

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	23/04/2019 14:27
Date Of Accident	23/04/2019 10:50
Exact Location Of Accident	JUNC EU TONG SEN ST & UPP CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4832K
Insured/Policyholder	
Name Of Registered Owner	ROBIN ENTERPRISE
Co Reg No	53333816J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83390403
Alternative Phone No	OFFICE-83390403

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101141865
Cover Note Number	

Driver

Name of Driver	TEOI BUAY KHOON
NRIC No	S1785962E
Date Of Birth	04/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390403
Fax Number	
Contact Number	OFFICE-83390403
Email Address	NOEMAIL

Address	BLK 611 YISHUN STREET 61 #10-207
Postcode	760611
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190423/2060.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW756P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHARLOTTE TAN SIOK CHENG
NRIC/Passport Number	S7342046F
Contact Number	98802730
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1	
Name	TEOI BUAY KHOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU4832K
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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019 0423/2060.

[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.



Policyholder's Signature

Date & Time:

1/2019 0423/2060

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/2060

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190423/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 13:23	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: TEOI BUAY KHOON		Address: APT BLK 611 YISHUN STREET 61 #10-207 SINGAPORE 760611	
ID Type / ID No.: NRIC NO / S1785962E		Contact No.: Home/Office: Mobile: 83390403	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 04/03/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2019 10:50	Type of Location: X-Junction
Location: Along Road 1 EU TONG SEN STREET heading towards Rivervalley				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
SJU4832K	Car	TOYOTA	Wish	Grey	Slightly Damaged	0
SLW756P	Car	NISSAN	Qashqai	Red	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**



T/20190423/2060

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190423/2060

CONTINUATION OF REPORT

Driver			
Name	TEOI BUAY KHOON		ID No. S1785962E
Related Vehicle	SJU4832K (Car)		Contact No. 83390403
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/04/2019	Date Discharge	23/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	Charlotte Tan Siok Cheng		ID No. S7342046F
Related Vehicle	SLW756P (Car)		Contact No. 98802730
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 the 23/4/2019 at around 10.50am, I was driving my car bearing registration number SJU4832K Toyota Wish grey in colour along Eu Tong Seng Street heading towards River Valley. At the junction of Cross Street, I intend to make a left turn and stopped at the stop line of the traffic junction as it was red. While I was waiting for the traffic to change, suddenly I felt an impact from the rear. I came out and make a check and discovered a car bearing registration number SLW756P Nissan Qashqai red in colour had collided to the rear of my car. Both car sustained damages. As there was no immediate danger, we exchanged details and left to avoid any traffic obstruction. I went to Mount Alvernia Hospital for consultation and was given a 5 day of medical certificate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/2060

3 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190423/2060

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:

G /

Sr Staff Sgt ANWAR BIN ZAINAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/04/2019 13:23

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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