

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	22/07/2019 14:56
Date Of Accident	19/07/2019 10:40
Exact Location Of Accident	JUNC OF UPP JURONG RD & JURONG WEST ST 93
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU6946Z
Insured/Policyholder	
Name Of Registered Owner	CHEONG CHI-LIN PEARLYN
NRIC No	S8516998Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86996598
Alternative Phone No	OFFICE-86996598

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5109351452
Cover Note Number	-

Driver

Name of Driver	TAN CHYE HUAT JASON
NRIC No	S8200217J
Date Of Birth	12/01/1982
Occupation	INDOOR
Date Of Driving Pass	23/04/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86996598
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1 YISHUN ST 51 #10-02
Postcode	767996
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1038U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TAN CHYE HUAT JASON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SDU6946Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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

SKETCH PLAN

Jurong West
St 73

A = SDU 6746 Z
B = SHD 1038 U

Upp Jurong Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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 Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190720/2049

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190720/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2019 11:06	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars				
Name of Informant: TAN CHYE HUAT JASON			Address: 1 YISHUN STREET 51 #10-02 SINGAPORE 767996	
ID Type / ID No.: NRIC NO / S8200217J			Contact No.: Home/Office:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2019 10:40	Type of Location: T-Junction
Location: Along Road 1 UPPER JURONG ROAD				
At the junction of Upper Jurong Road towards Jurong West Street 93				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No. SDU6946Z	Type Car	Make TOYOTA	Model ESTIMA 2.4X A	Color Silver	Condition Seriously Damaged	No of Passenger 0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190720/2049

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190720/2049

CONTINUATION OF REPORT

Driver			
Name	TAN CHYE HUAT JASON	ID No.	S8200217J
Related Vehicle	SDU6946Z (Car)	Contact No.	86996598
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	19/07/2019	Date Discharge	19/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/07/2019 at about 1040hrs, I was driving my vehicle (registration plate no: SDU6946Z), travelling on Upper Jurong Road towards Jalan Boon Lay. I was driving on the left most lane out of the three lanes. When I passed by the junction of Upper Jurong Road and Jurong West Street 93, the traffic light was green and in my favor for me to go straight. Suddenly, another vehicle (silver color taxi) hit me on the right side of my vehicle near the 2nd or 3rd row of my passenger door.

Due to the collision, my vehicle was flipped 2 rounds before landing on the right side driver side turned. I managed to come out of my vehicle myself. I was unable to get the license plate and particulars of the other driver as both of us were conveyed to National University Hospital. Both ambulance and traffic police came down to the scene.

Due to the accident, I received outpatient treatment and was given 3 days of medical leave. I suffered abrasions on my head and right arm due to the accident.

I have an in-vehicle camera inside my vehicle and the traffic police officer took my SD card. I was issued with an acknowledgement slip. I have lodged a report online, reference report no: L/20190719/7019. I am lodging this report as instructions from Traffic Police IO Dylan, contact number: 65476251.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190720/2049

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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
Report No. T/20190720/2049

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: L / Sgt 2 TAN PRE SINDY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2019 11:06
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No: 65476247	Classification Of Case:  SN 085 Signature: 
Authentication Stamp NP168	Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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