

**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	28/08/2019 11:48
Date Of Accident	26/08/2019 16:15
Exact Location Of Accident	EXIT GANTRY OF ITE (CHOA CHU KANG)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SME425C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDEN SHAW PTE. LTD.
Co Reg No	201727976E
Email Address	LAWRENCE.2911@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83895131
Alternative Phone No	OFFICE-83895131

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5106388242 (TP)
Cover Note Number	

**Driver**

Name of Driver	TEOW PENG LAW LAWRENCE
NRIC No	S1468039Z
Date Of Birth	29/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83895131
Fax Number	
Contact Number	
Email Address	LAWRENCE.2911@YAHOO.COM.SG

Address	BLK 808A CHOA CHU KANG AVENUE 1 #04-568
Postcode	681808
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : KAI SIN 86950928 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER STATEMENT AND POLICE REPORT (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5798A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR SIM
NRIC/Passport Number	
Contact Number	97689119

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

#### DETAILS OF INJURED PERSON 1

Name	TEOW PENG LAW LAWRENCE
Approximate Age	57
Injuries Sustain	SIFFINESS AND ACHE ON LOWER BACK
Injured person in which vehicle?	SME425C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 808A CHOA CHU KANG AVENUE 1 #04-568
Postcode	681808

**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 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:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature  
Name:

**NG WING KIN JAMES**

admin.vac@vicom.com.sg

28 AUG 2019

A hand-drawn diagram on grid paper showing a building layout. A vertical corridor contains two rooms labeled 'A' and 'B'. To the right of room 'A' is a small square room labeled 'Gentry' with an arrow pointing to it. Above the corridor, there are two horizontal lines, with an arrow pointing left between them.

On 26/08/2019 around 1615 hrs, I picked up a passenger from Choo Chu Kang IIE. As I was leaving the premises, I stop my vehicle behind SLF 5798 A. Both our vehicles are queuing for the gantry. All of a sudden, SLF 5798 A reversed and hit the front of my vehicle. I was visibly shaken from the impact. As it was raining, we exchanged contacts, took a few photos and left. I experienced some stiffness and ache on my lower back and had to seek medical attention.

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



G14B Va, Spectrochim. acta A, 37

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

28 AUG 2019



NRIC/FIN No.:

NRIC/FIN No.:  
**NG WING KIN JAMES**

admin.vac@vicom.com.sg



**SINGAPORE  
POLICE FORCE**



J/20190827/7028

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20190827/7028

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7910000

Date/Time Report Made 27/08/2019 13:03	Vide Report No.	Station Diary No.
Name Of Informant TEOW PENG LAW LAWRENCE	Address APT BLK 808A CHOA CHU KANG AVENUE 1 #04-568 SINGAPORE 681808	
ID Type / ID No. NRIC NO / S1468039Z	Contact No. Home/Office: Mobile: 83895131	
Nationality SINGAPORE CITIZEN	Email Address lawrence.2911@yahoo.com.sg	
Occupation Grab Driver	Sex Male	Age 57
Institution/School Name	Date of Birth 29/11/1961	Race Chinese
Date/Time Of Incident 26/08/2019 16:00 - 26/08/2019 16:30	Language English	
	Location Of Incident 1 CHOA CHU KANG GROVE ITE COLLEGE WEST SINGAPORE 688236	

**Brief details.**

On 26 August 2019 around 1615hrs, I picked up a passenger from ITE College West and was leaving the premises. As I arrived at the exit gantry, there was a Toyota Camry SLF5798A in front of me, he was also waiting to exit the gantry. All of a sudden, SLF5798A reversed and hit the front of my vehicle. I was visibly shaken from the impact. As it was raining, we exchanged contacts and took a few photos and left. The accident was also recorded in my in-car camera. I experienced some stiffness and ache on my lower back and had to seek medical attention, I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 13:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



J/20190827/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190827/7028

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	TEOW PENG LAW LAWRENCE		
ID Type	NRIC NO	ID No	S1468039Z
Gender	Male	Age	57
Race	Chinese	Language	English
Occupation	Grab Driver	Address Type	
Address	APT BLK 808A CHOA CHU KANG AVENUE 1 #04-568 SINGAPORE 681808		Mobile No 83895131
Is Informant A Victim?	Yes		
Person Name	TEOW PENG LAW LAWRENCE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 13:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	