

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	13/05/2019 18:50
Date Of Accident	11/05/2019 18:15
Exact Location Of Accident	PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU560J
Insured/Policyholder	
Name Of Registered Owner	PEH CHU MING, IVAN
NRIC No	S9020406H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92984415
Alternative Phone No	OFFICE-92984415

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT CC 1.8T AT 3574H7
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	5106595354
Cover Note Number	

Driver

Name of Driver	PEH CHU MING, IVAN
NRIC No	S9020406H
Date Of Birth	04/06/1990
Occupation	INDOOR
Date Of Driving Pass	06/07/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92984415
Fax Number	
Contact Number	OFFICE-92984415
Email Address	NOEMAIL

Address	BLK 526C PASIR RIS STREET 51 #08-527
Postcode	513526
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : LEONG WEI TIAN GENDER: : FEMALE
Passenger 2	NAME: : YU HAI, MANALI ARIEL PEH GENDER: : FEMALE
Passenger 3	NAME: : YU XUAN, MARILLYN ASHLEY PEH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190512/7004.

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	SLD2281D
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Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO HAI HUA
NRIC/Passport Number	S1327334J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PEH CHU MING, IVAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU560J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEONG WEI TIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU560J
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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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 situated 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:

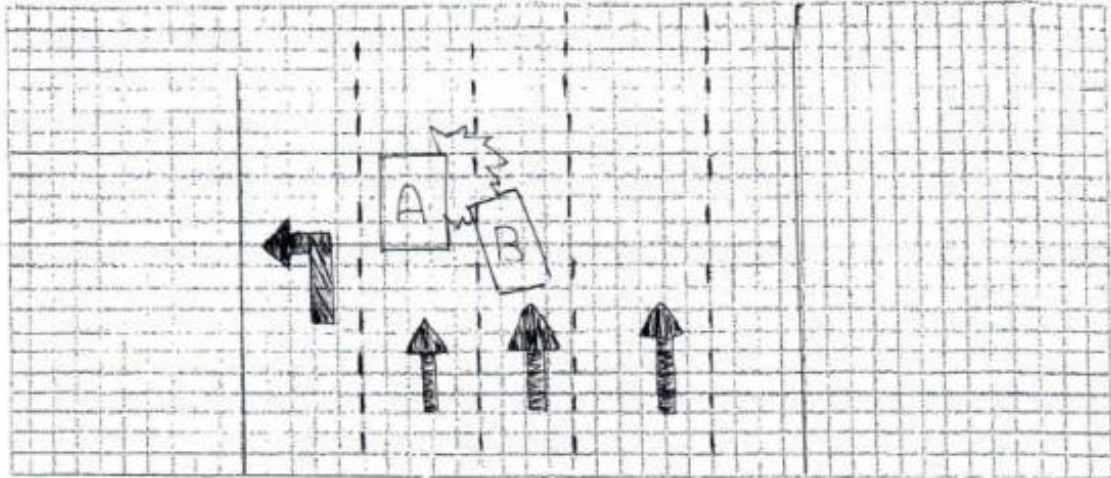
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

Vehicle A: SKU 560J

Vehicle B: SLD 2281D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow Police Report

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 Central Personnel's Signature
Name:
NRIC/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190512/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190512/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2019 16:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: PEH CHU MING, IVAN			Address: APT BLK 526C PASIR RIS STREET 51 #08-527 SINGAPORE 513526		
ID Type / ID No.: NRIC NO / S9020406H			Contact No.: Home/Office: Mobile: 92984415		
Nationality: SINGAPORE CITIZEN			Email: pehivan@live.com		
Sex: Male	Age: 28	Date of Birth: 04/06/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: EVENTS CREW			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: 11/05/2019 18:15	Type of Location: Flyover
Location: PASIR RIS DRIVE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU560J	Car	VOLKSWAGO N	PASSAT CC 1.8T AT 3574H7	Brown		0
SLD2281D	Car	MAZDA				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU560J	NTUC Income Insurance Co-Operative Limited	5106595354	22/12/2018	21/12/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190512/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190512/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH CHU MING, IVAN	ID No.	S9020406H
Related Vehicle	SKU560J (Car)	Contact No.	92984415
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	WeiTian Leong	ID No.	S9112219G
Related Vehicle	SKU560J (Car)	Contact No.	97777141
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	YU HUI, MANALI ARIEL PEH	ID No.	T1323272A
Related Vehicle	SKU560J (Car)	Contact No.	92984415
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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190512/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190512/7004

CONTINUATION OF REPORT

Passenger			
Name	YU XUAN, MARILLYN ASHLEY PEH	ID No.	T1537448E
Related Vehicle	SKU560J (Car)	Contact No.	92984415
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	Yeo Hai Hua	ID No.	S1327334J
Related Vehicle	SLD2281D (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

Brief Details:

On 11th May 2019 at 6.16pm, My wife, Leong Weitian, S9112219G, 2 daughters, Manali Ariel Peh Yu Hui, T1323272A, Marillyn Ashley Peh Yu Xuan, T1537448E and I, Ivan Peh Chu Ming, S9020406H was travelling along Pasir Ris Drive 8 in vehicle SKU560J.

We were travelling on the 3rd lane going straight when vehicle, SLD2281D, driven by Yeo Hai Hua, S1327334J cut into my lane abruptly and hit the side of my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190512/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190512/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/05/2019 16:40

Classification Of Case:

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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