

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	19/07/2018 19:02
Date Of Accident	18/07/2018 17:50
Exact Location Of Accident	LORONG 1 TOA PAYOH TOWARDS LORONG 2 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	E61Y
Insured/Policyholder	
Name Of Registered Owner	CHWEE HAN SIN
NRIC No	S0158115E
Email Address	CHWEEHS88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96180023
Alternative Phone No	OTHERS-96180023

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076468600-02
Cover Note Number	

Driver

Name of Driver	CHWEE HAN SIN
NRIC No	S0158115E
Date Of Birth	26/10/1952
Occupation	INDOOR
Date Of Driving Pass	17/04/1970
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96180023
Fax Number	
Contact Number	OTHERS-96180023
Email Address	CHWEEHS88@GMAIL.COM

Address	BLK 112 WHAMPOA ROAD #07-75
Postcode	321112
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	SIDE SWIPE
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?	YES
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	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180719/2126

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	FBM743Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WANG XIN
NRIC/Passport Number	S2676815B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	WANG XIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM743Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

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

Corona 1 700 Payot Toward Corona 2 700 Payot

A/E 61 Y

B/E 61 743 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. Ref. to Police Report
1/20180719/2/2018

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: 19/7/18

Reporting Centre Personnel's Signature
Name: 19/07/2018
NRIC/FIN No.: Resa WAFAB

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180718/2127

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180718/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 18:13		Vide Report No.: P/20180718/0027		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIN KAH HONG			Address: APT BLK 577 WOODLANDS DRIVE 16 #07-566 HDB- WOODLANDS SINGAPORE 730577		
ID Type / ID No.: NRIC NO / S7657362Z			Contact No.: Home/Office: Mobile: 90031261		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 03/03/1976	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/07/2018 09:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(CHANGI) TOWARDS CHANGI AIRPORT Lamp Post Number: 6				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7011C	Motorcycle					0
SHD3B	Car					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/20180718/2127

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180718/2127

CONTINUATION OF REPORT

Rider			
Name	CHIN KAH HONG	ID No.	S7657362Z
Related Vehicle	FBD7011C (Motorcycle)	Contact No.	90031261
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	18/07/2018
No. of Days granted Medical Leave	24	Degree of Injury	Serious

Brief Details.

18/07/2018 @0920HRS (PIE(CHANGI) TOWARDS CHANGI AIRPORT)

I WAS TRAVELLING ON PIE(CHANGI), THE ROAD SURFACE WAS DRY AND TRAFFIC FLOW WAS SMOOTHS. WHEN I WAS TRAVELLING ALONG PIE(CHANGI) IN FRONT ME THERE WAS NO MANY VEHICLE. SUDDENLY THE TAXI COLLIDED WITH MY REAR AND FELL TO THE GROUND, THE TAXI DRIVER DID NOT COME OUT OF HIS TAXI FOR A GOOD COUPLE OF MINUTES. WHEN HE EXITED THE VEHICLE AND CAME UP TO ME AND SAY "YOUR NOT INJURED RIGHT??", WHEN I WAS BLOODING FROM BOTH OF MY HANDS. THEN HE WALK BACK TO HIS CAR AND START TALKING PHOTO OF HIS VEHICLE, I CRAWL OVER TO SIDE AND I ASK HIM IF HE CALLED FOR THE AMBULANCE. HE SAY HE CALLED EARILER, SO I WAITED FOR ABOUT 10 MINS BEFORE I CALL IT MY SELF. AFTER I MADE THE CALL THE AMBULANCE ARRIVED IN 10 - 15 MINS, LATER ON I WAS CONVEY TO THE CHANGI GENERAL HOSPITAL.

I SUFFERED MULTIPLE ABRASIONS AND A DISLOCATED THUMB AND I WAS GIVEN 24 DAYS MC THAT'S ALL

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180718/2127

3 of 3

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Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180718/2127

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/07/2018 18:13

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

Accident Photo



Accident Photo



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