

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	09/09/2019 13:12
Date Of Accident	08/09/2019 12:25
Exact Location Of Accident	JUNCTION ALONG YISHUN AVE 11 & YISHUN RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX252H
Insured/Policyholder	
Name Of Registered Owner	CHOW WAI KHEONG
NRIC No	S1514551Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92762296
Alternative Phone No	OFFICE-92762296

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC19A00111900
Cover Note Number	

Driver

Name of Driver	CHOW WAI KHEONG
NRIC No	S1514551Z
Date Of Birth	09/04/1961
Occupation	INDOOR
Date Of Driving Pass	05/10/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92762296
Fax Number	
Contact Number	OFFICE-92762296
Email Address	NOEMAIL

Address	BLK YISHUN ST 51 #03-26
Postcode	767972
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 - HEAD TO REAR
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?	NO
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

PLEASE REFER TO POLICE REPORT.

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	SH7102B
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)

Accident Sketch Plan

SKETCH PLAN


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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

Please refer attachment -

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

DECLARATION

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

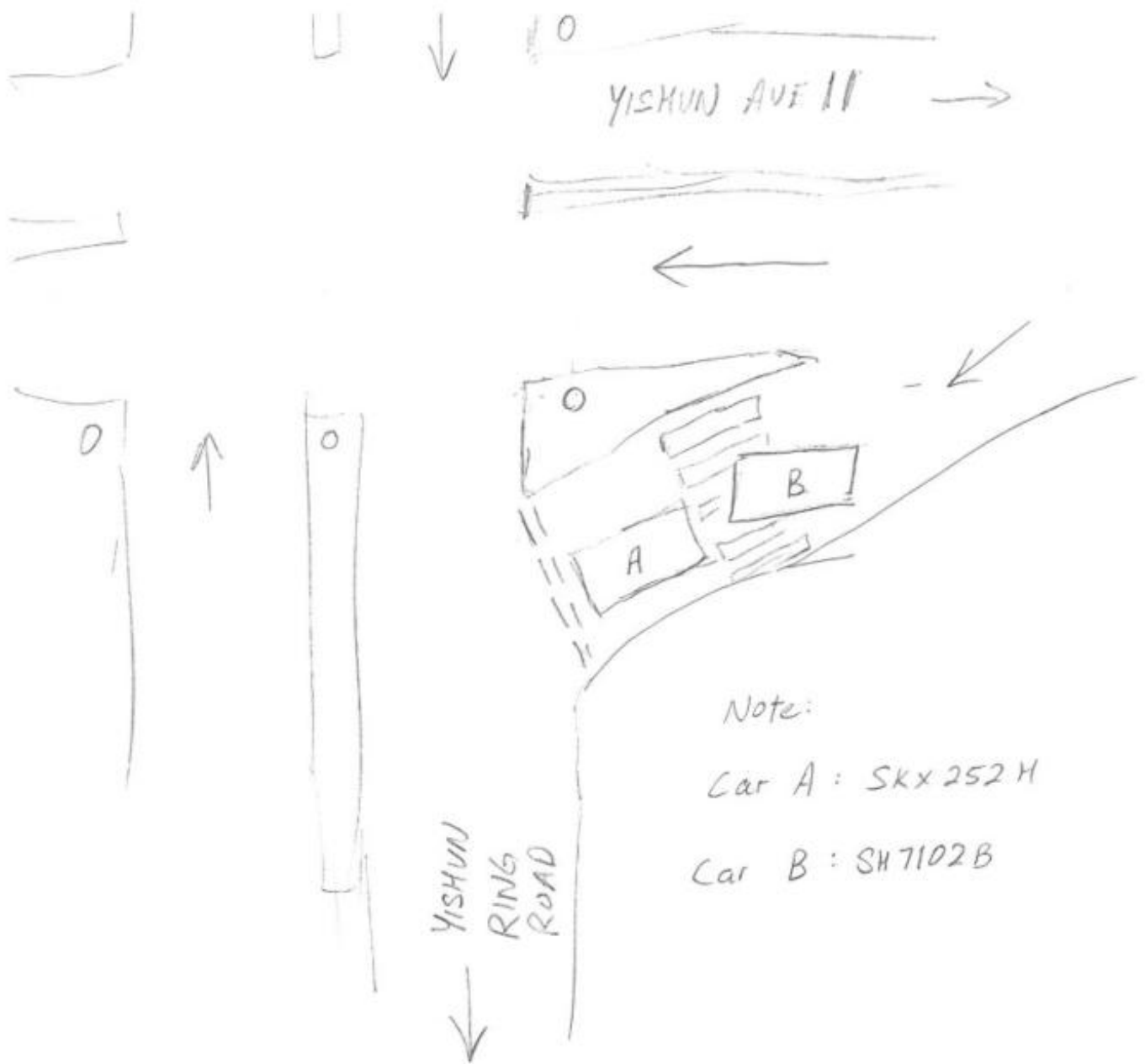


Leon
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan



Individual Statement

☒ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 8 Sept 2019 Time: 12:25 Location of Accident: Junction along Yishun Ave 11 & Yishun Ring Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKX 252 H
Name of Policyholder: CHOW WAH KHEONG
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1514551 Z
Address:
Contact Number:
Occupation: Project Manager

Tel: Hp: 9276 2296

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others.
Exact Purpose for which vehicle was being used at the time of accident: Private use
Are you claiming under your own insurance policy? ☒ Yes ☐ No
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

Remarks: 2nd party

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
MPC 19A 00111900

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth: 09/04/1961
Occupation: WOODK
Driving Pass Date: 05/10/1982
Gender: ☐ Male ☒ Female
Contact Number:
Address:
Email Address:

Tel: Hp: 9276 2296

Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):
Weather Conditions:
Road Surface:
Damage Area:

☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes
If Yes, please state which police station & Report No:
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

IPAX

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

547102B

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

STATEMENT

At around 12:25 noon, 8 Sept 2019, I was traveling along Yishun Ave 11 and going to turn to Yishun Ring Road. I slow down my car before approaching the junction and stop at the junction before turning. Suddenly, I feel my car was hit and a loud bang from my car rear side; I alight from my car and see my car right rear side was damaged.

Driver : Lim Feng Ci, Ronnie

IC : S1444934E

Car nos : SH7102B

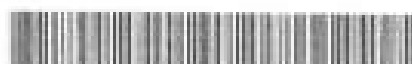
Blue Toyota

Taxi Comfort

Police Report



**SINGAPORE
POLICE FORCE**



T/20190908/2085

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

1 of 3

Report No: T/20190908/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2019 19:36		Vide Report No.:		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: CHOW WAI KHEONG			Address: 13 YISHUN STREET 51 #03-26 SINGAPORE 757972		
ID Type / ID No.: NRIC NO / S1514551Z			Contact No. Home/Office: Mobile: 92762296		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 09/04/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: INDUSTRIAL PROJECT MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/09/2019 12:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 11 YISHUN RING ROAD				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SH7102B	Car				Slightly Damaged	0
SKX252H	Car	TOYOTA	WISH 1.8 A	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKX252H	ECICS LIMITED	MPC19AD001119C0	22/06/2019	21/06/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190908/2085

2 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 766456
Tel No: 1800-8522999

Report No: T/20190908/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM FENG CI, RONNIE	ID No.	S1444934E
Related Vehicle	SH7102B (Car)	Contact No.	96958891
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	CHOW WAI KHEONG	ID No.	S1514551Z
Related Vehicle	SKX252H (Car)	Contact No.	92762296
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 08/08/2019 at around 12.25pm, I was driving along Yishun Ave 11, and I had slowed down before approaching the junction of Yishun Ave 11 and Yishun Ring Road, as I wanted to make a left turn into Yishun Ring Road. I had stopped just before making the turn as I was looking out for traffic coming from the right. Suddenly, there was a loud bang from the rear side and I felt my car move forward as a result of an impact. I alighted from my vehicle to make a check and I saw that a Comfort Taxi (Registration Plate:SH7102B) had hit the rear of my car. I checked on the damages on my vehicle and I saw that the rear right side bumper had cracked and there is a slight dent and paint scratches to the rear right side of the boot.

As no one was severely injured, we did not call for ambulance and Police. We decided to settle the issue with our insurance companies. I am lodging this report for record purposes and insurance claim.

Police Report



SINGAPORE
POLICE FORCE



T/20190906/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190906/2085

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 MUHAMMAD ALIF AFIF BIN MOHD
AMRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/09/2019 19:36

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 85476151

Classification Of Case:

SA/003

Authentication Stamp
NP158



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

