

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	04/03/2019 11:38
Date Of Accident	03/03/2019 09:30
Exact Location Of Accident	SENTOSA GATEWAY ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4675C
Insured/Policyholder	
Name Of Registered Owner	CHEN WEILIANG
NRIC No	S8333803B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81837215
Alternative Phone No	OTHERS-81837215

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	5107538933
Cover Note Number	

Driver

Name of Driver	CHEN WEILIANG
NRIC No	S8333803B
Date Of Birth	22/10/1983
Occupation	INDOOR
Date Of Driving Pass	26/11/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81837215
Fax Number	
Contact Number	OTHERS-81837215
EMail Address	NOEMAIL

Address	BLK 156 #10-160 RIVERVALE CRESCENT RIVERVALE GREEN
Postcode	540156
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : TAN WEI QIANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190303/2111;

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	SHD7200C
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN SWEE SIA
NRIC/Passport Number	S0855243F
Contact Number	90038711
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEN WEILIANG

Approximate Age 35

Injuries Sustain

Injured person in which vehicle? SJT4675C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address BLK 156 #10-160 RIVERVALE CRESCENT RIVERVALE GREEN

Postcode 540156

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.

- 4 MAR 2019

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Person
Name: **Tel: 67416697**
Fax: 67492305
Email: **vackb@singnet.com.sg**
NRIC/FIN No:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190303/2111

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190303/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2019 23:06	Vide Report No.:	Station Diary No.: 212
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Informant's Particulars

Name of Informant: CHEN WEILIANG			Address: APT BLK 156 RIVERVALE CRESCENT #10-160 SINGAPORE 540156		
ID Type / ID No.: NRIC NO / S8333803B			Contact No.: Home/Office: Mobile: 81837215		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 22/10/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: banquet manager			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 09:30	Type of Location: Roundabout
Location: Along Road 1 SENTOSA GATEWAY				
first roundabout				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHD7200C	Car					0
SJT4675C	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	Red	Slightly Damaged	1

Accident Sketch Plan Pg. 1



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545025
Tel No: 1800-343 8999

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Report No. T/20190303/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT4675C	NTUC Income Insurance Co-Operative Limited	5107538933	14/02/2019	13/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN WEILIANG	ID No.	S8333803B
Related Vehicle	SJT4675C (Car)	Contact No.	81837215
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	03/03/2019	Date Discharge	03/03/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the stated date, time and location, I was involved in an accident.

I was driving my car along Sentosa Gateway. While making a roundabout at Gateway avenue, a vehicle (shd7220c) collided on to the right side of my vehicle (sjt4675c). The collision caused my vehicle to swerve to the left.

I was driving in the outer lane and the stated vehicle came from the inner lane.

After the collision, we alighted the vehicle and exchange particulars. No ambulance or traffic police came.

I went to work afterwards. However during work, I felt uneasy as I felt pain at my back area. I visited the clinic after work and received 4 days MC. The doctor informed that I suffered some muscle pull at the my back area.



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545025
Tel.No: 1800-343 8999

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Report No. T/20190303/2111

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: F / Sgt 2. MUHAMMAD HAIKAL BIN LATIFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2019 23:06
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp
NP168