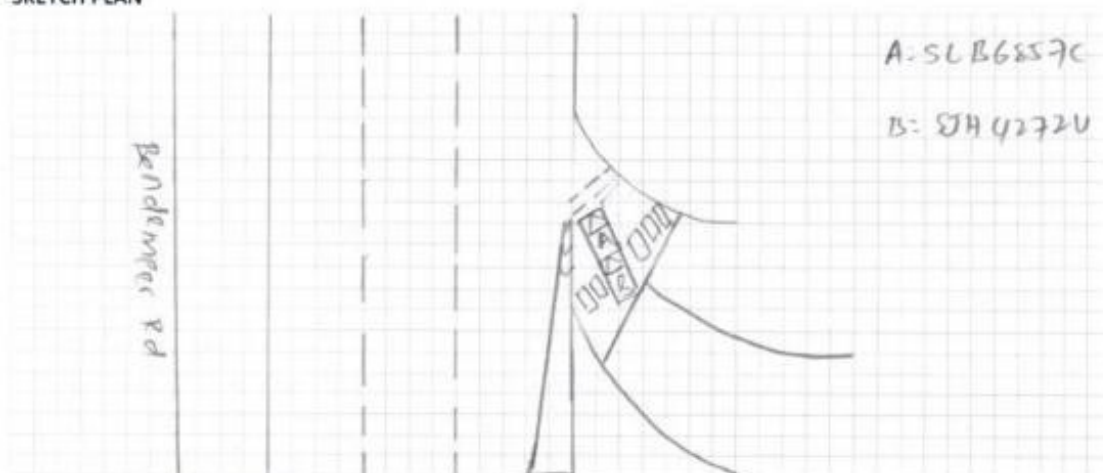
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2018 0522/2065.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180522/2065

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180522/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2018 13:25	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: CHEONG KUO AN RICHARD			Address: APT BLK 593A MONTREAL LINK #02-66 SINGAPORE 751593		
ID Type / ID No.: NRIC NO / S9249795Z			Contact No.: Home/Office: Mobile: 88189795		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 28/10/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2018 19:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 WHAMPOA WEST BENDEMEER ROAD Filter lane after the Zebra crossing				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH4272U	Car	TOYOTA		Silver	Slightly Damaged	1
SLB6857C	Car	HYUNDAI		Grey	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180522/2065

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Report No. T/20180522/2065

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	CHU GUEK OUN LAURENCE	ID No.	S1475070C
Related Vehicle	SJH4272U (Car)	Contact No.	96389308
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
Driver			
Name	CHEONG KUO AN RICHARD	ID No.	S9249795Z
Related Vehicle	SLB6857C (Car)	Contact No.	88189795
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	22/05/2018	Date Discharge	22/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 21/05/2018 at about 1930hrs, I was driving vehicle SLB6857C along Whampoa West merging left to Bendemeer Rd. While I was filtering out, I was the first vehicle at the said lane and I was checking oncoming traffic from the left side. At that moment, suddenly I felt an impact coming from the rear. I then realize that the car on the rear (SJH4272U) collided to my back bumper. I move to the side and the other car followed to avoid blocking traffic. I then came out and realized that the driver is a Grab driver sending one passenger however the passenger left the site after the accident happen. The driver was apologetic as he claimed that it was his fault. He was also checking oncoming traffic but fail to check the front as such collided to my vehicle. At that moment, I took photograph of the damages on the rear bumper, boot and exhaust tip of the vehicle.

On 22/05/2018, I woke up this morning feeling pain and visited the doctor. I was given 4 days MC afterwhich.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180522/2065

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180522/2065

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:

E /

Sgt 2 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/05/2018 13:25

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

SN 168

Classification Of Case:

Authentication Stamp

NP168

Medical Cert

DOCTORS INC. MEDICAL GROUP
BLK 190 TOA PAYOH LOR 6 #01-590
SINGAPORE 310190 TEL 63553633


Medical Certificate

Date : 22 May 2018
MC No. : 0000143301

This is to certify that :

Name : CHEONG KUO AN RICHARD
NRIC : S9249795Z

is Unfit for Duty for 4 days
from 22/05/2018 to 25/05/2018 inclusive.


DR LOY HENG JUAN KEVIN
ABLES (Singapore)
Family Physician
MCR No. 065112

DR KEVIN LOY HENG JUEN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



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