

## 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	19/07/2019 18:11
Date Of Accident	18/07/2019 19:20
Exact Location Of Accident	JUNC GUILLEMARD RD & LOR 20 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA950K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO TECK CHUAN
NRIC No	S1689918F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97554086
Alternative Phone No	OFFICE-97554086

### Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI QU (230 BHP)
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	5107502068
Cover Note Number	

### Driver

Name of Driver	CHOO TECK CHUAN
NRIC No	S1689918F
Date Of Birth	15/08/1965
Occupation	INDOOR
Date Of Driving Pass	26/01/1994
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97554086
Fax Number	
Contact Number	OFFICE-97554086
Email Address	NOEMAIL

Address	BLK 92A PIPIT ROAD #08-83
Postcode	371092
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2195.

#### 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	SMD7118Z
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	CHOO TECK CHUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA950K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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 willful 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 purposes 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 (a) 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.

X   
Policyholder's Signature  
Date & Time:

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

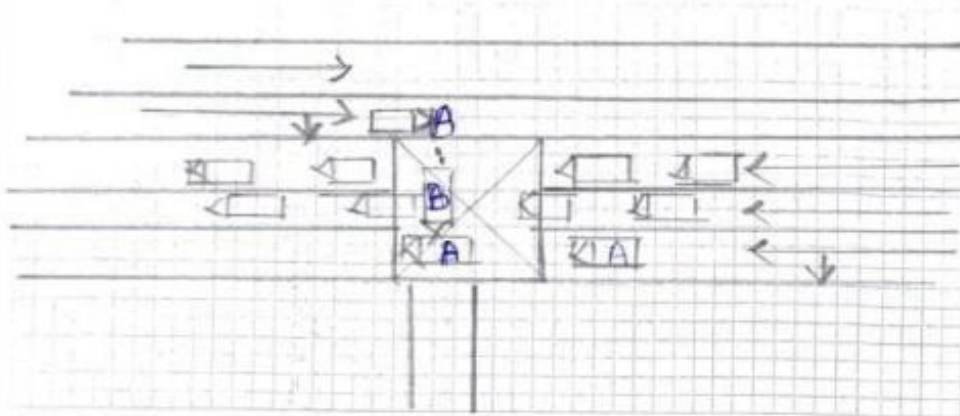
  
Reporting Centre Personnel Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

A - SLA 950K

B - SMD 7118Z

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE  
REPORT.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

X

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/20190718/2195

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No: T/20190718/2195

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 21:54	Vide Report No.: G/20190718/0185	Station Diary No.: 39
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### Informant's Particulars

Name of Informant: CHOO TECK CHUAN			Address: APT BLK 92A PIPIT ROAD #08-83 SINGAPORE 371092		
ID Type / ID No.: NRIC NO / S1689918F			Contact No.: Home/Office: Mobile: 97554086		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 15/08/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 19:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GUILLEMARD ROAD LORONG 20 GEYLANG AT THE JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA950K	Car	AUDI	Q5 2.0 TFSI QU (230 BHP)	Black	Seriously Damaged	0
SMD7118Z	Car				Slightly Damaged	0

### Details of Vehicle Insurance

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



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T/20190718/2195

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MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20190718/2195

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA950K	NTUC Income Insurance Co-Operative Limited	5107502068	22/02/2019	21/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO TECK CHUAN		ID No. S1689918F
Related Vehicle	NIL		Contact No. 97554086
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 18/07/2019 at about 19:20hrs, I was driving my vehicle (RN: SLA950K) along the 3rd lane of Guillemard Road towards Paya Lebar Road. As I was approaching the yellow box near to the entrance of Lorong 20 Geylang, another vehicle (RN: SMD7118Z) had collided into the driver door of my vehicle. The driver made a right turn from the other side of the road but did not ensure that it was clear to proceed. After the collision, the driver continued to swerve the vehicle and hit the center divider before coming to a stop.

After alighting from my vehicle to check on my vehicle for damages, I approached the lady driver to questioned her. However, 3 unknown male subjects, had approached the accident scene and started to introduce themselves as 'Claims Consultant' to assist the claims for my accident. One of the male subject, started to talk with the lady driver at the other side about the accident while sharing cigarettes. The male subject who was talking to the lady driver, then drove her vehicle to the side of the road to clear the road. About 5-10 mins later, the male subject then drove off the damaged vehicle together with the lady driver and left the scene before police arrival.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190718/2195

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370054  
Tel No: 1800-7449999

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Report No. T/20190718/2195

### 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 /

Sgt 3 ABDUL KHAIRI BIN ABDUL KADIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 21:54

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo







Accident Photo

