

Date of Accident : 25.05.2019 Accident Time: 13.00 (24-HR-Format)

Accident Place : lorong chuan

Vehicle No. (Car Plate No.) : SDA 5595P Make/Model: Toyota Camry

Insurance Company : NTUC Policy No: 5095 698815-01

Owner or Company Name /IC No. : Mak Kum Chew (S1585994F)

Owner or Company Contact No. : Owner's Hp 91015595 Company Tel

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 3/4/1963 DRIVER'S License Pass Date 13/3/1985

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : 28 Bukit Batok East Avenue 2 #24-21 (S) 659921

DRIVER'S Contact No./ Alt No. : 1) 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 2 person

Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: SMA 6976K (A16) Vehicle No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_ IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

unknown - Female -



## SKETCH PLAN

### 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. 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:

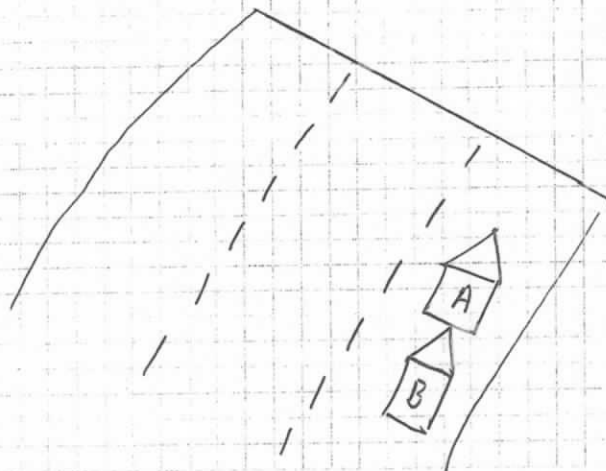
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A: SDA 5595A

B: SMA 6976K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No : T/20190526/2027.

## 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.:



# SINGAPORE POLICE FORCE



T/20190526/2027

1 of 4

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20190526/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2019 11:48	Vide Report No.:	Station Diary No.: 70
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**Informant's Particulars**

Name of Informant: MAK KUM CHEW			Address: 28 BUKIT BATOK EAST AVENUE 2 #24-21 SINGAPORE 659921	
ID Type / ID No.: NRIC NO / S1585994F			Contact No.: Home/Office:	Mobile: 91015595
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 03/04/1963	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**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 LORONG CHUAN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SDA5595P	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Beige	Slightly Damaged	1
SMA6976K	Car				Slightly Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20190526/2027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDA5595P	NTUC Income Insurance Co-Operative Limited	5095698815-01	24/06/2018	23/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MAK KUM CHEW		ID No.	S1585994F
Related Vehicle	SDA5595P (Car)		Contact No.	91015595
Hospital/Clinic	OneCare Bukit Batok Clinic		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/05/2019		Date Discharge	26/05/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Noel Jane Alexandra		ID No.	S7788168I
Related Vehicle	SMA6976K (Car)		Contact No.	91507067
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 25/5/2019 at around 1300hrs, the weather was sunny, road was dry, the traffic light was working and traffic was light. There was no ambulance or police at the scene. I was driving my own beige Toyota Camry (SDA5595P) with 1 female passenger as I am working as a Grab Driver. along the straight road on Lorong Chuan to turn left into Braddell Road. There was a traffic light there which turned red and I came to a complete stop for around 2 minutes. Subsequently, I felt a hit at the rear of my car. I went out to check and saw that the black Mazda 3 (SMA6976K) was reversing slightly after hitting the back of my car.

The driver informed me that SMA6976K was a she leased the car and to claim any damages from insurance. There were 1 other adult and 2 children in her car. Her car SMA6976K had collided into the rear of my car SDA5595P, resulting in cracks and scratches on the rear bumper of my car, and cracks on her license plate and scratches on her front car bumper.

My car SDA5595P has a in-car camera at the front. For SMA6976K, she has an in-car camera at the front. I am able to provide the footages to Traffic Police should they require. I am not sure if the other



**SINGAPORE  
POLICE FORCE**



T/20190526/2027

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Report No. T/20190526/2027

**CONTINUATION OF REPORT**

parties are injured but my passenger mentioned she is feeling fine. I felt shoulder and neck pains subsequently and went for check-up at OneCare Bukit Batok Clinic on 26/5/2019 and was given 3 days medical certificate.

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**SINGAPORE  
POLICE FORCE**



T/20190526/2027

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659840  
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**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:

J /

Sgt 2 GARRISON CHUA KESHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/05/2019 11:48

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No.: 65476204

Classification Of Case:

SN 114

Authentication Stamp

NP168



Police Force