

**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 16:10
Date Of Accident	22/05/2018 08:35
Exact Location Of Accident	MARINA WAY AT MBFC DROP OFF POINT TOWER 3
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLT5067C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIAM TAT WEI MARK
NRIC No	S8415199H
Email Address	MARK.CHIAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94308960
Alternative Phone No	OTHERS-94308960

**Vehicle Particulars**

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 CAR

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095360245
Cover Note Number	

**Driver**

Name of Driver	CHIAM TAT WEI MARK
NRIC No	S8415199H
Date Of Birth	02/05/1984
Occupation	INDOOR
Date Of Driving Pass	25/02/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94308960
Fax Number	
Contact Number	OTHERS-94308960
EEmail Address	MARK.CHIAM@GMAIL.COM

Address	BLK 138A #04-115 YUAN CHING ROAD
Postcode	611138
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 - CHANGE/CROSS LANE
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: : LIM WEE LIN,JAIME GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8080R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEE KIAN YEO
NRIC/Passport Number	S1220884G
Contact Number	94573187

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### **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: 22/11/2015  
11:57

Driver's Signature

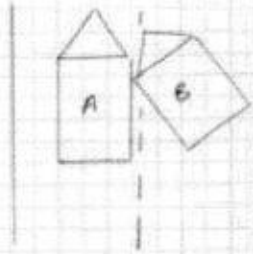
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: HADIR SHAH  
NRIC/FIN No.: 5720173-8

## Sketch Plan #2

SKETCH PLAN MARINA WAY AT MARINA BAY FINANCIAL CENTRE DROP OFF POINT TOWERS



A - SLT5067G

B - SHAS050R

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT NO T/20180522/2072-

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 24/7/2018

17:55

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: HAZHE SHAH

NRIC/FIN No.: S92219545



# SINGAPORE POLICE FORCE



T/20180522/2022

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20180522/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/05/2018 10:17	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: CHIAM TAT WEI, MARK			Address: APT BLK 138A YUAN CHING ROAD #04-115 SINGAPORE 611138		
ID Type / ID No.: NRIC NO / S8415199H			Contact No.: Home/Office: Mobile: 94308960		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 02/05/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TELCO ANALYST			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2018 08:35	Type of Location:
Location: Along Road 1 MARINA WAY				
Exit of the Pick-up and Drop off point				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8080R	Car				Slightly Damaged	0
SLT5067C	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	White	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT5067C	NTUC Income Insurance Co-Operative Limited	5095360245	31/10/2017	30/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Chee Kian Yeo		ID No.	S1220884G
Related Vehicle	SHA8080R (Car)		Contact No.	94573187
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	CHIAM TAT WEI, MARK		ID No.	S8415199H
Related Vehicle	SLT5067C (Car)		Contact No.	94308960
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

**Brief Details.**

On 22/05/2018 at about 0838hrs, I was driving my car, SLT5067C and was stationary at the stop line of the exit from the pick up/ alighting point of Marina Bay Financial Centre when a yellow taxi (SHA8080R) collided into the right side on my car. As a result, my car sustained dent (on top of the front right wheel) and some misalignment of the wheel. As for the taxi, the left side of the front bumper was dislodged and dented. At that point in time, my wife was also in the car. As of now, none of us including the taxi driver is injured.

I wish to state that the driver was apologetic and he is willing to take full responsibility and liability of the accident that occurred due to his mistakes.

I wish to also include that he also wishes that he wanted to do a private settlement in offering me S\$1000/- compensation and also to send my car to his workshop for the repair but I refused.



**SINGAPORE  
POLICE FORCE**



T/20180522/2022

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Police Station Of Origin:

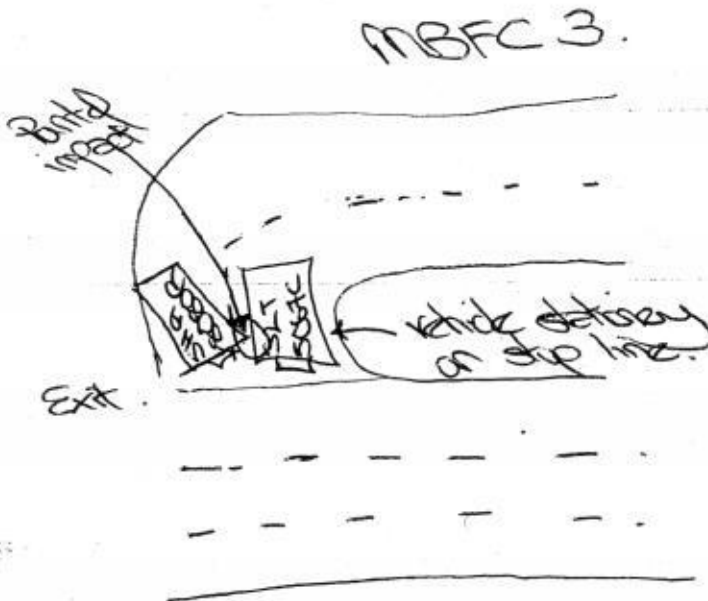
Orchard N.P.C

Report No. T/20180522/2022

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

CONTINUATION OF REPORT







**SINGAPORE  
POLICE FORCE**



T/20180522/2022

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Report No. T/20180522/2022

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

**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 / Sr Staff Sgt ABDUL AZIZ BIN DOLGANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2018 10:17
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	