

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	19/08/2019 12:34
Date Of Accident	17/08/2019 10:40
Exact Location Of Accident	THOMSON RD TOWARDS LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW30T
Insured/Policyholder	
Name Of Registered Owner	KWAN SOW KIEW
NRIC No	S1389393D
Email Address	CINDYLEKHM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93630202
Alternative Phone No	OFFICE-93630202

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	5106593430
Cover Note Number	

Driver

Name of Driver	KWAN SOW KIEW
NRIC No	S1389393D
Date Of Birth	17/10/1959
Occupation	INDOOR
Date Of Driving Pass	18/12/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93630202
Fax Number	
Contact Number	OFFICE-93630202
Email Address	CINDYLEKHM@GMAIL.COM

Address	BLK 662 YISHUN AVE 4 #05-253
Postcode	760662
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	CHAIN COLLISION
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL9189J
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA86T
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	KWAN SOW KIEW
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SBW30T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 662 YISHUN AVE 4 #05-253
Postcode	760662

Sketch Plan

SKETCH PLAN

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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 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.:

Sketch Plan #2

SKETCH PLAN

C - SMA86T
A - SBW30T
B - SGLA189J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 Pg. 1



SINGAPORE
POLICE FORCE



T/20190817/2150

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190817/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 22:20	Vide Report No.:	Station Diary No.: 151
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Informant's Particulars			
Name of Informant: KWAN SOW KIEW		Address: APT BLK 662 YISHUN AVENUE 4 #05-253 SINGAPORE 760662	
ID Type / ID No.: NRIC NO / S1389393D		Contact No.: Home/Office: Mobile: 93630202	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 17/10/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CAR DEALER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 10:40	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
Thomson Road towards Lornie Road. Near to Thomson Plaza				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBW30T	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Seriously Damaged	0
SGL9189J	Car	MAZDA	BIANTE	Black	Slightly Damaged	1
SMA86T	Car	AUDI		Black	Slightly Damaged	1

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190817/2150

Police Station Of Origin:
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Report No. T/20190817/2150

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBW30T	NTUC Income Insurance Co-Operative Limited	5106593430	02/01/2019	01/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KWAN SOW KIEW		ID No.	S1389393D
Related Vehicle	SBW30T (Car)		Contact No.	93630202
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	17/08/2019		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	SIEW JO KEOW		ID No.	S7000557C
Related Vehicle	SGL9189J (Car)		Contact No.	97407664
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	FONG SGEE BENG		ID No.	S7439236I
Related Vehicle	SMA86T (Car)		Contact No.	88282878
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



SINGAPORE
POLICE FORCE



T/20190817/2150

Police Station Of Origin:
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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190817/2150

CONTINUATION OF REPORT

Brief Details.

On 17/08/2019 at about 1040hrs, I was driving my vehicle bearing plate number: SBW30T, along Thomson Road towards Lornie Road near to Thomson Plaza on the centre lane of a 3 lane road. At that point of time, the traffic condition was slow as there was road works ahead and the cars all were quite slow about 10kmh. There was a vehicle in front of me bearing plate number: SMA86T and I was not following too closely.

All of a sudden, another vehicle from the rear bearing plate number: SGL9189J had collided onto my vehicle. As a result, it led to my vehicle to collide with the vehicle in front of me. All of us then stopped and checked the damages. My vehicle's front bumper was dropped, grille damaged, car plate missing and the headlight was crack. Also, the rear bonnet was damaged, right signal light cracked and rear bumper dropped as well. No one was injured but I felt pain at the back, both sides of arms and legs as well. No police and ambulance attended. We then exchanged particulars and left. As I felt pain, I seek treatment and was given 3 days MC from 18/08/2019 to 20/08/2019.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190817/2150

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Report No. T/20190817/2150

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 3 MUHAMMAD RIDWAN BIN SA'MION

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/08/2019 22:20

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

