

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	18/04/2019 16:14
Date Of Accident	01/04/2019 02:30
Exact Location Of Accident	LORONG CHUAN / BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1168S
Insured/Policyholder	
Name Of Registered Owner	CHONG SIANG TONG
NRIC No	S9119182B
Email Address	ZHENGXUAN_T@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93696995
Alternative Phone No	OTHERS-93696995

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO GP 1.4 TSI AT 1382G5
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100792242
Cover Note Number	

Driver

Name of Driver	CHUA ZHENG XUAN
NRIC No	S9502321E
Date Of Birth	18/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93696995
Fax Number	
Contact Number	OTHERS-93696995
Email Address	ZHENGXUAN_T@HOTMAIL.COM

Address	BLK 406A FERNVALE ROAD #13-33
Postcode	791406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190401/2087

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9998M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	CHIA KAI EN
NRIC/Passport Number	S9736129J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA ZHENG XUAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLP1168S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHONG SIANG TONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLP1168S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. The 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 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.

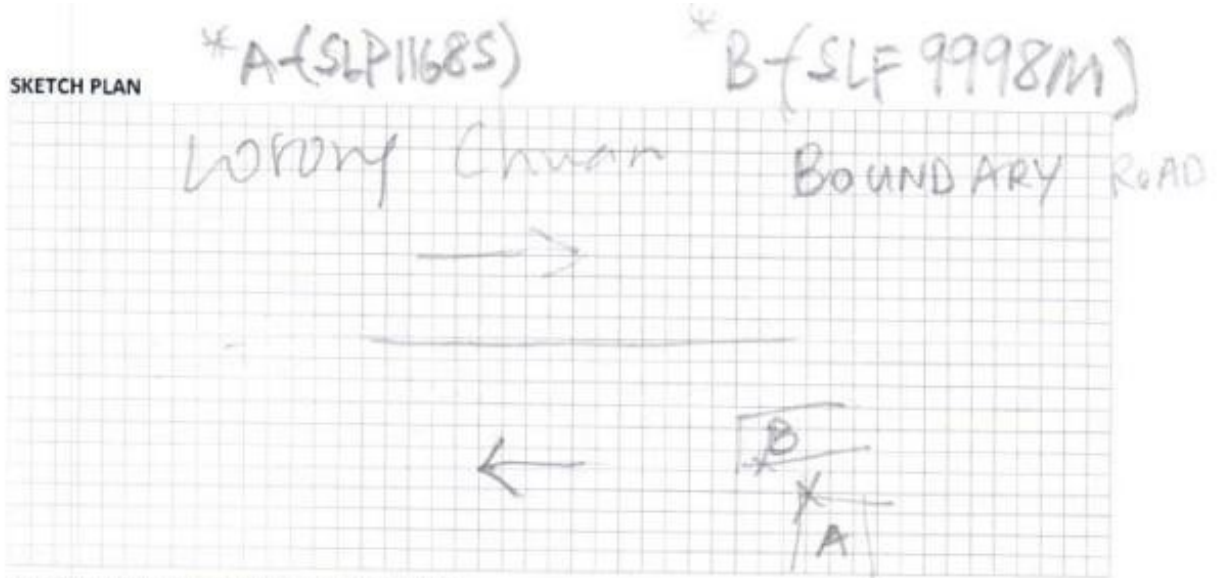
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190401/2087

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.:

18/4/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190401/2087

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/20190401/2087

CONTINUATION OF REPORT

Driver			
Name	CHIA KAI EN	ID No.	S9736129J
Related Vehicle	SLF9998M (Car)	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
Driver			
Name	CHUA ZHENG XUAN	ID No.	S9502321E
Related Vehicle	SLP1168S (Car)	Contact No.	93696995
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	CHONG SIANG TONG	ID No.	S9119182B
Related Vehicle	SLP1168S (Car)	Contact No.	85337574
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	Slight

Brief Details.

On 1/04/2019 at about 0230hrs, I was driving my friend's car, vehicle number SLP1168S along Lorong Chuan towards Boundary Road. My friend Chong Siang Tong, S9119182B, H/P: 85337574, also the owner of the car, who was seated at the front passenger seat while another friend Daphne, H/P: 94578381, was seated at the rear passenger seat. It was raining heavily and the visibility was poor. Suddenly, I felt that the car had hit something on the road and skidded rapidly, spinning over to the other side of the road (opposite direction) after the road divider. During the spin, the front side of the car had collided onto another car SLF9998M left side. My car stopped at the kerb at the side of the road of the opposite direction.

We then went out of the car to make a check. I asked the other driver if he was fine. He did not complain of any pain. My passengers and I were in a state of shock. We sustained abrasions on the hand and leg. I

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190401/2087

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/20190401/2087

CONTINUATION OF REPORT

exchanged particulars with the other driver and we went off from the scene by taxi. I arranged the car to be towed to the workshop. There was an in-car camera in the car.

At about 0345hrs, the towing crews called my friend and informed that they were unable to tow the car back to the workshop as it needed to be sent to Traffic Police compound.

At about 1000hrs, I woke up and felt pain on the body and neck. My friend also encountered the same pain. We have yet to go to the clinic or hospital to seek medical treatment.

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



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190401/2087

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

1 of 4

Report No. T/20190401/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 13:49	Vide Report No.:	Station Diary No.: 90
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Informant's Particulars

Name of Informant: CHUA ZHENG XUAN			Address: APT BLK 406A FERNVALE ROAD #13-33 SINGAPORE 791406		
ID Type / ID No.: NRIC NO / S9502321E			Contact No.: Home/Office: Mobile: 93696995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 18/01/1995	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name: @ Orchard NPC		
Occupation: Police officer		Driving Licence Information: Class: 3,3A		Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2019 02:30	Type of Location: Straight Road
Location: Along Road 1 LORONG CHUAN BOUNDARY ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
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
SLF9998M	Car	AUDI		Black	Slightly Damaged	0
SLP1168S	Car	VOLKSWAGO N	Scirocco	Red	Seriously Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190401/2087

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Report No. T/20190401/2087

CONTINUATION OF REPORT

Driver			
Name	CHIA KAI EN	ID No.	S9736129J
Related Vehicle	SLF9998M (Car)	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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Name	CHONG SIANG TONG	ID No.	S9119182B
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Police Report



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T/20190401/2087

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3 of 4

Report No. T/20190401/2087

CONTINUATION OF REPORT

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190401/2087

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

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Report No. T/20190401/2087

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 /

Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2019 13:49

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD SHAHRIL BIN ABDULLAH

Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168