

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	24/09/2018 12:42
Date Of Accident	22/09/2018 10:35
Exact Location Of Accident	TPE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR97J
Insured/Policyholder	
Name Of Registered Owner	CHIA SHU YEE
NRIC No	S7039193G
Email Address	JESMOND7@HOPTMAIL.COM
Mobile Phone No	(LOCAL) +65-96775565
Alternative Phone No	OTHERS-96775565

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I45
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?	YES
If No, Please state action to be taken	
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	5086221888-01
Cover Note Number	

Driver

Name of Driver	CHIA SHU YEE
NRIC No	S7039193G
Date Of Birth	07/11/1970
Occupation	INDOOR
Date Of Driving Pass	20/06/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96775565
Fax Number	
Contact Number	OTHERS-96775565
Email Address	JESMOND7@HOPTMAIL.COM

Address	143 PASIR RIS GROVE #08-59
Postcode	518136
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?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180922/2098

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	FT8527T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMED KHAIRUDIN BIN SALEH
NRIC/Passport Number	S8436322G
Contact Number	91872743
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

24/9/2018

11.20am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

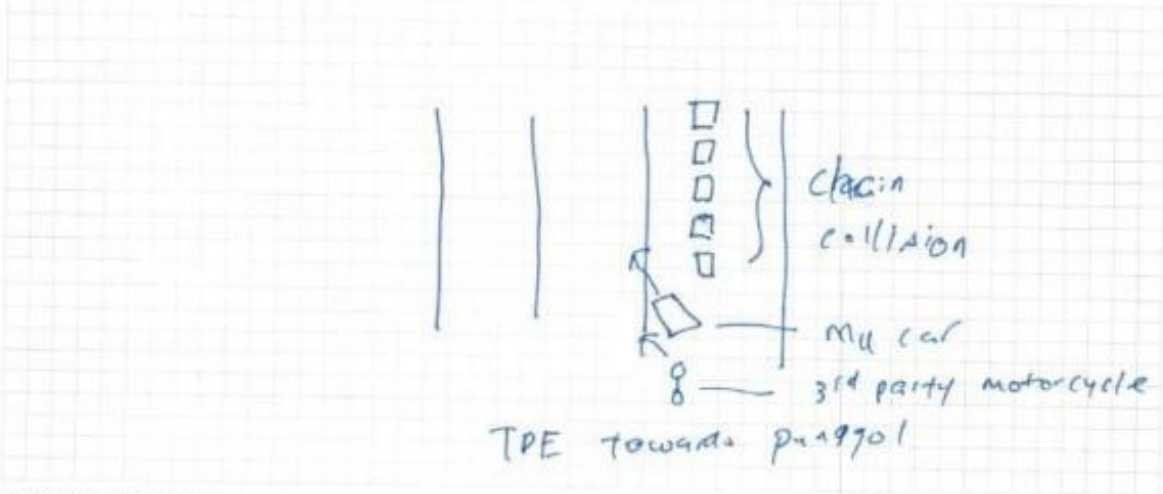
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/9/2018, 10.35am. I was travelling at TPE towards pua9901. There was a chain collision in front of me involving 5 cars. I applied E brake and turn to the left to avoid the collision. However, I was hit by a oncoming motorcyclist. His motorcycle only have minor damage (pic attached). My car left front door was all dented and left signal light fly off. No one was injured during the collision.

DECLARATION

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

Policyholder's Signature
Date & Time:

24/9/2018
11.20am.

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

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

24/09/2018
[Signature]
[Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180922/2098

1 of 3

Report No. T/20180922/2098

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 15:01		Vide Report No.:	Station Diary No.: 44
Informant's Particulars			
Name of Informant: CHIA SHU YEE		Address: 143 PASIR RIS GROVE #08-59 SINGAPORE 518136	
ID Type / ID No.: NRIC NO / S7039193G		Contact No.: Home/Office: Mobile: 96775565	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 07/11/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	22/09/2018 10:35	Type of Location:	Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE towards Punggol							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT8527T	Motorcycle					0
SLR97J	Car	HYUNDAI	I45 2.0 AT ABS D/AB SR	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR97J	NTUC Income Insurance Co-Operative Limited	5086221888-01	13/01/2018	12/01/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180922/2098

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Report No. T/20180922/2098

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD KHAIRUDIN BIN SALEH	ID No.	S8436322G
Related Vehicle	FT8527T (Motorcycle)	Contact No.	91872743
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIA SHU YEE	ID No.	S7039193G
Related Vehicle	SLR97J (Car)	Contact No.	96775565
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

Brief Details.

On 22/09/2018 at about 1035hrs, I was travelling in my vehicle bearing the plate number SLR97J on TPE towards Punggol on the first lane. There was a chain collision in front of me and I turn to the left to lane 2 to avoid the collision and was hit onto a oncoming motorcyclist bearing the plate number FT8527T. My vehicle left side mirror came off and there is a dent on my left passenger door. The motorcycle suffered minor damage, only the right side signal light came off. No one was injured during the collision. No traffic police or ambulance at scene. I am lodging this report for record purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20180922/2098

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Report No. T/20180922/2098

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:
G /
Sgt 2 MUHAMMAD SYAZWAN BIN SHAIBANI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
22/09/2018 15:01

Classification Of Case:

SIGNATURE

TP PHOTOS



FT8527T
Mohamad Khairudin Bin Saleh

Signature 24/09/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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