

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	17/09/2019 13:07
Date Of Accident	16/09/2019 12:40
Exact Location Of Accident	ANG MO KIO AUTOPOINT LEVEL 1 OPEN AIR CAPRARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7211B
Insured/Policyholder	
Name Of Registered Owner	SOON LEE CAR RENTAL
Co Reg No	52936075J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64841626

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107815739-000012
Cover Note Number	

Driver

Name of Driver	CHEW KIM TAH, ERIC
NRIC No	S8230823G
Date Of Birth	15/09/1982
Occupation	INDOOR
Date Of Driving Pass	20/04/2001
Driving Experience	18 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96208683
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	30 MACKERROW ROAD
Postcode	358594
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I (SLM7211B) WAS STATIONARY IN THE VEHICLE ALONG ANG MO KIO AUTOPOINT WITH MY HAZARD LIGHTS ON WAITING FOR A PARKING LOT. SUDDENLY I HEARD A BANG AND REALISE THAT VEHICLE B, A 14 FEET LORRY HAD REVERSE AND HIT ONTO THE REAR PORTION OF MY CAR. THERE WAS A LOW KERB BETWEEN US BUT DUE TO THE LENGTH OF HIS VEHICLE, HE MISJUDGED AND HIS REAR PORTION ENCROACHED TO MY SIDE AND HIT ONTO MY VEHICLE.=====ADDENDUM: TO ATTACHED POLICE REPORT NO: T/20190918/7015. TO ADD ON INJURED PERSON IS CHEW KIM TAH, ERIC.

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	YN6662E
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Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 CHEW KIM TAH, ERIC

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLM7211B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

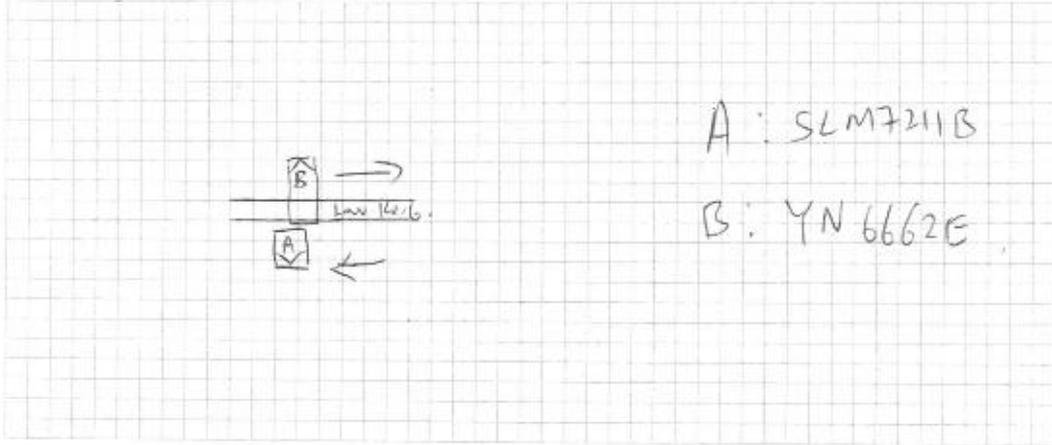
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (SLM7211B) was stationary in the vehicle along
Ang Mo Kio Autopark with my hazard lights on
waiting for a parking lot.
Suddenly I heard a bang & realise that vehicle
B, a 14 feet long had reverse & hit onto the rear
portion of my car.
There was a low kerb between ~~us~~ but due to the
length length of his vehicle, he misjudged & his rear
portion encroached to my side & hit onto my vehicle.

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.:



**SINGAPORE
POLICE FORCE**



T/20190918/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190918/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 13:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW KIM TAH, ERIC			Address: 30 MACKERROW ROAD SINGAPORE 358594		
ID Type / ID No.: NRIC NO / S8230823G			Contact No.: Home/Office:		Mobile: 96208683
Nationality: SINGAPORE CITIZEN			Email: eric_2886@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 15/09/1982	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Supervisor/General foreman (metal, machinery and related trades)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2019 12:40	Type of Location: Car Park
Location: Ang Mo Kio Autopoint Building Level 1 Open Air Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM7211B	Car					0
YN6662E	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190918/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190918/7015

CONTINUATION OF REPORT

Driver			
Name	CHEW KIM TAH, ERIC	ID No.	S8230823G
Related Vehicle	SLM7211B (Car)	Contact No.	96208683
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I(SLM7211B) was stationary in the vehicle along Ang Mo Kio Autopoint with my hazard lights on waiting for a parking lot. Suddenly I heard a bang and realise that vehicle B(YN6662E), a 14 ft Lorry had reverse and hit onto the rear portion of my car.

My vehicle was stationary vertically on one side while the lorry was on the other side. There was a low kerb between us but due to the length of his lorry(14 ft) he misjudged and his rear portion encroached towards my path and hit onto my rear vehicle.

Upon alighting he refused to exchange particulars with me and ask me to file a report. I have noted from his lorry that his company should be 'Maxi Morrie Engineering Pte Ltd).

Due to the accident i suffered back and neck sprain. I visited Raffles Medical and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190918/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20190918/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 18/09/2019 13:36
Officer In Charge Of Case: TP / TPIB / 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



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SLM 7211B
 Name (as shown in NRIC) : Chew Kim Tab, Eric NRIC/FIN/Passport No : S82308236
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 96208683
 Email Address : _____
 Date of Accident : 16/9/19 Time of Accident : 12:40pm
 Place of Accident : Ang Mo Kio Autopoint Level 1 car park.
 Insurance Company: NAM

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attached Police Report No: T/2019, 918/2015.
To add on injured person is: Chew Kim Tab, Eric

Policyholder / Driver's Signature

Date: 18/9/19

Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:
 Date: