

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	16/05/2019 14:54
Date Of Accident	15/05/2019 08:00
Exact Location Of Accident	RAFFLES AVE TWDS STAMFORD RD NEAR MARINA SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7656U
Insured/Policyholder	
Name Of Registered Owner	TEE CHIN HOCK PETER
NRIC No	S1790693C
Email Address	PETERTEE@VINCEREINTERIOR.COM
Mobile Phone No	(LOCAL) +65-97569822
Alternative Phone No	OTHERS-97569822

Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5101039155
Cover Note Number	

Driver

Name of Driver	TEE CHIN HOCK PETER
NRIC No	S1790693C
Date Of Birth	02/10/1967
Occupation	INDOOR
Date Of Driving Pass	06/02/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569822
Fax Number	
Contact Number	OTHERS-97569822
Email Address	PETERTEE@VINCEREINTERIOR.COM

Address	BLK 601 JURONG WEST ST 62 #04-173
Postcode	640601
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190515/2063

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	IMDEX123
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96643424/96396329

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TEE CHIN HOCK PETER
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKG7656U
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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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:

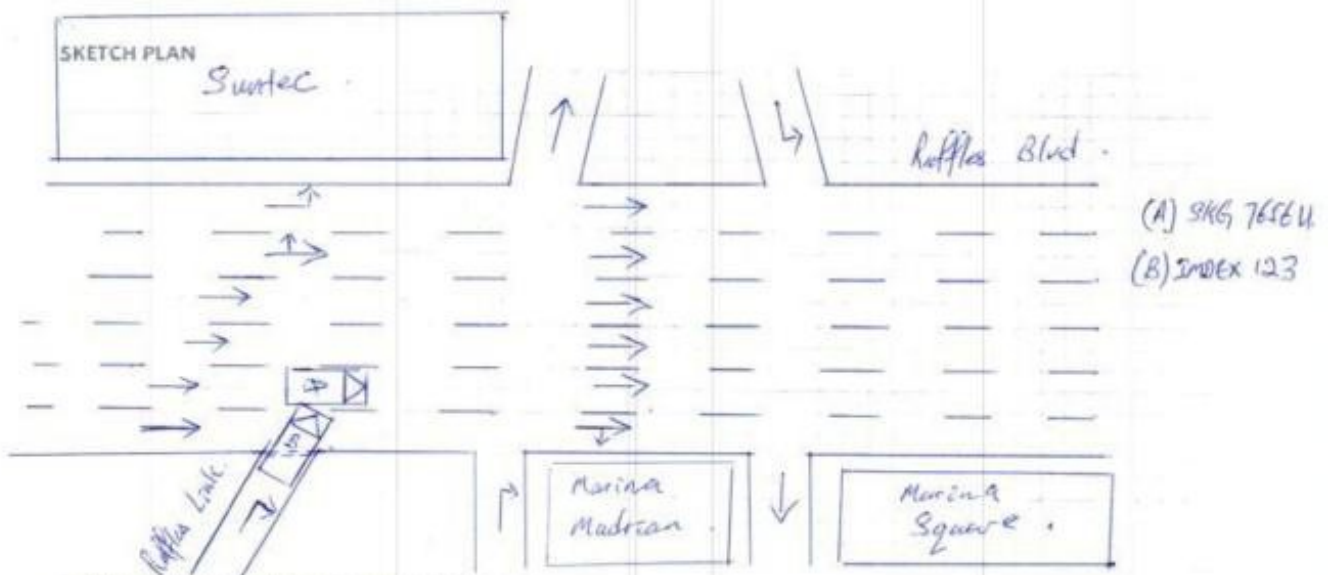
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 16/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As refer to Police Report
No: T/20190515/2063.

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.:

16/05/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190515/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190515/2063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG7656U	NTUC Income Insurance Co-Operative Limited	5101039155	05/06/2018	09/06/2019

Brief Details.

On 15/05/2019 at about 0800hrs, I was doing Grab, I had picked up one male passenger heading towards Marina Square, while I was driving my Car (SKG7656U) travelling on Raffles Ave towards Stamford Rd and I was travelling on the second lane suddenly one Car (IMDEX123) came out from a small road, knocked onto the rear of my vehicle.

Both parties alighted from our respective vehicle and exchanged particulars with each other, and we left the location.

I made a check with my male passenger, he is not injured.

No one was injured, no ambulance at scene, not attended by police.

My vehicle rear right bumper suffered scratches and dents, and my bonnet also suffered dents and scratches

My vehicle does not have an in car camera.

Driver of IMDEX123
Ong Toon Jiaw
S1230397A
96643424

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



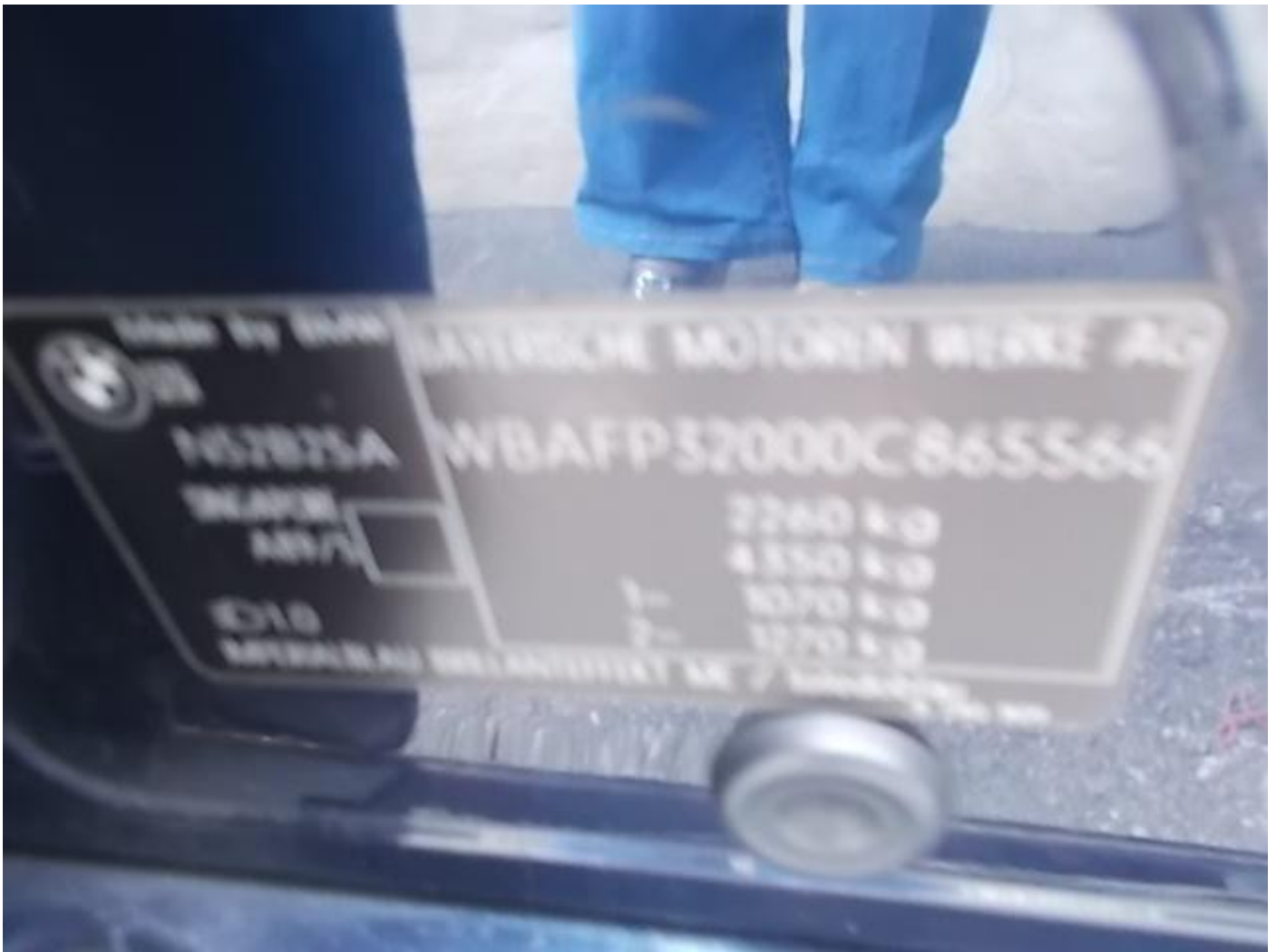
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190515/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 32 #01-02
SINGAPORE 680286
Tel No: 1800-7659999

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Report No: T/20190515/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 12:14		Vide Report No.:		Station Diary No.: 69
Informant's Particulars				
Name of Informant: TEE CHIN HOCK		Address: APT BLK 601 JURONG WEST STREET 62 #04-173 SINGAPORE 640601		
ID Type / ID No: NRIC NO / S1790893C		Contact No.: Home/Office: Mobile: 97569822		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 02/10/1967	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: RENOVATION CONTRACTOR		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: 15/05/2019 08:00	Type of Location:
Location: Along Road 1 RAFFLES AVENUE				
Along Raffles Ave towards Stamford Rd, Near Marina Square.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
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
IMDEX123	Car					0
SKG7656U	Car	BMW	523i 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190515/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7859999

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Report No: T/20190515/2063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKG7656U	NTUC Income Insurance Co-Operative Limited	51D1039155	05/06/2018	09/06/2019

Brief Details:

On 15/05/2019 at about 0600hrs, I was doing Grab. I had picked up one male passenger heading towards Marina Square, while I was driving my Car (SKG7656U) travelling on Raffles Ave towards Stamford Rd and I was travelling on the second lane suddenly one Car (IMDEX123) came out from a small road, knocked onto the rear of my vehicle.

Both parties alighted from our respective vehicle and exchanged particulars with each other, and we left the location.

I made a check with my male passenger, he is not injured.

No one was injured, no ambulance at scene, not attended by police.

My vehicle rear right bumper suffered scratches and dents, and my bonnet also suffered dents and scratches.

My vehicle does not have an in-car camera.

Driver of IMDEX123
Ong Toon Jlaw
S1230397A
96643424

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 680286
Tel No: 1800-7659999



T/20190515/2063

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Report No. T/20190515/2063

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:

Sgt 2 YONG SENG HOCK



Signature Of Interpreter:

Not applicable Signature

Signature Of Informant:

Date/Time:

15/05/2019 12:14

Officer In Charge Of Case

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No : 65476151

Classification Of Case:

Authentication Stamp

N2183