

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 2 TOA PAYOH TWRDS TOA PAYOH SOUTH FLYOVER
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	
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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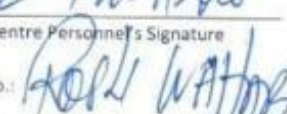
8. Consent under the Personal Data Protection Act (PDPA)

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: 19/7/2018


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

Accident Sketch Plan

SKETCH PLAN

COBONG 200 PAYOT TOWARD 200 PAYOT SAMA FLYOVER

A) E61Y

B) FBM 743Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER TO POLICE REPORT
7/20180719/2/26

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time: 19/7/18

[Signature] 19/07/2018

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180719/2126

1 of 3

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

Report No. T/20180719/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2018 17:09	Vide Report No.: E/20180718/0122	Station Diary No.: 15
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Informant's Particulars

Name of Informant: CHWEE HAN SIN			Address: APT BLK 112 WHAMPOA ROAD #07-75 SINGAPORE 321112	
ID Type / ID No.: NRIC NO / S0158115E			Contact No.: Home/Office:	Mobile: 96180023
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 26/10/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Business consultant			Driving Licence Information: Class: 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 17:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LORONG 1 TOA PAYOH LORONG 2 TOA PAYOH 158 LOR 1 TOA PAYOH TOA PAYOH GREEN to LOR 2 TOA PAYOH TWDS PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
E61Y	Car	VOLKSWAGO N	TOURAN 1.4L AT TSI 1T32B4	Silver	Slightly Damaged	0
FBM743Y	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
E61Y	NTUC Income Insurance Co-Operative Limited	5076468600-02	01/02/2018	31/01/2019

POLICE REPORT



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T/20180719/2126

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3

Report No. T/20180719/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHWEE HAN SIN	ID No.	S0158115E
Related Vehicle	E61Y (Car)	Contact No.	96180023
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
Rider			
Name	WANG XIN	ID No.	S2676815B
Related Vehicle	FBM743Y (Motorcycle)	Contact No.	NIL
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	Slight

Brief Details.

On 18/07/2018, about 1750hrs, I was driving along Lorong 2 Toa Payoh towards Toa Payoh South, I was driving in the middle lane. I stopped at the traffic light. When the traffic light was in my favour, I signaled right and moved to the right lane after making a check with all of my mirrors. After I was fully filtered into the right lane, suddenly, I felt a knock onto my right side of the vehicle. I then stopped to make a check. I got down and saw that a three wheeled motorcycle has grazed the right side of my car. I called for ambulance and police. The rider was conveyed to the hospital. My vehicle suffered scratches to the right side while his motorcycle suffered scratches to his left side.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180719/2126

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

3 of 3

Report No: T/20180719/2126

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:

A /

Sgt 2 SHAWN ANG YI XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/07/2018 17:09

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S6655020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMIA418093496 Vehicle Registration No: E61Y
 Name (as shown in NRIC): CHIN HAN SIN NRIC/FIN/Passport No: SO158115E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96680023
 Email Address: _____
 Date of Accident: 18/07/2018 Time of Accident: 17:50
 Place of Accident: LOR 2 TOA PAYOH TOWARDS TOA PAYOH SOUND FLYOVER
 Insurance Company: MIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① LOCATION OF ACCIDENT LOR 2 TOA PAYOH TOWARDS TOA PAYOH SOUND FLY OVER
- ② SCENE PLAN
- ③ ISSUE THE CORRECT POLICE REPORT

Chen
 Policyholder / Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: Roby
 NRIC/FIN No: u1000
 Date: 20/07/2018