

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	13/08/2019 13:10
Date Of Accident	11/08/2019 16:20
Exact Location Of Accident	X-JUNCTION OF SOUTH BUONA VISTA RD & KENT RIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7163D
Insured/Policyholder	
Name Of Registered Owner	LIEW POH CHOO
NRIC No	S1479976A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81009848
Alternative Phone No	OFFICE-81009848

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	5098420588-01
Cover Note Number	

Driver

Name of Driver	CHUA KIANG LIK
NRIC No	S1430787G
Date Of Birth	26/03/1960
Occupation	INDOOR
Date Of Driving Pass	04/09/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81009848
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 337 CLEMENTI AVE 2 #20-48
Postcode	120337
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?	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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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 ATTACHED

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 Witness 1

Name	MS JEAN
Phone Number	97933938
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK7040A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUZUKI TAKAMASA
NRIC/Passport Number	G3861960N
Contact Number	97882782

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA KIANG LIK
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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: 13/8/19 1030H48

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

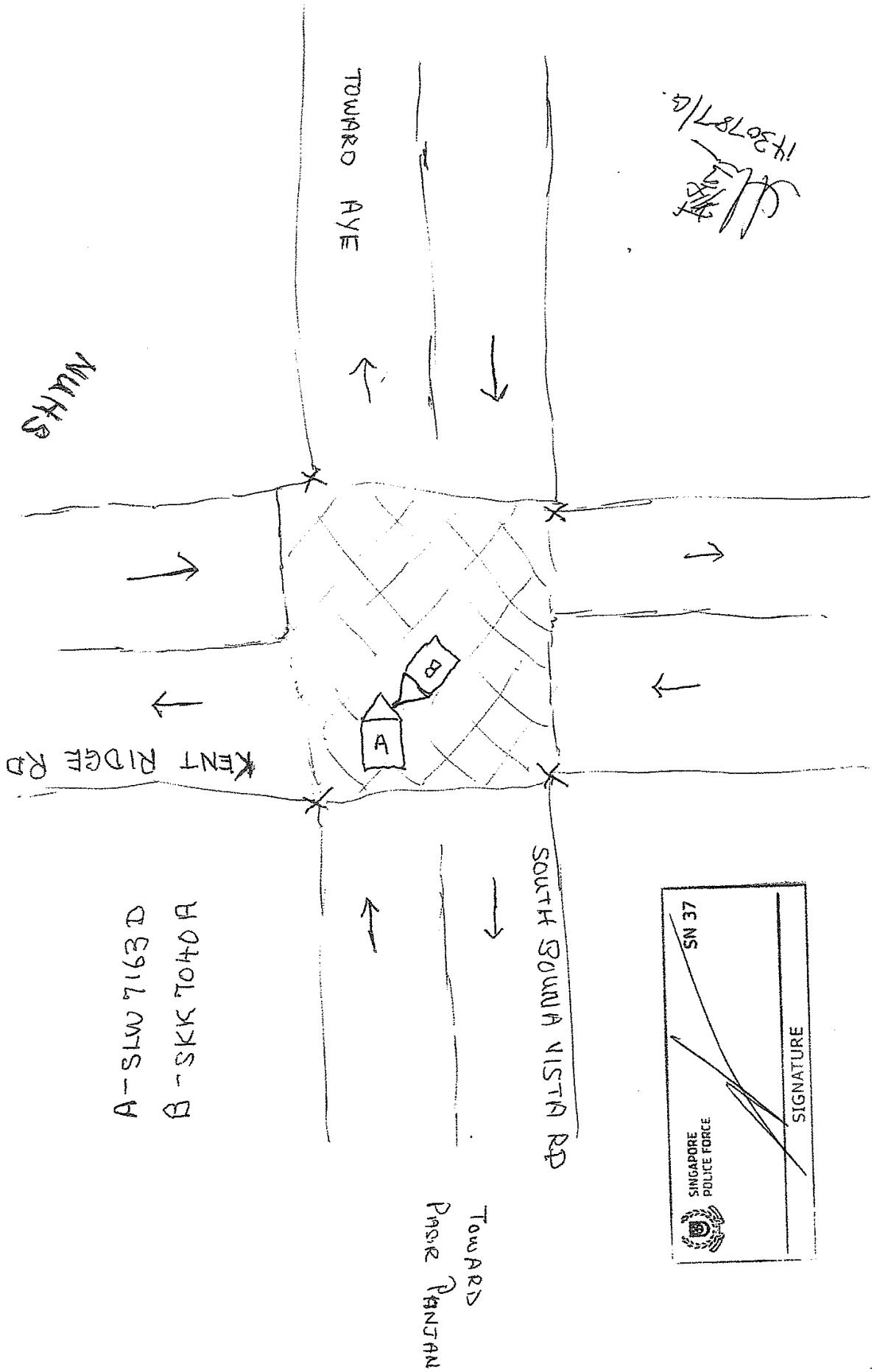
Refer Police Report NO #
T/201908/2/2024

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


Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/8/19 1630 Hrs

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

Report No. T/2019 0812/2024



A-SLW 7163D
B-SKK 7040A

 SINGAPORE POLICE FORCE	SN 37
	SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20190812/2024

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20190812/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2019 10:36		Vide Report No.:		Station Diary No.: 35
Informant's Particulars				
Name of Informant: CHUA KIANG LIK		Address: APT BLK 337 CLEMENTI AVENUE 2 #20-48 SINGAPORE 120337		
ID Type / ID No.: NRIC NO / S1430787G		Contact No.: Home/Office: Mobile: 81009848		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 26/03/1960	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				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2019 16:20	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SOUTH BUONA VISTA ROAD KENT RIDGE ROAD At the X-Junction of South Buona Vista Road and Kent Ridge Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SKK7040A	Car	TOYOTA	Altis	Silver	Seriously Damaged	1
SLW7163D	Car	NISSAN	Qashqai	Brown	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW7163D	NTUC Income Insurance Co-Operative Limited	5098420588-01	28/02/2019	27/02/2020



**SINGAPORE
POLICE FORCE**



T/20190812/2024

Police Station Of Origin: Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4

Report No. T/20190812/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SUZUKI TAKAMASA	ID No.	G3861960N
Related Vehicle	SKK7040A (Car)	Contact No.	97882782
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
Driver			
Name	CHUA KIANG LIK	ID No.	S1430787G
Related Vehicle	SLW7163D (Car)	Contact No.	81009848
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2019	Date Discharge	11/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 11/08/2019 at about 1620hrs, while I was driving my vehicle of reg no. SLW7163D along South Buona Vista Road, I was involved in a road traffic accident.

2. I was then travelling along South Buona Vista Road towards the direction of AYE. While I was approaching the x-junction of Kent Ridge Road, I slowed down and observed on the traffic lights. When I confirmed that the traffic light was still green on my side, I proceeded straight on.

3. Suddenly, there was this vehicle of reg no. SKK7040A came from the opposite direction and made a right turn at the said x-junction. As he was then travelling at a high speed, there was no way to avoid the collision. The said vehicle SKK7040A front portion thereafter collided onto the right side of my vehicle SLW7163D.

4. Ambulance and Police came to the accident site but no one was conveyed to the hospital. Thereat the accident site, a driver for SFH9719M Ms Jean, h/p: 97933938 saw the whole incident and she had came forward to volunteer as a witness to the accident.

5. On the same day at about 2043hrs, due to the pain and swell on my neck and right leg, I sought medical treatment at Ng Teng Fong General Hospital and was subsequently given 4 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20190812/2024

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue.5 SINGAPORE 129858

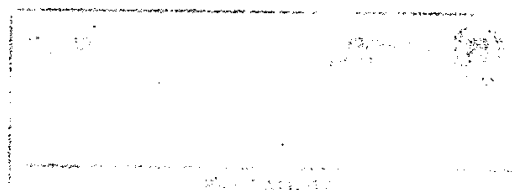
Tel No: 1800-8729999

3 of 4

Report No. T/20190812/2024

CONTINUATION OF REPORT

6. Attached is a drawing of the sketch plan for the above mentioned road traffic accident.



**SINGAPORE
POLICE FORCE**

T/20190812/2024

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20190812/2024

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: D / SI LOH WEE CHOON <i>9680</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 10:36
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL	Classification Of Case:
Contact No.: 65476246 SINGAPORE POLICE FORCE Authentication Stamp NP168 <i>[Signature]</i> SN-37 SIGNATURE	