

## 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	16/08/2018 09:10
Date Of Accident	13/08/2018 20:35
Exact Location Of Accident	SIMEI STREET 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1879P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU CHEONG CHUAN
NRIC No	S7570067I
Email Address	LAI_CHANGQUAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91014934
Alternative Phone No	OTHERS-91014934

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081559716-02
Cover Note Number	

### Driver

Name of Driver	LAU CHEONG CHUAN
NRIC No	S7570067I
Date Of Birth	13/05/1975
Occupation	INDOOR
Date Of Driving Pass	19/06/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91014934
Fax Number	
Contact Number	OTHERS-91014934
EEmail Address	LAI_CHANGQUAN@YAHOO.COM

Address	BLK 122 GEYLANG EAST CENTRAL #11-72
Postcode	380122
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	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180814/2127

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS4119Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANTI KAUR D/O HARI SINGH BAJWA
NRIC/Passport Number	S0048644B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LAU CHEONG CHUAN
Approximate Age	
Injuries Sustain	CHEST PAIN,DIFFICULTY BREATHING & DIZZINESS
Injured person in which vehicle?	SGJ1879P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The 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 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.

 16/8/2018  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 16/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

A hand-drawn diagram on grid paper showing a road layout. The road consists of four horizontal lanes. The top lane is labeled "SIMEI STREET 3". The bottom lane is labeled "CGH". In the second lane from the top, there are two vehicles: a rectangle labeled "A" and a rectangle labeled "B" tilted at an angle. On the right side of the road, there are four arrows pointing left, indicating traffic flow.

P/s refer to the police report: T/20180814/2127

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:

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



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180814/2127

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

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Report No. T/20180814/2127

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ1879P	NTUC Income Insurance Co-Operative Limited	5081559716-02	01/07/2018	30/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LAU CHEONG CHUAN		ID No.	S75700671
Related Vehicle	SGJ1879P (Car)		Contact No.	91014934
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2018		Date Discharge	14/08/2018
No. of Days granted Medical Leave		01	Degree of Injury	NIL
Driver				
Name	SHANTI KAUR D/O HARI SINGH BAJWA		ID No.	S0048644B
Related Vehicle	SLS4119Z (Car)		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	NIL

**Brief Details.**

ON 13/8/2018 AT ABOUT 2035HRS AT SIMEI STREET 3,

I WAS TRAVELLING ALONG SIMEI STREET 3 OUTSIDE CHANGI HOSPITAL ON THE RIGHT MOST LANE. SUDDENLY, ANOTHER CAR COLLIDED INTO THE LEFT SIDE OF MY VEHICLE. WHEN I CAME OUT OF THE VEHICLE, THE OTHER DRIVER THEN SAID THAT IT WAS MY FAULT. HENCE, I REFUSED TO TALK TO THE OTHER DRIVER AND THEN CALLED FOR POLICE ASSISTANCE. I WANTED TO LEAVE IT TO POLICE INVESTIGATIONS. WHILE WAITING, I CALLED MY FRIEND WHO WAS NEARBY AND HE HELPED ME TO OBTAIN THE OTHER DRIVER PARTICULARS AND TAKE SOME PICTURES OF THE ACCIDENT. AFTER THE ACCIDENT, I WAS STILL FEELING OKAY. HENCE, WHEN AMBULANCE ARRIVED AT SCENE, I REFUSED CONVEYANCE AS THE HOSPITAL WAS QUITE NEARBY AND I WAS STILL FEELING OKAY. I THOUGHT THAT I WOULD BE ABLE TO GO BY MYSELF IMMEDIATELY. HOWEVER, AS THE TRAFFIC POLICE OFFICERS WERE TAKING FACTS AND OBTAINING PARTICULARS, I FELT MY CONDITION BECOMING WORSE AND I WAS EXPERIENCING SOME CHEST PAINS, DIFFICULTY BREATHING AND DIZZINESS. I THEN TOLD

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180814/2127

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

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Report No. T/20180814/2127

**CONTINUATION OF REPORT**

THE OFFICERS THERE THAT I WANTED TO BE CONVEYED TO THE HOSPITAL. HOWEVER, THEY TOLD ME THAT THEY HAD TO ABIDE BY THEIR SOP AND COULD NOT LET ME GO. I ALSO TOLD THEM MULTIPLE TIMES THAT I WAS FEELING UNWELL AND WANTED TO GO TO THE HOSPITAL IMMEDIATELY. HOWEVER, THEY IGNORED ME AND THEY OTHER DRIVER EVEN INSULTED ME BY SAYING THAT I WAS ACTING. THEY THEN TOLD ME TO SIT IN THE CAR AND WAIT. THATS WHEN MY CONDITION BECOME WORSE AND AMBULANCE WAS CALLED AGAIN AND I WAS CONVEYED. WHEN THE PARAMEDICS CHECKED, THEY FOUND THAT MY BP WAS OVER 220. I WAS THEN DISCHARGED WITH 1 DAY MC AS I INFORMED THAT THAT I HAD A COURSE TO ATTEND TO.

Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180814/2127

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

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Report No. T/20180814/2127

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2018 17:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAU CHEONG CHUAN			Address: APT BLK 122 GEYLANG EAST CENTRAL #11-72 GEYLANG EAST GROVE SINGAPORE 380122		
ID Type / ID No.: NRIC NO / S75700671			Contact No.: Home/Office: Mobile: 91014934		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 13/05/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TIMBER SUPPLIER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2018 20:35	Type of Location:
Location: Along Road 1 SIMEI STREET 3				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SQJ1879P	Car	TOYOTA	COROLLA 1.6	Gold		0
SLS4118Z	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180814/2127

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No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
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T/20180814/2127

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Tel No: 65470000

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Report No. T/20180814/2127

### 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 /  
LEE KWANG HONG KENDRICK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID  
Contact No.: 65476247

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
14/08/2018 17:03

Classification Of Case:

