

## 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	11/09/2018 15:24
Date Of Accident	10/09/2018 07:15
Exact Location Of Accident	BLK 123 MCNAIR RD OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW9078Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW XIN NI
NRIC No	S8831260J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91298308
Alternative Phone No	OFFICE-91298308

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.4 6SP AT
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	REPORTING ONLY
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	5095789697
Cover Note Number	-

### Driver

Name of Driver	WONG SHU YING
NRIC No	S8925191E
Date Of Birth	24/07/1989
Occupation	INDOOR
Date Of Driving Pass	23/10/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96678674
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 123 MCNAIR RD #07-13
Postcode	320123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : TAN CHWEE CHAI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF2808Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### 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 liability**.
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. 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.



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

Blk 123 car park  
McNair Rd

A = SDW 90782

B = SJF 28082



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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:

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20180910/7035

1 of 2

## POLICE REPORT (NP299)

Report No. A/20180910/7035

Police Station Of Origin  
Central Police Divisional HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 10/09/2018 21:28	Vide Report No.	Station Diary No.
Name Of Informant WONG SHU YING	Address APT BLK 123 MCNAIR ROAD #07-13 SINGAPORE 320123	
ID Type / ID No. NRIC NO / S8925191E	Contact No. Home/Office: Mobile: 96678674	
Nationality SINGAPORE CITIZEN	Email Address shuyingwong@gmail.com	
Occupation Registered nurse	Sex Female	Age 29
Institution/School Name	Date of Birth 24/07/1989	Race Chinese
Date/Time Of Incident 10/09/2018 07:15 - 10/09/2018 07:40	Location Of Incident APT BLK 123 MCNAIR ROAD #07-13 SINGAPORE 320123	

### Brief details.

I was driving my friend's vehicle SDW9078Z en route home with my mother in the front passenger seat and making a left turn around the car park of my estate. Suddenly, a grey BMW SJF2808Z driven by a lady who was turning right collided with my car. It was a narrow corner along the two-way road in the car park. The foreigner lady claimed to be driving her husband's car as her own car was in the workshop due to her previous car accident and insisted that she was not at fault. She told me to wait for her husband to come down and deal with this accident. Her husband told me not to make any police report or insurance

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 21:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20180910/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180910/7035

claim saying that this is a small matter and he will make me pay for the spray paint and repair works to his car, amounting in the range of \$400 to \$500. I requested for the female driver's licence and particulars but was given the car owner's contact (Henry Tan, 86000824) instead. I mentioned that both parties could possibly be at fault due to the narrowness of the road and I would get back to them upon contacting my friend. However, Henry Tan has been calling me a few times demanding me to pay for the repairs at his car workshop. When my friend contacted him he was quite rude and passed the lady's contact number to her. After which the lady started to spam call and message me. Hence, I would like to report this incident as a record. Thank you so much.

Subjects Involved			
Victim			
Person Name	WONG SHU YING		
ID Type	NRIC NO	ID No	S8925191E
Gender	Female	Age	29
Race	Chinese	Language	English
Occupation	Registered nurse	Address Type	
Address	APT BLK 123 MCNAIR ROAD #07-13 SINGAPORE 320123		Mobile No
			96678674
Is Informant A Victim?	Yes		
Person Name	WONG SHU YING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 21:28
Officer In-Charge Of Case:	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

