

## 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	04/06/2018 15:22
Date Of Accident	02/06/2018 11:40
Exact Location Of Accident	PANDAN FLYOVER MERGED TO AYE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU5986D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MANLY PTE LTD
Co Reg No	201430287Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90254477
Alternative Phone No	OFFICE-90254477

### Vehicle Particulars

Manufacturer	DAIHATSU
Model	S221RV-ZMLF-1.3 (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5069237793-03
Cover Note Number	

### Driver

Name of Driver	CHUNG CHIU WO
NRIC No	S8870900D
Date Of Birth	17/09/1988
Occupation	INDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90254477
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 182 YUNG SHENG RD #17-55
Postcode	610182
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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

SEE ATTACHED POLICE REPORT NO : T/20180602/2077

#### 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	SHC7050Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	MARIAM BINTE ABDUL AZIZ
NRIC/Passport Number	S8321907F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


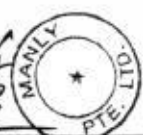


**DETAILS OF INJURED PERSON 1**

Name	CHUNG CHIU WO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GU5986D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 182 YUNG SHENG RD #17-55
Postcode	610182

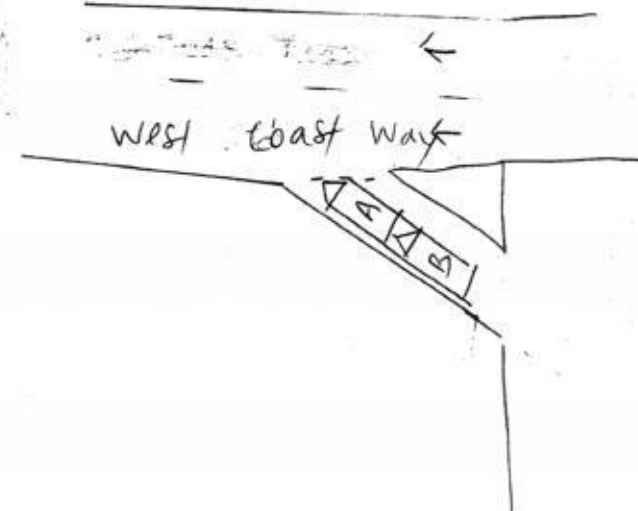
# SKETCH PLAN

## IMPORTANT NOTICE

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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 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.
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.

  Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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## Sketch Plan



A) GU 5986 D

B) SHC 7050 Z

Describe Circumstances of the Accident


Refer to police report : T/20180602 / 2017 .

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

X 

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



Witnessed by Reporting Centre Personnel

**POLICE FORCE**

T/20180602/2077

1 of 3

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

Report No. T/20180602/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/06/2018 15:52		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: CHUNG CHIU WO			Address: APT BLK 182 YUNG SHENG ROAD #17-55 SINGAPORE 610182		
ID Type / ID No.: NRIC NO / S8870900D			Contact No.: Home/Office: Mobile: 90254477		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 17/09/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUSINESS DEVELOPER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2018 11:40	Type of Location: End of the Bend merging to Straightroad
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Pandan Flyover merging into AYE side roads towards Tuas.				
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
GU5986D	Van				Slightly Damaged	0
SHC7050Z	Taxi				Slightly Damaged	1



SINGAPORE  
POLICE FORCE



T/20180602/2077

2 of 3

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

Report No. T/20180602/2077

CONTINUATION OF REPORT

**Brief Details.**

On 02/06/2018 at about 1140hrs, I was driving my vehicle (GU5986D) at Pandan Flyover. When I reached at the end of the bend and stopped while waiting to merge into AYE towards Tuas. While I was looking out for vehicle on AYE, there is a taxi (SHC7050Z) banged onto the rear of my van. Both of us came out from our vehicle and I saw there were cracks on my car rear bumper and the rear right bumper was slightly detached.

I wished to state that I went to NUH as I was having stiff neck and my back and shoulder were aching and I were given 3 days MC from 02/06/2018 to 04/06/2018. I want to lodged a police report for record purposes and insurance claims. I also wished to state that there were cracks on the taxi front car plate.



**SINGAPORE  
POLICE FORCE**



T/20180602/2077

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

3 of 3

Report No. T/20180602/2077

**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: D / Sgt 2 LIU FENGZHAN, GERRY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2018 15:52
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168 	