

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	27/09/2018 12:31
Date Of Accident	30/07/2018 21:00
Exact Location Of Accident	651 WOODLANDS RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8992X
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE. LTD.
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64969032

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	CHUA SWEE CHEONG
NRIC No	S1432614F
Date Of Birth	23/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96926779
Fax Number	
Contact Number	
EEmail Address	GRABCHUA@GMAIL.COM

Address	BLK 230 ANG MO KIO AVENUE 3 #10-1258
Postcode	560230
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	COLLIDED INTO PARKED VEHICLE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MO KIO NORTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180911/2215 LODGED AT ANG MO KIO NORTH N.P.C. ON 30/7/18 AT ABOUT 2100HRS I WAS DRIVING MY GRAB USING THE CAR REGISTRATION SLW8992X. I WAS AT 651 WOODLANDS RING ROAD WHEN I JUST DROPPED OFF A PASSENGER. I WAS IN A LANE WHERE I HAD TO DO A 3 POINT TURN BEFORE I COULD GO OUT. SO I HAD TO REVERSE INTO A RUBBISH CHUTE AREA WHERE THERE WAS A ILLEGALLY PARKED MOTORBIKE (FBM4745R). AS I REVERSED I ACCIDENTALLY HIT ONTO THE MOTORBIKE AND IT FELL. I IMMEDIATELY GOT OFF MY CAR AND I PICKED UP THE MOTORBIKE. I THEN WAITED FOR THE OWNER TO RETURN. SOON THE OWNER CAME I OFFERED TO SETTLE IT PRIVATELY WITH \$100/- FOR THE BROKEN SIGNAL COVER OF THE BIKE BUT THE OWNER REFUSED AS HE SAID HE HAD TO REPORT IT TO HIS INSURANCE. I THEN GAVE HIM MY NAME AND CONTACT NUMBER AND WE LEFT. I DO NOT HAVE A IN CAR CAMERA. NO ONE WAS INJURED DURING THIS ORDEAL. I AM LODGING THIS REPORT AS INSTRUCTED BY MY INSURANCE COMPANY.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM4745R
Vehicle Make/Model/Colour	YAMAHA/YBR125
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN RIDER
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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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.

[Handwritten signature]

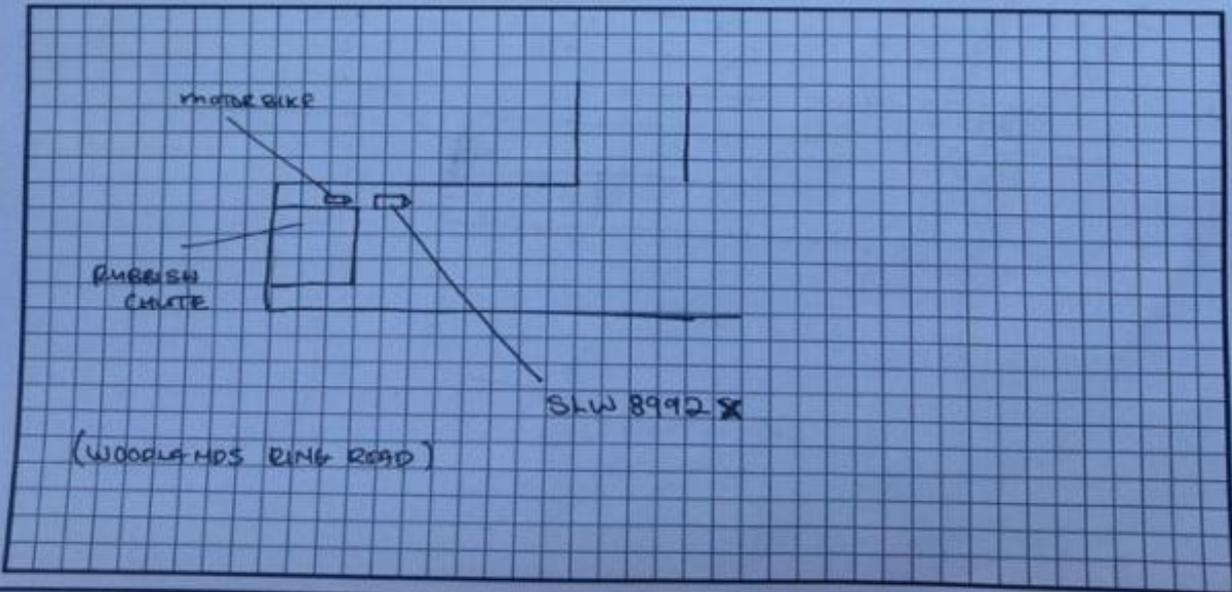
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**

RECEIVED
13 SEP 2018
Customer Service



F/20180911/2215

1 of 2

POLICE REPORT (NP299)

Report No. F/20180911/2215

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 11/09/2018 21:35	Vide Report No.	Station Diary No. 119		
Name Of Informant CHUA SWEE CHEONG	Address APT BLK 230 ANG MO KIO AVENUE 3 #10-1258 SINGAPORE 560230			
ID Type / ID No. NRIC NO / S1432614F	Contact No. Home/Office	Mobile 96926779		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation GRAB DRIVER	Sex Male	Age 57	Date of Birth 23/10/1960	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 30/07/2018 21:00	Location Of Incident 651 WOODLANDS RING ROAD HDB-WOODLANDS SINGAPORE 730651			

Brief details.

On 30/7/18 at about 2100hrs I was driving my Grab using the car registration SLW8992X. I was at 651 Woodlands Ring Road when I just dropped off a passenger. I was in a lane where I had to do a 3 point turn before I could go out. So I had to reverse into a rubbish chute area where there was a illegally parked motorbike(FBM4745R).

As I reversed I accidentally hit onto the motorbike and it fell. I immediately got off my car and I picked up

Signature Of Officer Recording The Report: F / Sgt 2 SHOBAN KUMAR S/O SELVARAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2018 21:35
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt ZED CHANG POH CHUAN Contact No.: 64849999	Classification Of Case:

Authentication Stamp

SN 085
Signature:
Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20180911/2215

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180911/2215

the motorbike. I then waited for the owner to return. Soon the owner came and I offered to settle it privately with \$100/- for the broken signal cover of the bike but the owner refused as he said he had to report it to his insurance. I then gave him my name and contact number and we left. I do not have a in car camera. No one was injured during this ordeal.

I am lodging this report as instructed by my insurance company.

Signature Of Officer Recording The Report: F / Sgt 2 SHOBAN KUMAR S/O SELVARAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2018 21:35
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt ZED CHANG POH CHUAN Contact No.: 64849999	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1432614F



Name
CHUA SWEE CHEONG
蔡瑞昌

Race
CHINESE

Date of Birth 23-10-1960 Sex M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1432614F
Name:
CHUA SWEE CHEONG

Birth Date: 23 Oct 1960
Issue Date: 19 Mar 2003



000315078G



Identification Card

2107279



NRIC No: **S1432614F**



Blood Group: **B+** Date of issue: **08-06-1994**

Address:
**APT BLK 230 ANG MO KIO AVENUE 3
#10-1258
SINGAPORE 2056**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Apr 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Apr 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Mar 1982

NP 428A

Licence No: S1432614F

