

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	15/11/2018 15:57
Date Of Accident	14/11/2018 11:00
Exact Location Of Accident	HOLLAND ROAD/FARRER ROAD (FILTERING LANE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2810L
Insured/Policyholder	
Name Of Registered Owner	YU CHIH JEN PETER
NRIC No	S2760888D
Email Address	EMILYYU_STAR@YAHOO.COM.TW
Mobile Phone No	(LOCAL) +65-96785856
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5070947237-03
Cover Note Number	

Driver

Name of Driver	CHEN TSUNG FENG
NRIC No	S6967109H
Date Of Birth	19/10/1969
Occupation	INDOOR
Date Of Driving Pass	24/05/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93668450
Fax Number	
Contact Number	
Email Address	EMILYYU_STAR@YAHOO.COM.TW

Address	5 LEEDON HEIGHTS #07-12
Postcode	267952
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	COLLISION - HEAD TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT NO: T/20181114/2129

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	SHD3139Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S7926597G
Contact Number	97670593
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHEN TSUNG FENG
Approximate Age	49
Injuries Sustain	SHOULDER/NECK
Injured person in which vehicle?	SJU2810L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	5 LEEDON HEIGHTS
Postcode	267952

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SJ4 2810L

ACCIDENT DATE:

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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.

NOTE: DO NOT, THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

Policyholder's Signature
Date & Time:

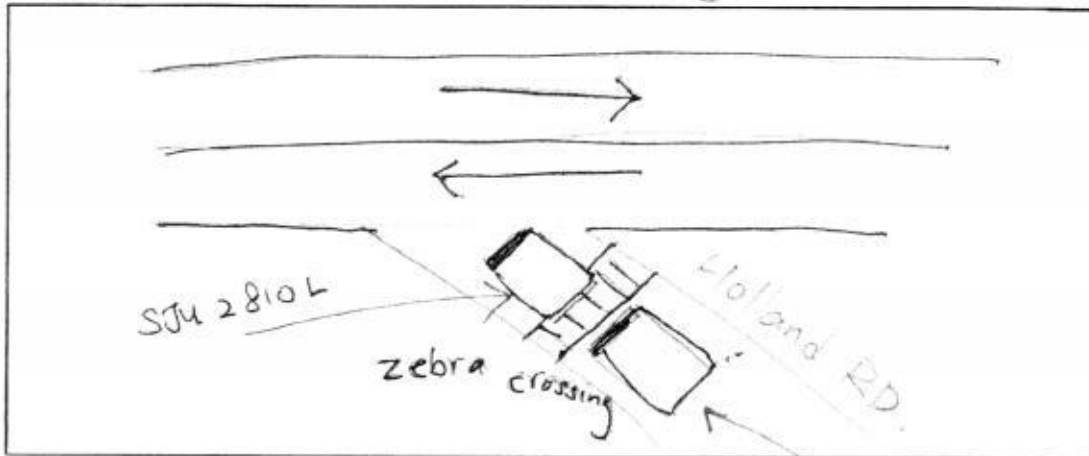
15/11/18

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

15/11/18

CHARN'S CUSTOMCRAFT
Block 1010 #01-105
CHARN'S CUSTOMCRAFT
Buena Vista Lane 9
Singapore 110105
Report Centre Personnel's Signature
Name: 62717053/62733304
PUC/ID No: 6675
Email: cnarns@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

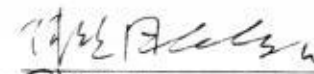
Refers To Police Report No. SHD 31392
 T/20181114/2129

OWN DAMAGE () 3RD PARTY CLAIM (/) REPORTING ONLY () OWN WORKSHOP ()

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 15/11/18


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 15/11/18


 CHARN'S CUSTOMCRAFT
 Reporting Center Personnel's Signature
 Singapore 159724
 Tel: 62733304
 Fax: 62736676
 Email: charns@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20181114/2129

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20181114/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 17:07	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: CHEN TSUNG FENG			Address: 5 LEEDON HEIGHTS #07-12 SINGAPORE 267952		
ID Type / ID No.: NRIC NO / S6967109H			Contact No.: Home/Office: Mobile: 93668450		
Nationality: AMERICAN			Email:		
Sex: Female	Age: 49	Date of Birth: 19/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HOUSEWIFE			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HOLLAND ROAD FARRER ROAD Filtering lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3139Z	Car	HYUNDAI		Blue	Slightly Damaged	0
SJU2810L	Car	AUDI	A4	Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181114/2129

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20181114/2129

CONTINUATION OF REPORT

Driver			
Name	CHUA KOK YEONG	ID No.	S7926597G
Related Vehicle	SHD3139Z (Car)	Contact No.	97670593
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	CHEN TSUNG FENG	ID No.	S6967109H
Related Vehicle	SJU2810L (Car)	Contact No.	93668450
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/11/2018	Date Discharge	14/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/11/2018, I was driving my vehicle, registration no: SJU2810L (Audi/Grey) along Holland Road. I was filtering left to Farrer Road and I stopped at the stop line as there were many cars on Farrer Road. While my vehicle was stationary, one comfort taxi, registration no: SHD3139Z (Hyundai/Blue) hit onto the rear of my vehicle.

We then alighted from our vehicle to access the damages and also exchanged contact. There was no pedestrian injured or any government property damaged. We did not have any dispute and no police attended to us.

After the accident, I felt discomfort on my right upper arm, my spine, shoulder and neck area. Hence I proceeded to Raffles Medical to have a check up and was given 3 days medical certificate from 14/11/2018 to 16/11/2018.

My vehicle's rear bumper was slightly dislodged and there were scratches and paint transfer on it. The taxi's front bumper was dented and has crack.

I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20181114/2129

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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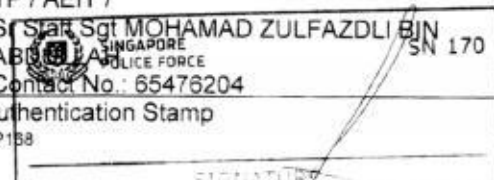
Report No. T/20181114/2129

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: E / Sgt 3 NUR INSYIRAH ANGEL THIA LAY PHING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2018 17:07
Officer In Charge Of Case: TP / AEIT / S. Star Sgt MOHAMAD ZULFAZDLI BIN ABU (SINGAPORE POLICE FORCE) SN 170 Contact No.: 65476204 Authentication Stamp NP188 	Classification Of Case: