

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	19/06/2018 18:17
Date Of Accident	17/06/2018 01:55
Exact Location Of Accident	JUNCTION OF BOON LAY WAY/JURONG WEST CENTRAL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3071K
Insured/Policyholder	
Name Of Registered Owner	INTERPRO CONSTRUCTION PTE LTD
Co Reg No	199301841H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81334264
Alternative Phone No	OFFICE-81334264

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5052079816-06
Cover Note Number	

Driver

Name of Driver	CHEAH KAR MING
NRIC No	S9719121B
Date Of Birth	13/06/1997
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81334264
Fax Number	
Contact Number	OTHERS-81334264
Email Address	NOEMAIL

Address	BLK 922 JURONG WEST STREET 92 #03-53
Postcode	640922
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 ON COLLISION
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)	3
Passenger 1	NAME: : NG JING QI GINA GENDER: : FEMALE
Passenger 2	NAME: : ONG XI HUI SAMANTHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180618/2141(COLLISION TYPE IS HEAD TO SIDE)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5943G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	KADIR BIN JOHAN
NRIC/Passport Number	S1719929C
Contact Number	90292346
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG JING QI GINA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBC3071K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ONG XI HUI SAMANTHA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBC3071K
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.

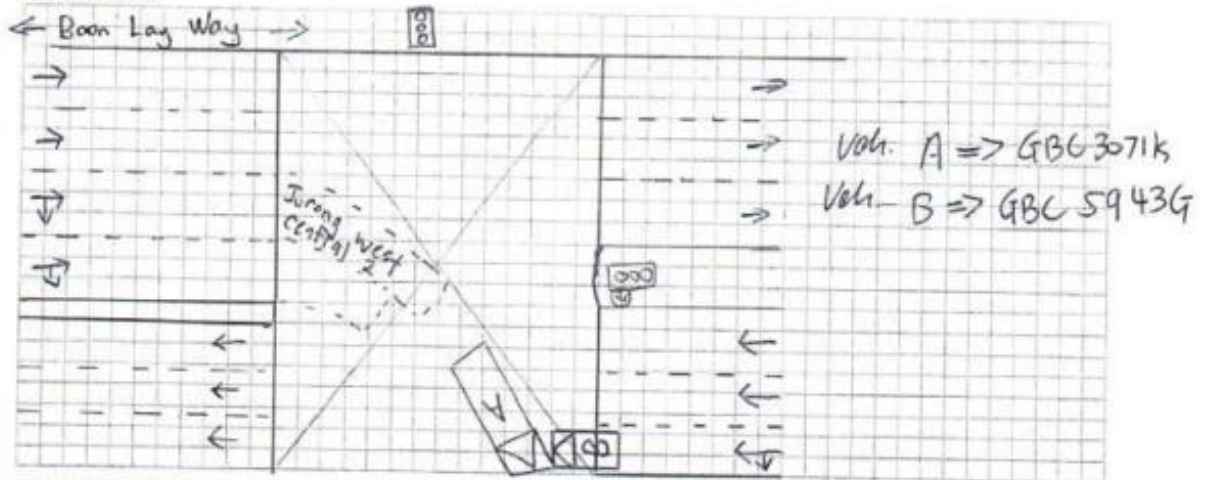
聚業建築有限公司
INTERPRO CONSTRUCTION PTE LTD
9 Kaki Bukit Road 2
#04-29 Singapore 417842
Tel: 6741 1500 Fax: 0745 2578
Email: interpro@singnet.com.sg
Policyholder's Signature
Date & Time:


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

On the stated time and date, I vehicle A (GBC 3071K)

Was travelling along lane 2 on the stated venue. When I was

turning during green light and arrow, I saw that vehicle B (GBC 5943G)

was travelling straight on lane 3 which eventually came to a stop

at the stop line but suddenly he accelerated thus, collided onto

my vehicle causing damages.

Police Report T120180618/2141

DECLARATION

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

聚業建築有限公司
INTERPRO CONSTRUCTION PTE LTD
Policyholder's Signature
Date & Time
Tel: 6741 1500 Fax: 6745 2578
Email: interpro@singnet.com.sg
GWSK SketchPlanForm_v2

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/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20180618/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 17:14	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: CHEAH KAR MING	Address: APT BLK 922 JURONG WEST STREET 92 #03-53 SINGAPORE 640922
ID Type / ID No.: NRIC NO / S9719121B	Contact No.: Home/Office: Mobile: 81334264
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 21 Date of Birth: 13/06/1997	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: UNEMPLOYED	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2018 01:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG WEST CENTRAL 2 AT THE T JUNCTION				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3071K						2
GBC5943G						1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20180618/2141

CONTINUATION OF REPORT

Passenger			
Name	NG JING QI GINA	ID No.	S9815262H
Related Vehicle	GBC3071K	Contact No.	90689469
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	CHEAH KAR MING	ID No.	S9719121B
Related Vehicle	GBC3071K	Contact No.	81334264
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
Passenger			
Name	ONG XI HUI SAMANTHA	ID No.	S9733230D
Related Vehicle	GBC3071K	Contact No.	92203631
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	KADIR BIN JOHAN	ID No.	S1719929C
Related Vehicle	GBC5943G	Contact No.	90292346
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
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Report No. T/20180618/2141

CONTINUATION OF REPORT

Brief Details.

On 17/06/2018 at about 0158hrs, I was driving V1) GBC3071K along Boon Lay Way, as I was approaching the traffic junction, I noticed that the traffic light was green for right turn and I proceeded to make the right turn onto Jurong West Central 2. While, I was turning right I noticed another vehicle V2)GBC5943G was coming to a stop at the opposite direction along Boon Lay Way. As I was entering onto Jurong West Central 2, I felt an impact from the left side of the vehicle. I then got off my vehicle after making a check on my passengers and exchanged particulars with V2's driver. Traffic Police and ambulance were at scene. No one was conveyed by the ambulance. My passengers then informed me that they had felt pain on the arms as the left side window had broke due to the impact. I have CCTV installed in my vehicle but I am unsure if it had capture any footage of the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180618/2141

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510 Jurong West Street 52 #01-90
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Tel No: 1800-5648999

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Report No. T/20180618/2141

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:

J /

Sgt 1 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2018 17:14

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

SN 125

Authentication Stamp

NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

