SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	24/09/2018 14:45
Date Of Accident	23/09/2018 21:30
Exact Location Of Accident	PUNGGOL CENTRAL TWDS PUNGGOL RD (TWDS TPE)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT3909K
Insured/Policyholder	
Name Of Registered Owner	TOK CHUI YIAN JOYCE MRS JOYCE CHUA
NRIC No	S6903412H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97468488
Alternative Phone No	OTHERS-97468488
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5094915120
Cover Note Number	11/10/2017 - 10/10/2018
Driver	
Name of Driver	DENNIS CHUA TECK MENG
NRIC No	S6849479F
Date Of Birth	16/06/1968
Occupation	INDOOR
Date Of Driving Pass	18/06/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97468488
Fax Number	

NOEMAIL

Address BLK 24 CACTUS DRIVE #02-05

Postcode 809694

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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? YES

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) 5

Passenger 1

NAME: : TOK CHUI YIAN JOYCE

GENDER: : FEMALE

Passenger 2 NAME: : CHUA ZHENG YI JANE

GENDER: : FEMALE

Passenger 3 NAME: : CHUA ZHENG MIN JOANNE

GENDER: : FEMALE

Passenger 4 NAME: : DANIEL CHUA ZHENG JIE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20180924/2002. * COULDNT UPLOAD AUDIO FILE AS SYSTEM DOES NOT SUPPORT MP4 FORMAT.

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 YP7561X

Vehicle Make/Model/Colour MITSUBISHI LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YU HAI
NRIC/Passport Number G2013716P

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name DENNIS CHUA TECK MENG,S6849479F

Approximate Age

Injuries Sustain

SPRAIN TO RIGHT NECK/UPPER SCAPULA & CONTUSIONS TO RH MID

BACK & RH ANTEROLATERAL CHEST WALL

Injured person in which vehicle? SJT3909K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name CHUA ZHENG YI JANE,S9523372D

Approximate Age

Injuries Sustain SPRAINS ON NECK & SHOULDER

Injured person in which vehicle? SJT3909K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode SKETCH PLAN

VEHICLE NO.: 573909K INSURER : NTUC DATE & TIME: 33/09 2018 (2) 2131

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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.
- 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:
 - 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:
 - 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: Oriver's Signature
(If driver is not the policyholder

Date & Time:

Reporting Centre Personnel's Signature

Name: 1) (V) V) (F) W

	6		A: SJ73909K (W 4 passengens
unggol Rd Wards TPE		Jol Courtual	B: YP 7561X Yu Hai- 62013710
DESCRIBE CIRCUMS	TANCES OF THE ACCIDENT	Tus	
Date & Time	3310819018 () C	100) 2130 (cle	aydy)
refer to po	lice report no : 7	[20180924]20	702.
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Note: Please note	that your insurer may have	e 14days Time Frame	for you to submit an Own Damage Claim
under your o	A CONTRACTOR OF THE PARTY OF TH	Please check with you	for you to submit an Own Damage Claim ur policy for more information.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

1 of 4 Report No. T/20180924/2002

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 018 01:54	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	5005美世界553130000000	ACCOUNTY SERVED BURNSON
	Informant: CHUA TE		Address: APT BLK 24 CACTUS DRIVE	#02-05 SINGAPORE 809694
	/ ID No.: D / S68494	79F	Contact No.: Home/Office:	Mobile: 97468488
National SINGAP	ity: ORE CITIZ	EN Telegraphic	Email: 1 no animps sof DM ay	nb E roller because saw orle enorder
Sex: Male	Age: 50	Date of Birth: 16/06/1968	Type of Informant: Driver	(wish to state that the durings to all the burnings and broad the state of the burnings and the state of the burnings are stated to the burnings are stated
Race: Chinese	th Yo		Language: English	Institution / School Name:
Occupat FINANC		CES DIRECTOR	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Infor	mation of the Accide	nt		CONTRACTOR CONTRACTOR
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2018 21:30	Type of Location: FILTER LANE
PUNGGOL C PUNGGOL R	OAD	TRAL AND PUNGGO	ROAD (TOWARDS T	
Clear		Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Cross		Fraffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ipe - Same Direction	· a	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved	1000000	CHARLEST CHARLE	512,625,600,000	3232000000000000
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJT3909K	Car	MERCEDES BENZ	C180	Black	Seriously Damaged	The second secon
YP7561X	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 2 of 4 Report No. T/20180924/2002

Tel No: 1800-4849999

CONTINUATION OF REPORT

Passenger	550 SAR 4850 SEA		SALES NO SERVE	77.80 T. FS	SERVICE	
Name	CHUA ZHENG YI JANE			ID No).	S9523372D
Related Vehicle	SJT3909K (Car)			Conta	act No.	98462806
Hospital/Clinic	INTEMEDIAL 24 HR CL	LINIC		Class Drivin Licend Expire	g	Class: 3A Date of Expiry: NIL
Date Treatment	23/09/2018		Date Disch			1/2018
No. of Days gran	ted Medical Leave 0)3	Degree of			
Driver	The state of the s	STANCE OF THE PARTY OF THE PART	5550AAARAA	Name of	CHE MAN	THE AMERICAN PROPERTY.
Name	DENNIS CHUA TECK N	MENG		ID No		S6849479F
Related Vehicle	SJT3909K (Car)			Conta	ct No.	97468488
Hospital/Clinic	MOUNT ALVERNIA HO	SPITAL		Class Driving Licence Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/09/2018		Date Disch		_	/2018
	ted Medical Leave 0:	5	Degree of			
Driver	多点和各种的国际和特别的	FE CONTRACTOR	CONTRACTOR OF THE PARTY OF THE	OF DECKNOOL	STATISTIC	WENT BANKS THE STREET
Name	YU HAI			ID No.		G2013718P
Related Vehicle	YP7561X (Lorry)			Conta	ct No.	85914370
	NIL	PRESTATI	and wood at	Class	22-31 VIII VIII VIII VIII VIII VIII VIII VI	Class: NIL
Hospital/Clinic	dnamelni 10 erutso		Disposit	Driving Licence Expiry	e &	Date of Expiry: NIL
Hospital/Clinic	Million susting and flames	Bign	Date Disch	Licenc	e &	Date of Expiry: NIL

Brief Details.

On 23/09/18 at about 9.30pm, I was travelling in my vehicle (SJT3909K) along Punggol Central with the intention to head into TPE. I had 4 other passengers who were my wife, 2 daughters and 1 son. Everything appeared to be in order.

Subsequently, I arrived at the filter lane of Punggol Central and Punggol Road (towards TPE) where I was coming to a stop to check for incoming traffic. The filter lane had 2 lanes and my vehicle was on the inner lane. Initially, there were no other vehicles on the outer lane beside me. However, a lorry (YP7561X) arrived beside me to turn out to Punggol Road and as it was doing so, the vehicle suddenly swerved into my lane causing a side swipe collision into my vehicle. It caused my vehicle to partially mount the kerb. Both the driver and I later alighted from the vehicle and NTUC's Orange Force was called up together with a tow truck. As we were not seriously injured, we were advised to seek medical treatment at a clinic





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

3 of 4 Report No. T/20180924/2002

CONTINUATION OF REPORT

after the incident. My vehicle was later towed away.

On the same day at about 11.33pm, I visited Mount Alvernia Hospital where I sought medical treatment. I was later discharged after midnight and was issued with 5 days MC for sprain to my right neck/upper scapula and contusions to my right mid back and right anterolateral chest wall. I was also prescribed with 2 forms of medication; Anarex tab and Ibuprofen Tab. My daughter; Chua Zheng Yi Jane, on the other hand, sought medical treatment at Internedial 24 HR Clinic (located at 525 Ang Mo Kio Ave 10 #01-2407) where she was issued with 3 days MC for sprains on the neck and shoulder.

I wish to state that the damage to my vehicle was on the right front bumper which was scratched and slightly dislodged. Right front tyre was also punctured. I further state that I do not have any in car camera installed in my vehicle.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Report No. T/20180924/2002

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			DENINS CHUA TECK MEHE	
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MPORTANT: Please att the certificate with you no Signature Of Officer Red F / Staff Sgt MUHAMMAD I	ach a copy of ow, please fax cording The R FAHMY BIN R	your vehicle' a copy to 65 eport:	s Insurance Certificate to this report 1474885 stating the report number Signature Of Informant: Date/Time:	at If you don't have
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