

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	01/02/2019 15:06
Date Of Accident	01/02/2019 12:05
Exact Location Of Accident	186 WESTWOOD AVE BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC1087U
Insured/Policyholder	
Name Of Registered Owner	CHUA KHOON CHEE
NRIC No	S1508590H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94523131
Alternative Phone No	OFFICE-94523131

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6
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?	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	5101859451
Cover Note Number	

Driver

Name of Driver	CHUA ONG AIK (CAI HUANGYI)
NRIC No	S8828628F
Date Of Birth	03/08/1988
Occupation	INDOOR
Date Of Driving Pass	14/02/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81820166
Fax Number	
Contact Number	OFFICE-81820166
Email Address	NOEMAIL

Address	BLK 746 WOODLANDS CIRCLE #04-720
Postcode	730746
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190201/2091.

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	GBC5902A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIN WENJUN
NRIC/Passport Number	S8242031B
Contact Number	98735213
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name CHUA ONG AIK (CAI HUANGYI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGC1087U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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

Handwritten sketch plan on a grid background. The sketch shows a road layout with a building labeled 'K' and 'A' on the left. To the right, there is a handwritten note: '9.6 10/1/2011 Ave B... report'. Below this, another note reads: 'A. The 10/1/11' and 'B. 10/1/2011'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the first line of the description area: 'Refer to police report - 1/20/2011/2011'. The rest of the area is empty, with a diagonal line drawn across the middle.

DECLARATION

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

X

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/20190201/2091

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20190201/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 14:26		Vide Report No.:	Station Diary No.: 93
Informant's Particulars			
Name of Informant: CHUA ONG AIK		Address: APT BLK 746 WOODLANDS CIRCLE #04-720 SINGAPORE 730746	
ID Type / ID No.: NRIC NO / S8828628F		Contact No.: Home/Office:	Mobile: 81820166
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 03/08/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: WAREHOUSE LOGISTIC		Driving Licence Information: Class: 2B,3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2019 12:05	Type of Location: Car Park
Location: Along Road 1 WESTWOOD AVENUE 186 WESTWOOD AVENUE CARPARK				
Weather:	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5902A	Van	TOYOTA		White	No Damage	0
SGC1087U	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190201/2091

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20190201/2091

CONTINUATION OF REPORT

Driver			
Name	LIN WENJUN	ID No.	S8242031B
Related Vehicle	GBC5902A (Van)	Contact No.	98735213
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	CHUA ONG AIK	ID No.	S8828628F
Related Vehicle	SGC1087U (Car)	Contact No.	81820166
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	01/02/2019	Date Discharge	01/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 1/2/19 at about 1207hrs, I am driving my car (SGC1087U), and had entered the carpark located at 186 Westwood Avenue, trying to find a parking lot. However, a parked van (GBC5902A) that was initially parked in the parking lot suddenly drove out of his parking lot and hit onto my left side of my car. My car was badly dented on the left side, at the same time I felt soreness on my left shoulders. Hence after exchanging particulars, I visited UNIHEALTH 24-HR CLINIC (TOA PAYOH) and was given 3 days MC.

No police or ambulance attended to this accident. No government property was damaged.

Police Report



SINGAPORE
POLICE FORCE



T/20190201/2091

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20190201/2091

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 2 LIN XUETONG, TOM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 14:26
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151 	Classification Of Case: SN 1
Authentication Stamp NP168	SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048560
 Tel (65) 6224 0010 Fax (65) 6224 0010
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: MA6400206 / GST Reg. No.: M100017735

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 : MNA119015450 Vehicle Registration No: 9GC1087U
 Name(s) (as known in NRIC) : CHUA ONG AIK (CAI HUANGYI) NRIC/FIN/Passport No : S8828828F
 (*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
 Address : BLK 746 WOODLANDS CIRCLE #04-720 Singapore (730748)
 Contact (Tel) : _____ Mobile No. : 81820166
 Email Address : _____
 Date of Accident : 01/02/2019 Time of Accident : 12:05
 Place of Accident : 186 WESTWOOD AVE BASEMENT CARPARK
 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:

1) Amend driver particulars & injured person name

2) re-attached sketch plan as driver is not under policyholder.

3) Amend owner contact number

Chua x
 Policyholder / Driver's Signature
 Date: _____

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