

## 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	12/06/2019 12:34
Date Of Accident	11/06/2019 18:25
Exact Location Of Accident	BKE TOWARDS KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4262P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHU FONG YING
NRIC No	S1228716Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92316985
Alternative Phone No	OTHERS-92316985

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
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	5075388130-03
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	CHEONG YEW MUN
NRIC No	S9016777D
Date Of Birth	13/05/1990
Occupation	INDOOR
Date Of Driving Pass	15/11/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92316985
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 627 #28-176 SENJA ROAD
Postcode	670627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP4382G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	GUNASEKARAN BALAMURUGAN
NRIC/Passport Number	S7663559E
Contact Number	81186313
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name CHEONG YEW MUN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKQ4262P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Sketch Plan Pg. 1

NHTC Income Motor Service Centre

Report No. MH

DDA

Vehicle No.

Make Model

Report Date: 12/6/2019 Start Time: 12:33 PM

Reporting Type: TP End Time:

## IMPORTANT NOTICE

## 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 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.

## 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 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 reasonable required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, law or court orders.

12/6/2019 12:33

Policyholder's Signature  
Date & Time:

12/6/2019 12:33

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

Reporting Centre Personnel's Signature  
Name: Eric Woo Jun Kiat  
NRIC/ Fin No: S992753

# Sketch Plan Pg. 2

SKETCH PLAN

BKE TOWARDS KJE

Vehicle A: SKQ4262P      Vehicle B: SKP4382P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  
REFER TO POLICE REPORT.

## DECLARATION

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

12/6/2019 12:33  
 Policyholder's Signature  
 Date & Time:

12/6/2019 12:33  
 Driver's Signature (If driver is not the policyholder)  
 Date & Time:

12/6/2019 12:33  
 Reporting Centre Personnel's Signature  
 Name: Eric Woo Jun Kiat  
 NRIC/ Fin No: S992753



**SINGAPORE  
POLICE FORCE**



T/20190612/2032

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

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Report No. T/20190612/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2019 10:32	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHEONG YEW MUN			Address: 627 SENJA ROAD #28-176 SINGAPORE 670627		
ID Type / ID No.: NRIC NO / S9016777D			Contact No.: Home/Office: Mobile: 92316985		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 13/05/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION EXECUTIVE			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: 11/06/2019 18:25	Type of Location:
Location: KRANJI EXPRESSWAY BKE EXIT TO KJE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP4382G	Car					0
SKQ4262P	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20190612/2032

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

2 of 3

Report No. T/20190612/2032

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEONG YEW MUN	ID No.	S9016777D
Related Vehicle	NIL	Contact No.	92316985
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	GUNASEKARAN BALAMURUGAN	ID No.	S7663559E
Related Vehicle	NIL	Contact No.	81186313
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELLING ON BKE EXITING TO KJE, AS I AM ON KJE, THE VEHICLE INFRONT OF ME STOPPED DUE TO THE HEAVY TRAFFIC, THEN I ALSO STOPPED MY VEHICLE. THEN I FELT AN IMPACT FROM THE REAR, A CAR(SKP4382G) COLLIDED TO THE REAR OF MY CAR. I WENT TO W Y THE FAMILY CLINIC AND SURGERY, AND I WAS ISSUED 3 DAYS MC.  
I HAVE AN IN CAR CAMERA AND I AM WILLING TO PROVIDE THE FOOTAGE FOR FURTHER INVESTIGATION.



SINGAPORE  
POLICE FORCE



T/20190612/2032

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

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Report No. T/20190612/2032

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: TP / NG RUI TONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2019 10:32
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE Signature: _____