#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**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 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

7. By the loagement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/12/2018 11:22
Date Of Accident	20/12/2018 09:35
Exact Location Of Accident	JUNC OF CHARTWELL DR & BORTHWICK DR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDP44S
Insured/Policyholder	
Name Of Registered Owner	CHIA KEK SIANG
NRIC No	S1378655J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96263743
Alternative Phone No	OFFICE-96263743
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
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?	YES
If No, Please state action to be taken	
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	5076791051-03

Policy Number	5076791051-03	
Cover Note Number	-	
Driver		

Driver	
Name of Driver	CHIA KEK SIANG
NRIC No	S1378655J
Date Of Birth	11/05/1959
Occupation	INDOOR
Date Of Driving Pass	10/06/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96263743
Fax Number	
Contact Number	OFFICE-96263743

NOEMAIL

44A BERWICK DR Address

Postcode 559950

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHIA ZONG XUN WAYNE

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: WITH TP

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLM3187P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

**EU KONG LEONG** Name of Driver

NRIC/Passport Number S1658425H

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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:

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	SARISBOOKE GROVE	LPN021
CHARTWELL	→ B □ A	CHARTWELL DR
	BORTHWICK DR	A = 50P445 B = SLM 3187 P.
Refer to P	olice report No:	T120181221 /2013
DECLARATION I/We declare the foregoing particular  Autority  The particular of the foregoing particular of the for	ldinh	fund
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**





1 of 3 Report No. T/20181221/2013

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

21/12/20	me Report 018 01:40	Made:	Vide Report No.: F/20181220/0079	Station Diary No	
Informa	nt's Partic	ulars		10	
Name of	f Informant EK SIANG		Address: 44A BERWICK DRIVE SING	SAPORE 550050	
NRIC N	/ ID No.: D / S13786	55J	Contact No.: Home/Office:		
Nationality: SINGAPORE CITIZEN		ŒN	Email: Mobile: 96263743		
Sex: Male	Age: 59	Date of Birth: 11/05/1959	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DIRECTOR			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Police Drink Date/Time of Accident: No 20/12/2018 09		Type of Location	
Location: Junction of Ri CHARTWELL BORTHWICK Weather:	oad 1 and Road 2 DRIVE DRIVE	Dead C. f			
Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collisi		1401 COURTOINED		Moderate	

Vehicle No.	Туре	Make	Model	Color	Condition	N
SDP44S	Car	BMW	730LI AT ABS D/AB 2WD 4DR	Black	Slightly Damaged	No of Passenger
SLM2107P	Cát		NAV HID SR		-	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company			
	The Company	Insurance No	Effective	Expiry Date

#### POLICE REPORT





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

Tel No: 1800-4880999

Report No. T/20181221/2013

2 of 3

CONTINUATION OF REPORT

Details of V	ehicle Insurance	<b>在这种是一种</b>		100 State
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDP44S	NTUC Income Insurance Co-Operative Limited	5076791051-03	25/08/2018	24/08/2019

Details of Perso					877	Self first and the self-	
Any Pedestrian In							
No. of Pedestrians Injured: NIL Us			Use of Per	Use of Pedestrian Crossing: NA			
Driver		<b>展的開發</b>				White the same of	
Name	CHIA KEK SIANG		ID No		S1378655J		
Related Vehicle	SDP44S (Car)		Conta	ct No.	96263743		
Hospital/Clinic	NIL			Class Drivin Liceni Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

### Brief Details.

On 20/12/2018 at about 0935hrs, I was driving my car bearing SDP44S along Borthwick Drive and wanted to head toward Carisbrooke Grove. I came to the junction of Borthwick Drive and Chartwell Drive, I stopped my car and slowly inch out of Borthwick Drive suddenly a car bearing SLM3187P travelling at fast speed along Chartwell Drive. The car brushes thought my car front area and mounted the kerb. The said car then knock down a lamppost number 21. I alighted my car and checked . Myself and the other driver then exchange particular and contact number. The other driver then call for police assistance. Shortly after the Traffic Police and the Ambulance arrived.

I have front in car camera in my car and I have given the SD card to the police officer that attended to the scene.

### POLICE REPORT





Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT
Tel No: 1800-4880999

3 of 3 Report No. T/20181221/2013

### Sketch Plan

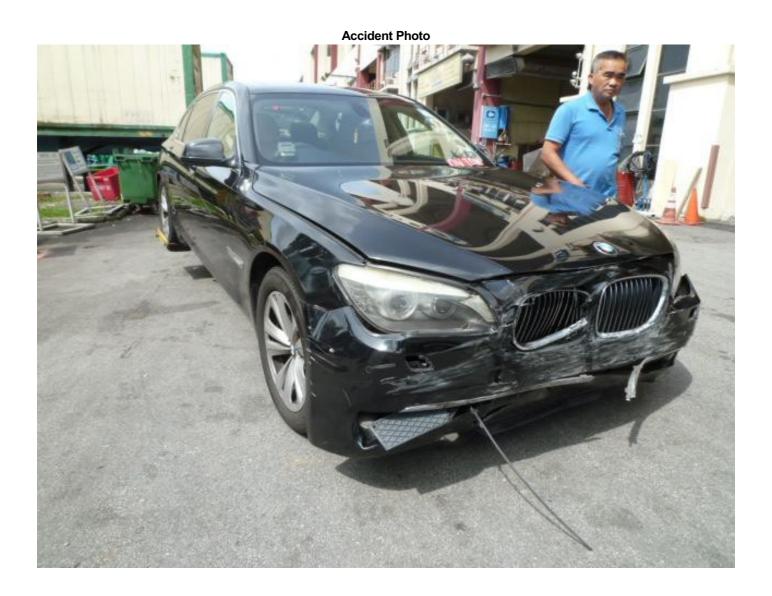
Informant is not able to provide sketch plan

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: F / Sgt 2 LOH GUO SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2018 01:40
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA	Classification Of Case:
Contact No.: 65476202	SN 154
Authentication Stamp NP168 Singapore Folics Force	

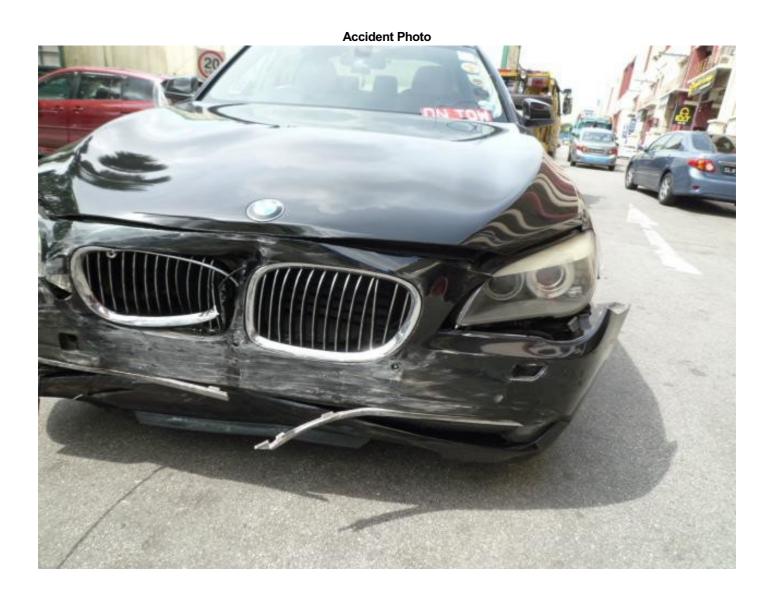




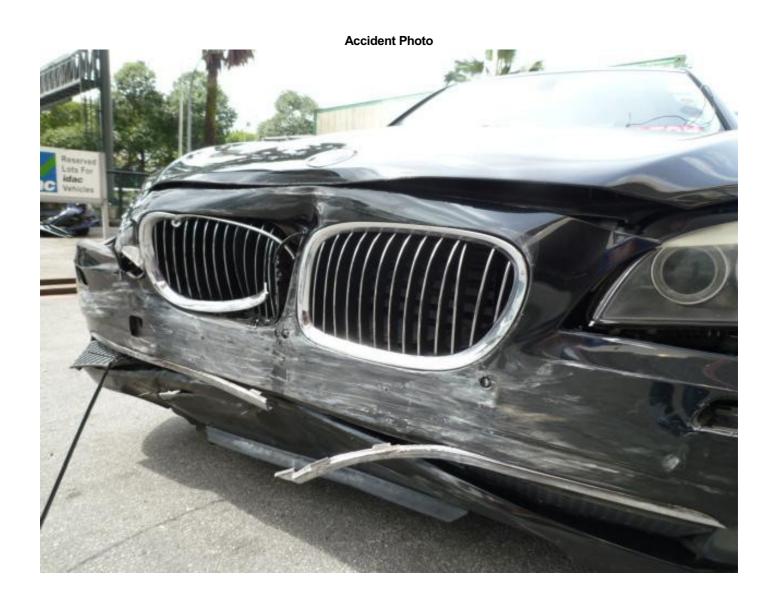


# **Accident Photo**















### **Accident Photo**



### **Accident Photo**

