

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	05/11/2018 19:17
Date Of Accident	01/11/2018 11:50
Exact Location Of Accident	JUNC YIO CHU KANG RD TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD948B
Insured/Policyholder	
Name Of Registered Owner	CHUA SONG KUN
NRIC No	S0207046D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94242799
Alternative Phone No	OFFICE-94242799

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 AT R
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	5098651574
Cover Note Number	

Driver

Name of Driver	CHUA SONG KUN
NRIC No	S0207046D
Date Of Birth	21/03/1954
Occupation	INDOOR
Date Of Driving Pass	29/03/1974
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94242799
Fax Number	
Contact Number	OFFICE-94242799
Email Address	NOEMAIL

Address	BLK 57 NEW UPPER CHANGI ROAD #03-1350
Postcode	461057
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 - CROSS JUNCTION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181101/2072.

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	GBE9573D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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


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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.

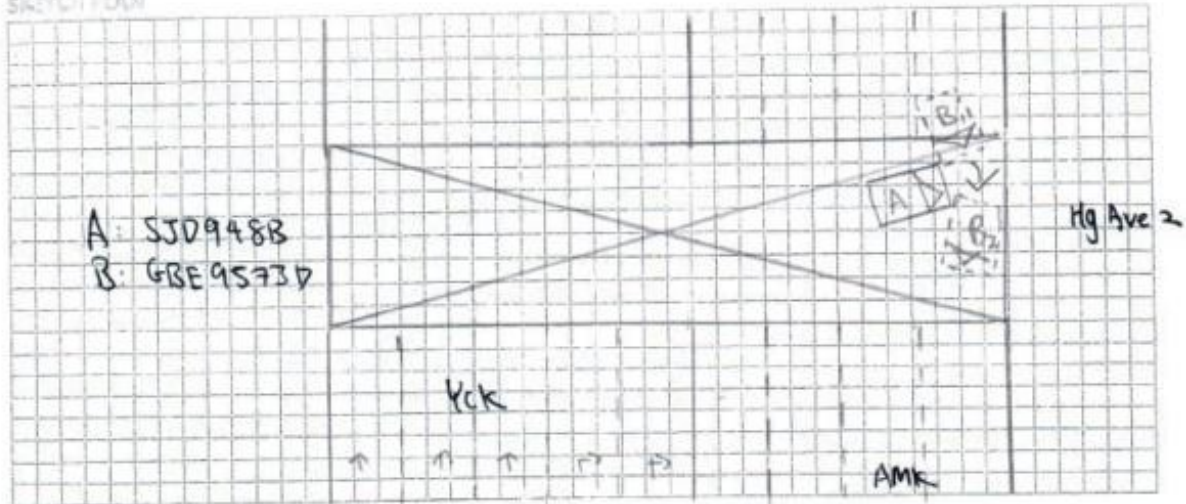

Policyholder's Signature
Date & Time:


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:
7/20/8/11/01/2072

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/20181101/2072

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20181101/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2018 15:22	Vide Report No.: F/20181101/0122	Station Diary No.: 13
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Informant's Particulars

Name of Informant: CHUA SONG KUN			Address: APT BLK 57 NEW UPPER CHANGI ROAD #03-1350 SINGAPORE 461057	
ID Type / ID No.: NRIC NO / S0207046D			Contact No.: Home/Office: Mobile: 94242799	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 21/03/1954	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2018 11:50	Type of Location: JUNCTION
Location: Along Road 1 YIO CHU KANG ROAD BETWEEN JUNCTION OF YIO CHU KANG RD, HOUGANG AVE 2 AND ANG MO KIO AVE 3.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBE9573D	Van	PEUGEOT	PARTNER 1.6 HDI ETG LWB	Grey	Seriously Damaged	0
SJD948B	Car	MAZDA	MAZDA2 AT R	Red	Seriously Damaged	0

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20181101/2072

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20181101/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD948B	NTUC Income Insurance Co-Operative Limited	5098651574	08/03/2018	10/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA SONG KUN	ID No.	S0207046D
Related Vehicle	SJD948B (Car)	Contact No.	94242799
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 01/11/2018 at about 1150hrs, I was driving my vehicle (SJD948B) at said road between said junction. I was turning from Yio Chu Kang to Hougang Avenue 2, I was in a stationary position waiting for the turn right arrow to be indicated. The traffic light was green at the point too. I observed one vehicle who was signaling left towards Hougang Ave 2 as such I proceeded to turn right but suddenly the vehicle speed up straight as such I could not brake on time. In the end my car collided with the right side of the vehicle. I came out to make a check and I saw a Chinese lady driver in her 40s who was stuck in the van(GBE9573D). She was conscious. I asked her if she is okay and she said she had a shock and feel giddy. As such I opened the door with assistance from some passer-by and I called for ambulance for her.

Subsequently ambulance arrived and the paramedics conveyed to a hospital. (I do not know). After which traffic police arrived and managed the scene. I was given a case card and advised to lodge a traffic police report.

The Chinese lady driver brother also came down to assist with the towing services of her vehicle. However we did not exchange particulars. I did not exchange particulars with the lady driver as well as she got into an ambulance and was conveyed.

My vehicle was badly damaged in the front bumper. The Chinese lady vehicle was over turned. I do not have built in CCTV inside my vehicle.

I am currently unsure how much the repair cost for my vehicle is.

I was not injured during the incident. I am lodging this police report for record purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181101/2072

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20181101/2072

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20181101/2072

Police Station Of Origin:
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51 New Upper Changi Road #01-1514
SINGAPORE 481051
Tel No: 1800-4499999

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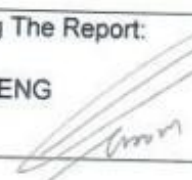
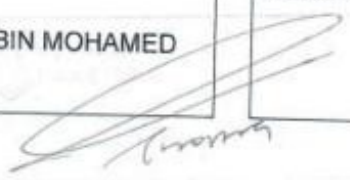
Report No. T/20181101/2072

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 3 EDWARD TAN CHUN SENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2018 15:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247 Authentication Stamp NP168 	Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118143488 Vehicle Registration No: 5J0948B
Name(as shown in NRIC) : CHUA SONG KUN NRIC/FIN/Passport No : S0007046A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 57 NEW UPA CHANGI RD #03-1350 Singapore(461057)
Contact (Tel) : _____ Mobile No. : 94242799
Email Address : _____
Date of Accident : 01/11/18 Time of Accident : 11:50
Place of Accident : JUNG YIO CHU KANG RD TWAS HOUGANG AVE 2
Insurance Company: NFOL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM OD CLAIMS TO REPORTING ONLY


Policyholder / Driver's Signature
Date: 8/11/18

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