

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 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. 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	15/10/2018 11:11
Date Of Accident	13/10/2018 14:30
Exact Location Of Accident	BLK 625 BEDOK RESERVOIR ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV7304P
Insured/Policyholder	
Name Of Registered Owner	PHUA KWEE HOW @PWAR KWEE HOW
NRIC No	S0397139B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98456778
Alternative Phone No	OFFICE-98456778

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5053237590-06
Cover Note Number	

Driver

Name of Driver	PHUA KWEE HOW @PWAR KWEE HOW
NRIC No	S0397139B
Date Of Birth	30/09/1939
Occupation	INDOOR
Date Of Driving Pass	05/07/1958
Driving Experience	60 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98456778
Fax Number	
Contact Number	OFFICE-98456778
EEmail Address	NOEMAIL

Address	BLK 27 MARINE CRESCENT #07-07
Postcode	440027
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?	
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181013/2121.

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	FBJ9698B
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan


SKETCH PLAN

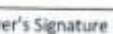
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

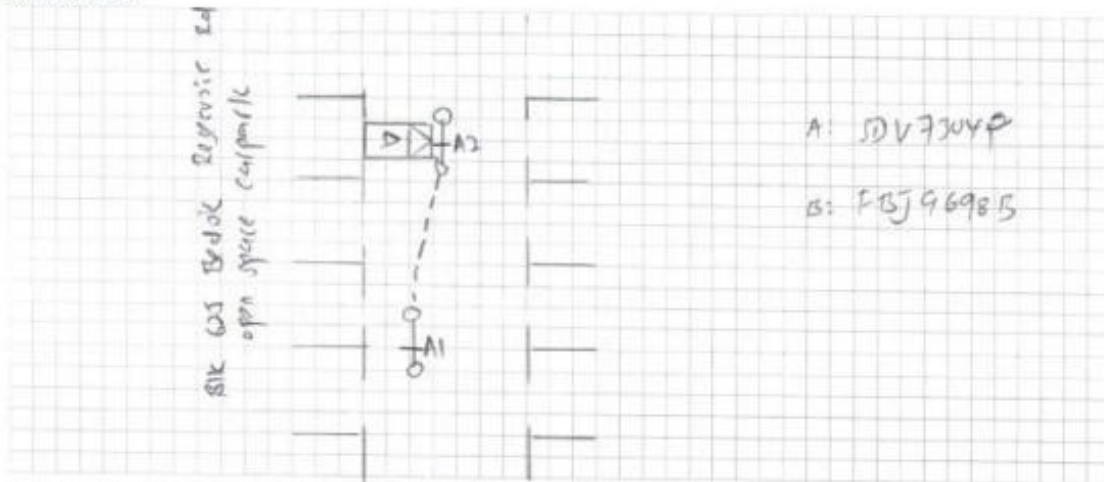

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/1013/2121

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**



T/20181013/2121

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20181013/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 16:11		Vide Report No.: G/20181013/0157	Station Diary No.: 30
Informant's Particulars			
Name of Informant: PHUA KWEE HOW		Address: APT BLK 27 MARINE CRESCENT #07-07 SINGAPORE 440027	
ID Type / ID No.: NRIC NO / S0397139B		Contact No.: Home/Office: Mobile: 98456778	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 79	Date of Birth: 30/09/1939	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2018 14:30	Type of Location: Car Park
Location: Along Road 1 BEDOK RESERVOIR ROAD				
OPEN SPACED CARPARK OF B/625 BEDOK RESERVOIR ROAD, LOT 152.				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9698B	Motorcycle				Slightly Damaged	0
SDV7304P	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	3

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20181013/2121

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20181013/2121

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDV7304P	NTUC Income Insurance Co-Operative Limited	5053237590-06	28/05/2018	27/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Passenger			Use of Pedestrian Crossing: NA	
Name	GERALDINE LI SIYING	ID No.	S9247739H	
Related Vehicle	SDV7304P (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	
Driver				
Name	PHUA KWEE HOW	ID No.	S0397139B	
Related Vehicle	SDV7304P (Car)	Contact No.	98456778	
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	
Passenger				
Name	LEE SHU CHIN	ID No.	S0293300D	
Related Vehicle	SDV7304P (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	

Police Report



**SINGAPORE
POLICE FORCE**



T/20181013/2121

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20181013/2121

CONTINUATION OF REPORT

Passenger				
Name	PAULINE PHUA HWEE KIANG		ID No.	S1758834F
Related Vehicle	SDV7304P (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 13/10/2018 at about 1430hrs, I was in my silver in color Toyota Corolla Altis (SDV7304P) together with three other passengers at the open spaced carpark of B/625 Bedok Reservoir Road. As I was about to drive off from the lot, turning right, a motorcyclist emerged from my right and rode in front of me. I quickly engaged the brakes. However, the front portion of my car collided with the side of the said motorcycle. The motorcyclist lost control and fell off her motorcycle onto the road near the side kerb. A passerby came over and assisted the motorcyclist while I called for an ambulance. Shortly after police officers and an ambulance arrived. The motorcyclist was conveyed to Changi General Hospital.

I wish to state that there are scratches on the front right portion of my car and the front plate number came off. The bonnet of my car was damaged as well. Neither myself nor my passengers were injured. I am lodging this report as instructed by TP IO Daniel and for insurance purposes.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20181013/2121

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Report No. T/20181013/2121

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 SYED OTHMAN BIN SYED AGIL BIN
YAHYA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168


Signature Of Informant:


Date/Time:
13/10/2018 16:11

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



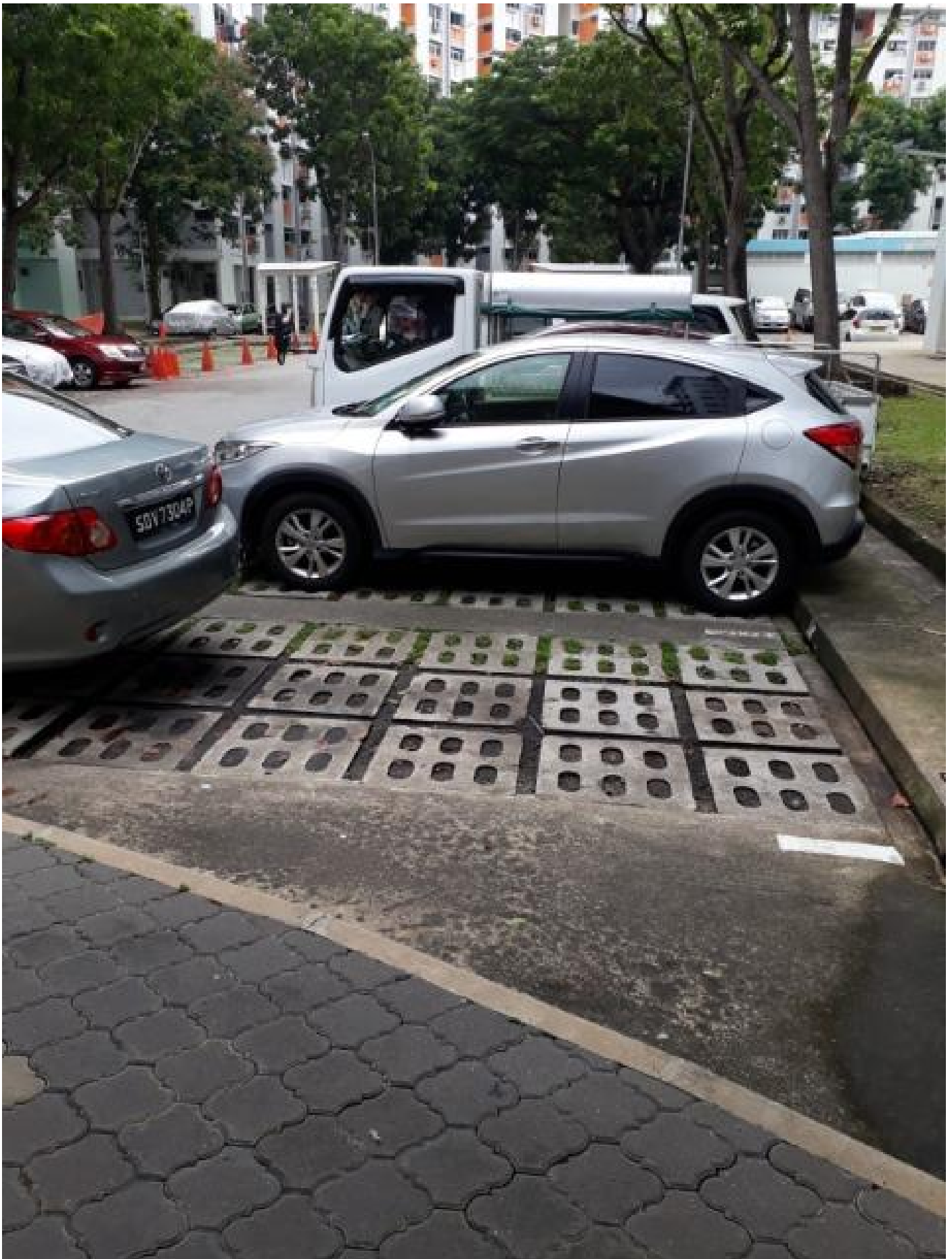
Accident Photo



Accident Photo



Accident Photo



Police Report



Accident Photo

