

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	02/04/2019 14:20
Date Of Accident	30/03/2019 17:15
Exact Location Of Accident	UPP THOMSON RD NEAR BUS STOP ID:53029
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8411M
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE. LTD.
Co Reg No	201832996K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5104376548
Cover Note Number	

Driver

Name of Driver	CHUAH MING DA
NRIC No	S8941323J
Date Of Birth	18/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92395781
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 851 YISHUN ST 81 #08-58
Postcode	760851
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : CHUAH TUANG SU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190330/2147

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	SDK280C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUO YEE HUA
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

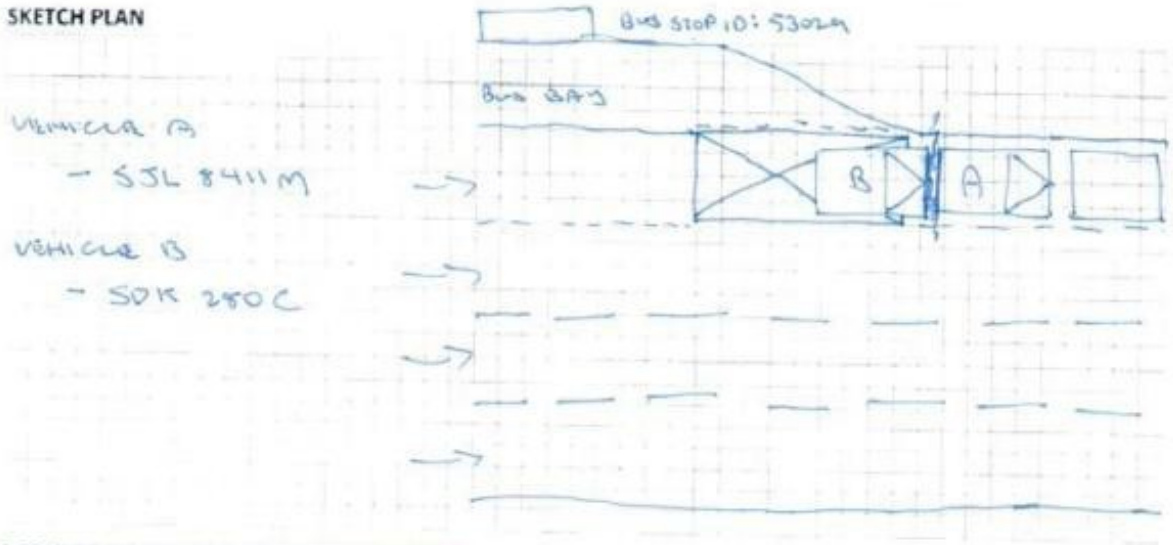
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

UPP THOMSON RD

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


AS PER POLICE REPORT.	REPORT NUMBER
	T / 20190330/2147
VEHICLE A - SJL 8411 M	
VEHICLE B - SDK 280 C	

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190330/2147

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190330/2147

CONTINUATION OF REPORT

Driver			
Name	CHUAH MING DA	ID No.	S8941323J
Related Vehicle	NIL	Contact No.	92395781
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KUO YEE HUA	ID No.	S2565296G
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

On 30/03/2019 at about 1715hrs, while I was driving my vehicle SJC8411M along Marymount lane towards Mary Mount Road via the slip road, while waiting for the traffic in front to move suddenly I and my father namely Chuah Tuang Su H/P:93877717 heard a loud bang coming from the rear of my vehicle, I and my father then alighted from our vehicle to make a check and discover that there is some scratches and my rear left fender pop out from its original place. After which I spoke to the driver of SDK280C and initially she claim that her vehicle did not collide onto my vehicle, however after my father told her that she did collide on to the rear of my vehicle then she admitted that she lightly touch the rear of my bumper. As no one was injured thus no police or ambulance was activated. After I got hold of her particulars both of us left the accident vicinity shortly.

When the accident happen I do not have a dash cam on board, The details of SDK280C driver is Kuo Yee Hua S2565296G F residing at blk 14 Daffobil Dr SG579061 however she refuse to provide her contact number.

I am lodging this report as instructed by my car rental company Munchi Leasing Pte Ltd.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



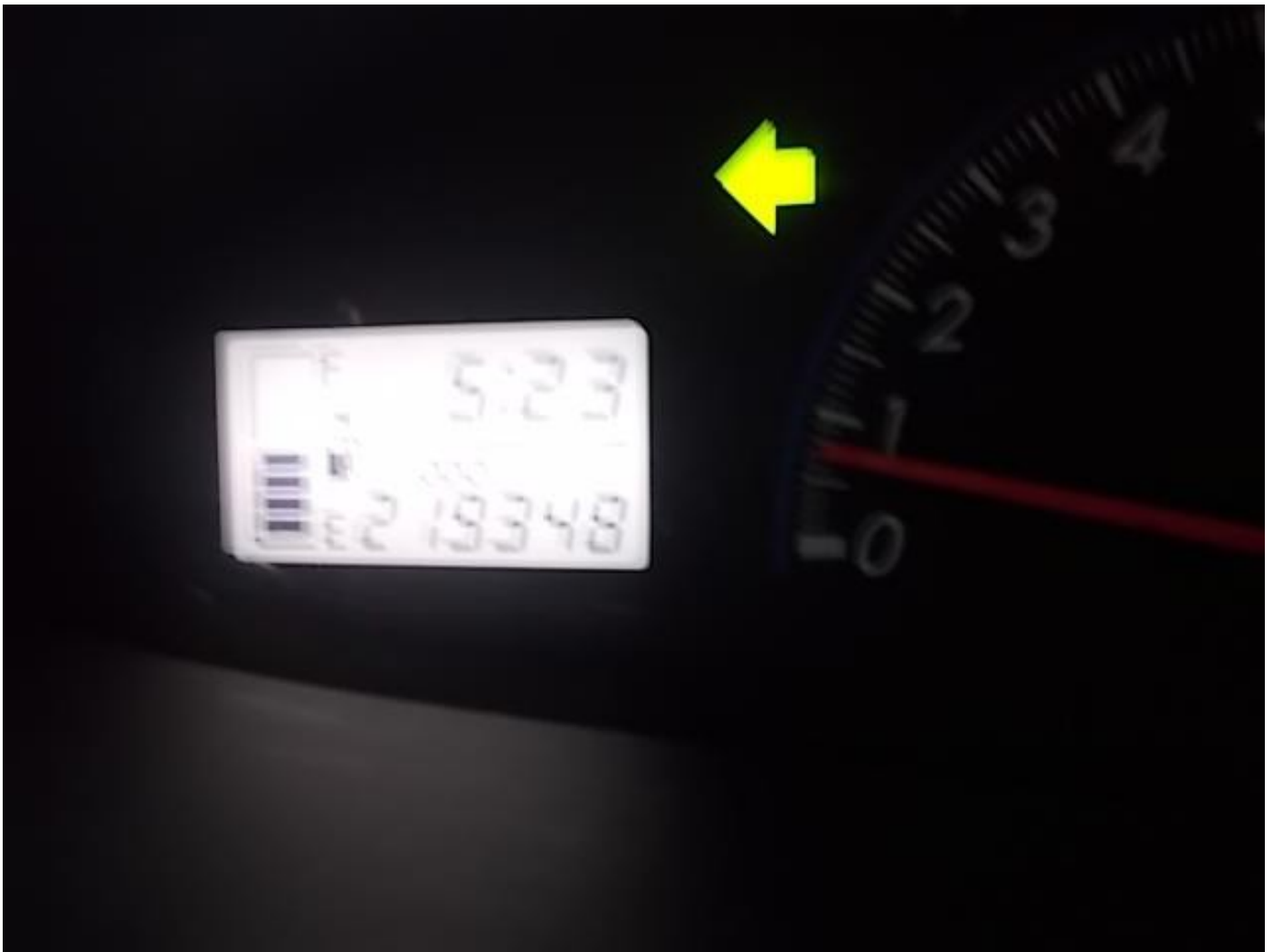
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T201603302147

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

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Report No: T201603302147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2019 18:50		Video Report No.	Station Diary No. 95
Informant's Particulars:			
Name of Informant: CHUAH MING DA		Address: APT BLK 851 YISHUN STREET #1 #09-89 SINGAPORE 760851	
ID Type / ID No.: NRIC NO / S8941323J		Contact No.: Home/Office:	Mobile: 92395781
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 18/11/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-injury	Drink Drive: No	Date/Time of Accident: 30/03/2019 17:15	Type of Location: Slip Road
Location: Along Road 1 MARYMOUNT LANE along the slip road towards Mary Mount Road. Located near SPC petrol kiosk.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SDK280C	Car				Slightly Damaged	0
SJL8411M	Car				Slightly Damaged	1

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

Police Report



**SINGAPORE
POLICE FORCE**



T201903302147

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-6523996

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Report No: T201903302147

CONTINUATION OF REPORT

Driver			
Name	CHUAH MING DA	ID No.	S8941323J
Related Vehicle	NIL	Contact No.	92395781
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KUO YEE HUA	ID No.	S2565296G
Related Vehicle	NIL	Contact No.	NIL
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

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Police Report



SINGAPORE
POLICE FORCE



1001803302147

Police Station Of Origin:
Yishun South N.P.C.
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. 1001803302147

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: L / Sgt 2 LUM JUN KAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2018 18:50
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI 	Classification Of Case:
Authentication Stamp  Signature:  Singapore Police Force	