

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	15/01/2019 13:52
Date Of Accident	15/01/2019 11:00
Exact Location Of Accident	JUNCTION OF OPHIR RD / QUEENS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6956Z
Insured/Policyholder	
Name Of Registered Owner	CHIA SHIH WAN
NRIC No	S0163446A
Email Address	THOMAS_CHIA23@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90903178
Alternative Phone No	OTHERS-90903178

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-2.0 L (A)
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	<i>Third party claim</i>
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	5105212696
Cover Note Number	22/12/2018 - 21/12/2019

Driver

Name of Driver	CHIA SHIH WAN
NRIC No	S0163446A
Date Of Birth	23/02/1948
Occupation	INDOOR
Date Of Driving Pass	08/08/1967
Driving Experience	51 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90903178
Fax Number	
Contact Number	OTHERS-90903178
Email Address	THOMAS_CHIA23@YAHOO.COM

Address	70 BRANKSOME ROAD
Postcode	439600
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?	YES
Foreign Vehicle Registration Number	SH800R (BUS)
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?	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)	2
Passenger 1	NAME: : ALICE TAN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

TO REFER TO ATTACHED POLICE REPORT (T/20190115/2094)

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	SH800R
Vehicle Make/Model/Colour	
Details Of Properties	FRONT AND FRONT LEFT PORTION
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A:

Vehicle No:

Make Model:

Report Date: 1/15/2019 Start Time: 4:25 PM

Reporting Type:

End Time:

SKETCH PLAN

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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.
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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

1/15/2019 16:25

Policyholder's Signature
Date & Time:

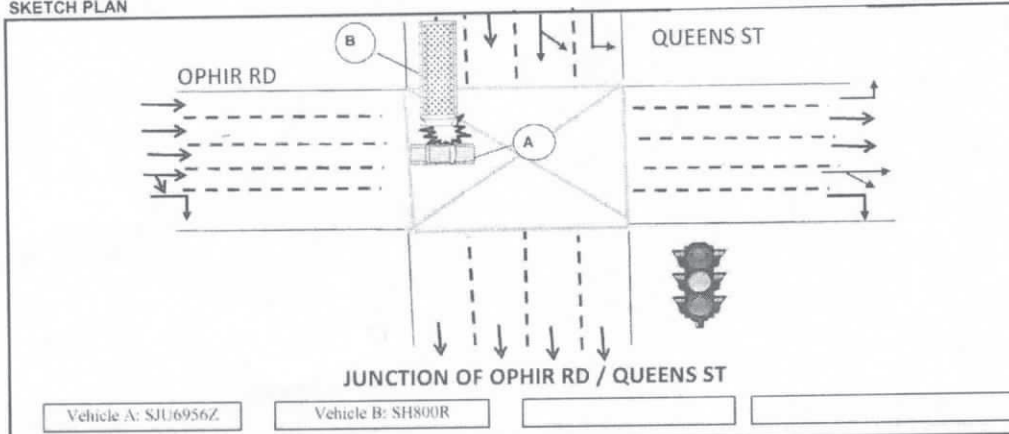
1/15/2019 16:25

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TO REFER TO ATTACHED POLICE REPORT (T/20190115/2094)

DECLARATION

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

Chen JunLiang

1/15/2019 16:25

Policyholder's Signature
Date & Time:

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

1/15/2019 16:25

Chen JunLiang

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190115/2094

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190115/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2019 15:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: CHIA SHIH WAN		Address: 70 BRANKSOME ROAD SINGAPORE 439600		
ID Type / ID No.: NRIC NO / S0163446A		Contact No.: Home/Office: Mobile: 90903178		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 70	Date of Birth: 23/02/1948	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 15/01/2019 11:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 OPHIR ROAD QUEEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SH800R	Bus/Coach/Minibus					0
SJU6956Z	Car	NISSAN	SYLPHY 2.0L CVT ABS D/AB 2WD 4DR	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

**SINGAPORE
POLICE FORCE**

T/20190115/2094

2 c

Report No. T/20190115/20

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU6956Z	NTUC Income Insurance Co-Operative Limited	5105212696	22/12/2018	21/12/2019

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG OPHIR STREET, GOING TOWARDS JALAN SULTAN ON THE CENTER LANE OF 3 LANE ROAD. I APPROACHED THE CROSS JUNCTION BETWEEN OPHIR ROAD AND QUEENS STREET. THE TRAFFIC LIGHT WAS IN MY FAVOUR. AS I WAS MID-WAY CROSSED THE JUNCTION, A BUS BY THE PLATE NUMBER OF SH800R, SPED ACROSS FROM MY LEFT (QUEENS STREET), AND COLLIDED ONTO THE LEFT SIDE OF MY VEHICLE.

AFTER THE COLLISION, WE EXCHANGED PARTICULARS AND MOVED OUR VEHICLES TO THE SIDE. AS NOBODY WAS INJURED, BOTH OF US LEFT. MY VEHICLE WAS STILL IN CONDITION TO BE DRIVEN SO I DROVE MY VEHICLE TO "ONE MOTOR".

**SINGAPORE
POLICE FORCE**

T/20190115/2094

3 of 3

Report No. T/20190115/2094

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:

TP /
ZENG ZI CONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

15/01/2019 15:19

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Signature: