

## 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	12/04/2019 11:17
Date Of Accident	11/04/2019 06:55
Exact Location Of Accident	JUNC UPP THOMSON RD & JALAN LEBAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1388H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WINSTON QUEK SENG SOON
NRIC No	S1661388F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96779990
Alternative Phone No	OFFICE-96779990

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X 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	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3010381903
Cover Note Number	

### Driver

Name of Driver	WINSTON QUEK SENG SOON
NRIC No	S1661388F
Date Of Birth	07/07/1964
Occupation	INDOOR
Date Of Driving Pass	29/06/1983
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96779990
Fax Number	
Contact Number	OFFICE-96779990
Email Address	NOEMAIL

Address	88 TANAH MERAH KECHIL AVENUE #06-22
Postcode	465518
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	COLLIDED INTO PEDESTRIAN
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	1
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2070.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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.

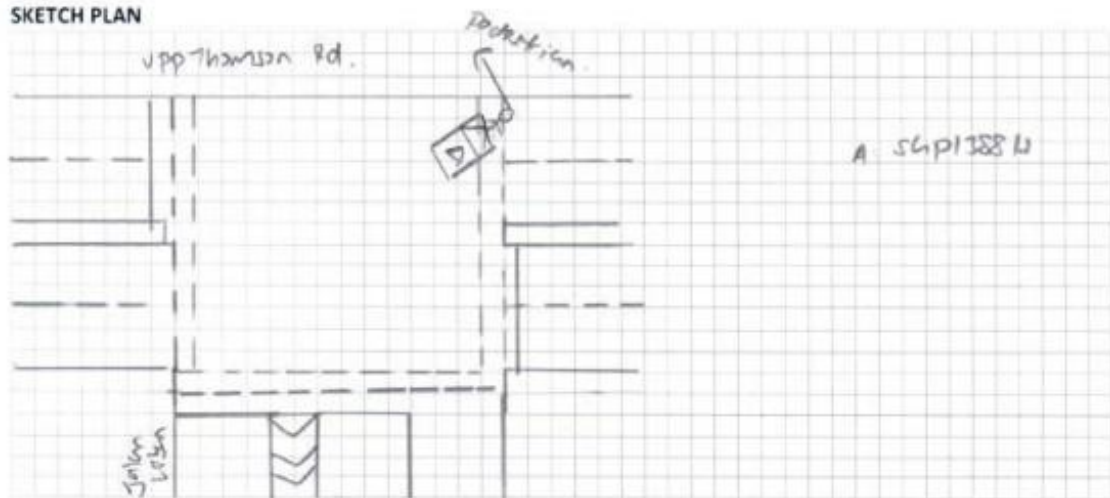
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2/2020.

*[A large diagonal line is drawn across the remaining lines of this section.]*

### DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2070

1 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190411/2070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 13:22		Vide Report No.: E/20190411/0040		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: WINSTON QUEK SENG SOON			Address: 88 TANAH MERAH KECHIL AVENUE #06-22 SINGAPORE 465518		
ID Type / ID No.: NRIC NO / S1661388F			Contact No.: Home/Office: Mobile: 96779990		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 07/07/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/04/2019 06:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER THOMSON ROAD JALAN LEBAN				
Weather: Dark		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No <b>YES</b> <i>W</i>

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGP1388H	Car	HONDA	VEZEL 1.5X A	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGP1388H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30103819 03	28/01/2019	27/01/2020

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2070

3 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190411/2070

### 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 /  
SI MOHAMMED BIN ZAINOL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/04/2019 13:22

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Classification Of Case:

Authentication Stamp  
NP168



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2070

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20190411/2070

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Used	
Driver			
Name	WINSTON QUEK SENG SOON	ID No.	S1661388F
Related Vehicle	NIL	Contact No.	96779990
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

### Brief Details.

On the mentioned date, time and place I accidentally knocked down a pedestrian at the crossing along UPPER THOMSON ROAD near to SPC petrol kiosk. I was making a right turn from JALAN LEBAN into UPPER THOMSON ROAD towards SEMBAWANG ROAD direction. I recall seeing the traffic light was green in my favour. I do not recall what was colour of the pedestrian light, whether it was in the favor of the said pedestrian or not. She was conscious and alert when the ambulance subsequently arrived and conveyed her to a hospital. I do not know which hospital she was conveyed to. I was told by the attending TRAFFIC POLICE officer at the scene that TP investigator "JEFF" Tel: 65476311 will be contacting me with regards to this accident. The damage to my car was a dent in the front centre grille. I do not recall seeing any visible injuries on the said pedestrian. I recall seeing the pedestrian to be in her 30s, quite fair complexion but I do not know what is her race. I think she could be a Malay and I believed she is a SPC staff because there was another lady at scene who told me so. I did not verify this information with anyone from the nearby SPC petrol kiosk. *am cert*

I recall there was a independent eye witness who was engaged by the attending TRAFFIC POLICE officer at the scene. I do not know his contact details nor did I spoke to him. I also wish to state that my driving recorder' memory card was given to the attending TRAFFIC POLICE officer.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





