

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	01/06/2019 11:53
Date Of Accident	31/05/2019 13:30
Exact Location Of Accident	CLEMENTI ROAD TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ33H
Insured/Policyholder	
Name Of Registered Owner	ANTHURIUM GARDEN & LANESCAPE DESIGN
Co Reg No	39081800C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91126151
Alternative Phone No	OFFICE-91126151

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3002921901
Cover Note Number	

Driver

Name of Driver	CHUA LAI WHATT
NRIC No	S1185503B
Date Of Birth	09/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91126151
Fax Number	
Contact Number	OTHERS-91126151
Email Address	NOEMAIL

Address	BLK 248 COMPASSVALE ROAD #14-622
Postcode	540248
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	3
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

PLEASEREFER TO POLICE REPORT T/20190531/2146

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	FBG8454K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW1234X
Vehicle Make/Model/Colour	BMW
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	CHUA LAI WHATT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GQ33H
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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8. Consent under the Personal Data Protection Act (PDPA)

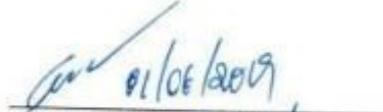
I understand, acknowledge, agree and consent that:

- (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.

ASTONISHING SCENES & LANDSCAPE DESIGN

Policyholder's Signature
Date & Time:

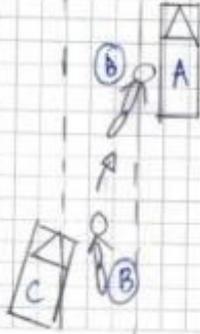

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

Clementi Rd
Tms
Upp Bkt
Timah Rd
Beside Ulu Pandan Camp



- (A) SQ 33H
- (B) FBG 8454K
- (C) SJW 1234X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190531/2146

(The rest of the form is crossed out with a diagonal line)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 01/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190531/2146

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

1 of 3
Report No. T/20190531/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 16:56	Vide Report No.: D/20190531/0080	Station Diary No.: 38
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Informant's Particulars			
Name of Informant: CHUA LAI WHATT		Address: APT BLK 248 COMPASSVALE ROAD #14-622 SINGAPORE 540248	
ID Type / ID No.: NRIC NO / S1185503B		Contact No.: Home/Office: Mobile: 91126151	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 25/09/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GARDENER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/05/2019 13:30	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD CLEMENTI ROAD TOWARDS UPPER BUKIT TIMAH ROAD BESIDE ULU PANDAN CAMP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8454K	Motorcycle			Blue	Seriously Damaged	0
GQ33H	Van	NISSAN	NV350	Brown	Slightly Damaged	0
SJW1234X	Car	BMW		Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



SINGAPORE POLICE FORCE



T/20190531/2146

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

2 of 3
Report No. T/20190531/2146

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GQ33H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSN3002921901	10/02/2019	09/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA LAI WHATT	ID No.	S1185503B
Related Vehicle	GQ33H (Van)	Contact No.	91126151
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/05/19 at about 1330hrs, I was travelling and coming to a stop before the traffic junction on the third lane along Clementi Road towards Bukit Timah Road direction when I felt an impact from the left side of my van (GQ33H). I stopped and alighted from my vehicle and realized that a blue in colour motorcycle (FBG8454K) had collided into the left door of my van. I found out later that the motorcycle was travelling between the third and fourth lane when it collided into a black in colour BMW (SJW1234X) sent the motorcycle skidding to the front. The rider was subsequently conveyed to hospital by ambulance.

I felt pain in my neck as a result of the accident, and I will seek medical attention after lodging the report.

Police Report



SINGAPORE
POLICE FORCE



T/20190531/2146

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

3 of 3

Report No. T/20190531/2146

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 / Staff Sgt NG ZHENG YANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2019 16:56
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: <small>FOR POLICE FORCE</small>	
Authentication Stamp NP168  SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



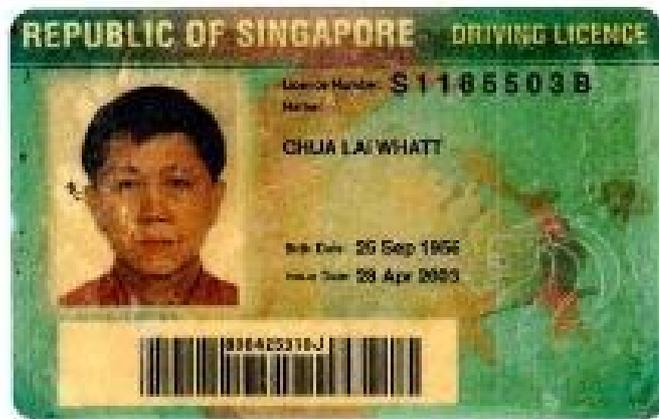
Identification Card



For LKK/NAC Use Only



Driving License



For LKK/NAC Use Only

