

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	21/05/2019 11:21
Date Of Accident	18/05/2019 14:45
Exact Location Of Accident	JUNC SENGKANG EAST WAY & ANCHORVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8482L
Insured/Policyholder	
Name Of Registered Owner	CHIN WAI YEE
NRIC No	S7376351G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98212090
Alternative Phone No	OFFICE-98212090

Vehicle Particulars

Manufacturer	SUBARU
Model	XV 1.6I-S AWD CVT
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0020373-MVA
Cover Note Number	

Driver

Name of Driver	CHIN WAI YEE
NRIC No	S7376351G
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	12/03/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98212090
Fax Number	
Contact Number	OFFICE-98212090
EEmail Address	NOEMAIL

Address	55 COMPASSVALE BOW #04-11
Postcode	544986
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 - CROSS JUNCTION
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?	YES
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: : YEO HUI SIANG GENDER: : FEMALE
Passenger 2	NAME: : CHIN JIN YANG ETHAN GENDER: : MALE
Passenger 3	NAME: : CHIN YAN XI CHERISSE GENDER: : FEMALE

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

REFER TO POLICE REPORT - T/20190519/2045.

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	SMJ7636M
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIN WAI YEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU8482L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	YEO HUI SIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU8482L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CHIN JIN YANG ETHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU8482L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	CHIN YAN XI CHERISSE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU8482L
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

Based on 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 Centre Person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190519/2045

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/20190519/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2019 13:29	Vide Report No.: F/20190518/0115	Station Diary No.: 71
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Informant's Particulars

Name of Informant: CHIN WAI YEE		Address: 55 COMPASSVALE BOW #04-11 SINGAPORE 544986	
ID Type / ID No.: NRIC NO / S7376351G		Contact No.: Home/Office: Mobile: 98212090	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 31/12/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: VICE PRESIDENT		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: 18/05/2019 13:05	Type of Location: Traffic Junction
Location: Junction of Road 1 and Road 2 SENGKANG EAST WAY ANCHORVALE ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU8482L	Car	SUBARU	XV 1.6I-S AWD CVT	Silver	Seriously Damaged	3
SMJ7636M	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Seriously Damaged	0

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20190519/2045

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

Report No. T/20190519/2045

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLU8482L	QBE Insurance (Singapore) Pte Ltd	V0020373	15/12/2018	14/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN WAI YEE	ID No.	S7376351G
Related Vehicle	SLU8482L (Car)	Contact No.	98212090
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2019	Date Discharge	18/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 18/05/19 at about 1305hrs, I was driving one silver coloured Subaru with bearing registration number SLU8482L, travelling along Sengkang East Way towards the traffic junction of Anchorvale Rd on Lane 02.

My vehicle consisting with 03 passengers as follows:

- Front passenger:

Yeo Hui Siang, S7637009E (wife)

- Rear passenger

Chin Jin Yang Ethan, T0515368E (right side)

Chin Yan Xi Cherisse, T1003511I (left side)

While I was almost approaching to the said junction (green light) to my right of way, one vehicle (blue coloured KIA bearing SMJ7636M, known as V1) suddenly making a right turn towards Anchorvale Rd in front of me. I then brake, however, there was insufficient time to stop subsequently collided onto V1's left side.

V1 then moved from the spot and parked at the side of Anchorvale Rd however, the driver (Desmond Lim, Hp: 91870931) did not alight from the vehicle. Both me and another male Malay witness then approached the driver to alight and make a check.

After which, both Ambulance and Traffic Police came to our scene.

I make a check on my vehicle and discovered that there were damages at the whole front portion (front bumper, headlights and bonnet) and air bags.

I was then conveyed to Sengkang General Hospital as I felt pain on my shoulder. I was then given 02

Police Report



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T/20190519/2045

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190519/2045

CONTINUATION OF REPORT

days of MC dated from 18/05/19 - 19/05/19.

Both me daughter and son had personally gone to KK Hospital and was given MC each as listed:

- Son: 03 days MC dated from 18/05/19 - 20/05/19
- Daughter: 04 days MC dated from 18/05/19 - 21/05/19

I wish to state that my wife has yet to go for medical check up as she did not suffered any injuries as of yet. However, there were some bruises on her hand area due to the accident. However, my wife will be going down to Sengkang General Hospital.

This is the first time happened.

Police Report



SINGAPORE
POLICE FORCE



T/20190519/2045

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

Report No. T/20190519/2045

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 /

Sgt 2 MOHAMAD ADAM BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2019 13:29

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Classification Of Case:

SN 085



Signature:

Authentication Stamp
NP158

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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