

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	14/01/2019 10:35
Date Of Accident	12/01/2019 21:00
Exact Location Of Accident	HAVELOCK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN3151K
Insured/Policyholder	
Name Of Registered Owner	CHUT HUI YAN
NRIC No	S8228034J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97985712
Alternative Phone No	OFFICE-97985712
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095852533
Cover Note Number	-
Driver	
Name of Driver	CHAN BEE LAY
NRIC No	S7425388A
Date Of Birth	11/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93377093
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 445B BUKIT BATOK WEST AVE 8 #10-435
Postcode	852445
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD4722K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FERRACCI
NRIC/Passport Number	
Contact Number	93808502
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.

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

Outram Rd.

SKETCH PLAN

A = SYN 3151K

B = SLD 4722K

Havelock Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

SP2019K-SKETCHPLANFORM_V3

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190112/2121

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POLICE REPORT (NP299)

Report No. F/20190112/2121

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 12/01/2019 23:09	Vide Report No.	Station Diary No. 154
Name Of Informant CHAN BEE LAY	Address APT BLK 445B BUKIT BATOK WEST AVENUE 8 #10-435 SINGAPORE 652445	
ID Type / ID No. NRIC NO / S7425388A	Contact No. Home/Office	Mobile 93377093
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GOJEK DRIVER	Sex Female	Age 44
Institution/School Name	Date of Birth 11/08/1974	Race Chinese
Date/Time Of Incident 12/01/2019 21:00	Location Of Incident HAVELOCK ROAD SINGAPORE Opposite Fourpoints by Sheraton	

Brief details.

On 12/01/2019 at about 2100hrs, I was driving my vehicle with registration plate number SJN3151K along Havelock Road near Outram Road, opposite Four points by Sheraton Singapore, along Lane 4. Out of a sudden, a vehicle with registration plate number SLD4722K who was on lane 3 were trying to change lane into my lane to go towards the filter lane. As such, he collided into the front right bumper of my vehicle.

Signature Of Officer Recording The Report: F / Sgt 3 ALICIA NG YU SHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2019 23:09
Officer In-Charge Of Case: F / Hougang N.P.C / SI WEE KIM HUAT, LEONARD Contact No.: 64890999	Classification Of Case:
Authentication Stamp	

POLICE REPORT



SINGAPORE
POLICE FORCE



F/20190112/2121

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190112/2121

No one was injured. No ambulance or police at scene.

My vehicle was damaged with dents and scratches at the right side of my vehicle. The driver door handle was spoilt as well.

We exchanged particulars and left. The other driver particulars are Ferracci, 93808502.

There is no in-vehicle camera in my vehicle.

I am lodging this report as for insurance claims purposes. My vehicle was rented from my friend. She is Hui Yan and can be contacted at 97985712.

Signature Of Officer Recording The Report:

F / Sgt 3 ALICIA NG YU SHAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI WEE KIM HUAT, LEONARD
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
12/01/2019 23:09

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

