

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	20/11/2018 15:42
Date Of Accident	15/11/2018 13:30
Exact Location Of Accident	PIE (TUAS) AFTER EXIT 26A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV977K
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97810867
Alternative Phone No	OFFICE-97810867

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083196477-02
Cover Note Number	

Driver

Name of Driver	TOH CHEE CHEONG
NRIC No	S9639199D
Date Of Birth	06/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98374992
Fax Number	
Contact Number	OFFICE-98374992
Email Address	NOEMAIL

Address	BLK 448 BUKIT PANJANG RING ROAD #10-549
Postcode	670448
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : BENEDICT TAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181115/2149.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
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.



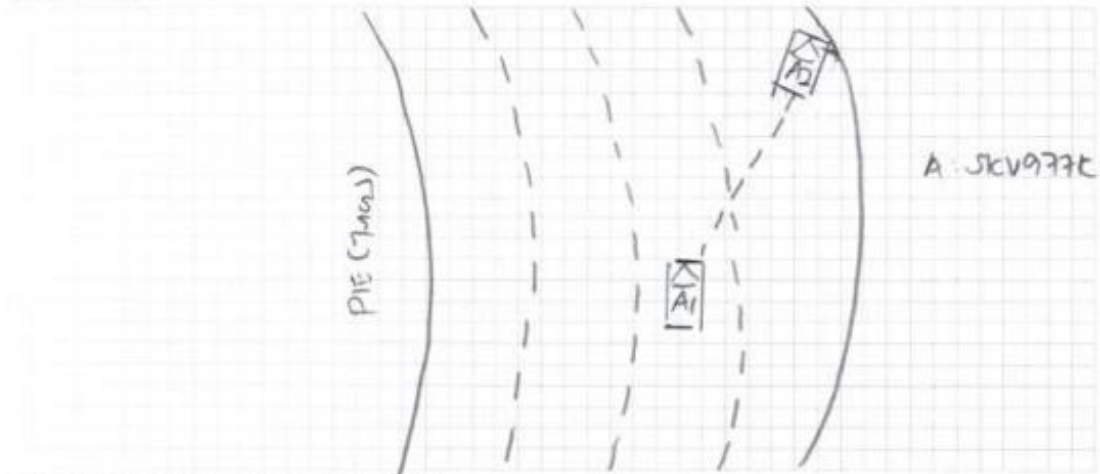
Policyholder's Signature
Date & Time:

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 price report - 1/2018/1115/2149.

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/20181115/2149

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Report No. T/20181115/2149

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
15/11/2018 21:19

Vide Report No.:
D/20181115/0067

Station Diary No.:
139

Informant's Particulars

Name of Informant:
TOH CHEE CHEONG

Address:
APT BLK 448 BUKIT PANJANG RING ROAD #10-549
SINGAPORE 670448

Contact No.

Mobile: 98374992

Home/Office

Email

ID Type / ID No.:
NRIC NO / 990391890

Nationality:
SINGAPORE CITIZEN

Sex:

Age:

Date of Birth:

Type of Informant:

Male

22

06/11/1996

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

SELF-EMPLOYED

Driving Licence Information:

Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Jurong	Road Surface: Wet	Road Speed Limit:		
Weather: Drizzling	Traffic Control:	Traffic Volume: Light		
Traffic Flow:	Type of Collision: Self-skid			Anyone conveyed t ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Pass
SKV977K	Car				Slightly Damaged	1

Details of Person Involved

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

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Seleg Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



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Report No. T/20181115/2149

CONTINUATION OF REPORT

Driver			
Name	TOH CHEE CHEONG		ID No. S9639199D
Related Vehicle	SKV977K (Car)		Contact No. 98374992
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Passenger		Degree of Injury	NIL
Name	BENEDICT TAN		ID No. S9639096C
Related Vehicle	SKV977K (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On the 15th of November 2018 at about 1330hrs, I was driving my car bearing vehicle no. SKV977K along PIE towards Jurong, on the second lane. I was together with my friend namely, Benedict Tan S9639096C. The road surface was wet as it was drizzling and I drove onto a puddle of water before I lost control of the car and it skidded towards the first lane. Neither was I nor my friend were injured when the accident happened. There were no other vehicles involved.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20181115/2149

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Report No: T/20181115/2149

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:

J /
Sgt 2 NUR HIDAYAH BINTE MOHAMED
SHARIFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Signature Of Informant:

Date/Time:
15/11/2018 21:19

Classification Of Case:

Authentication Stamp
NP168

Scanned by CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500200 / 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. : MNA118150302 Vehicle Registration No. : SKV977K
Name (as shown in NRIC) : TOH CHEE CHEONG NRIC/FIN/Passport No. : S9639199D
(*Vehicle Driver / ~~Vehicle Owner~~*) Please delete as appropriate
Address : BLK 448 BUKIT PANJANG RING ROAD #10-549 Singapore (670448)
Contact (Tel) : _____ Mobile No. : 98374992
Email Address : _____
Date of Accident : 15/11/2018 Time of Accident : 13:30
Place of Accident : PIE (TUAS) AFTER EXIT 26A
Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

Amend from own damage claim to reporting only

Policyholder / Driver's Signature
Date: _____


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

