

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	23/09/2019 15:39
Date Of Accident	23/09/2019 08:20
Exact Location Of Accident	ROBINSON RD (INFRONT OF BULDING 80 ROBINSON RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB2787G
Insured/Policyholder	
Name Of Registered Owner	GALLEN POH CHUN WEE
NRIC No	S7722671J
Email Address	GALLENPOH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98525723
Alternative Phone No	OFFICE-98525723

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE SERVICE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104086825
Cover Note Number	

Driver

Name of Driver	GALLEN POH CHUN WEE
NRIC No	S7722671J
Date Of Birth	11/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98525723
Fax Number	
Contact Number	OFFICE-98525723
EEmail Address	GALLENPOH@YAHOO.COM

Address	BLK 33 BEDOK SOUTH AVE 2 #07-335
Postcode	460033
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?	YES
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T20190923/2070

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	SMA3439P
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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	SHC8058X
Vehicle Make/Model/Colour	TAXI / MERCEDES
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)	

DETAILS OF INJURED PERSON 1

Name	GALLEN POH CHUN WEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGB2787G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC8058X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

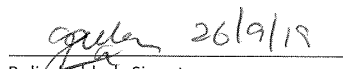
SKETCH PLAN


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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:


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


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

Robinson Road

Robinson 80

Bus lane

B → A → C

ped estm
crossing

A: SGB 2787 G
B: SMA 3439 P
C: SHC 8058 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No. T/20190923/2070


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

gall 26/9/19

Policyholder's Signature _____
Date & Time: _____

galle 26/9/19

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


 GST Reg. No. 05C1102H

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



**SINGAPORE
POLICE FORCE**



T/20190923/2070

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

1 of 3

Report No. T/20190923/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 13:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GALLEN POH CHUN WEE (FU JUNWEI)			Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #07-335 SINGAPORE 460033		
ID Type / ID No.: NRIC NO / S7722671J			Contact No.: Home/Office: Mobile: 98525723		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 11/08/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/09/2019 08:20	Type of Location: Straight Road
Location: Along Road 1 ROBINSON ROAD INFRONT OF BUILDING 80 ROBINSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: STATIONARY: HEAD TO REAR				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGB2787G	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	Blue	Seriously Damaged	0
SHC8058X	Car				Slightly Damaged	0
SMA3439P	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190923/2070

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

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Report No. T/20190923/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGB2787G	NTUC Income Insurance Co-Operative Limited	5104086825	24/09/2018	15/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GALLEN POH CHUN WEE (FU JUNWEI)		ID No.	S7722671J
Related Vehicle	SGB2787G (Car)		Contact No.	98525723
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/09/2019		Date Discharge	23/09/2019
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SHC8058X (Car)		Contact No.	NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		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 THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION BEHIND A WHITE TAXI (SHC8058X) WAITING FOR THE TRAFFIC LIGHT. WHEN SUDDENLY A VEHICLE (SMA3439P) HIT THE BACK OF MY VEHICLE. AS A RESULT MY CAR THEN MOVED INFRONT AND HIT THE TAXI INFRONT. MY CAR'S REAR AND FRONT BUMPER WAS DAMAGED. ME AND THE TAXI DRIVER WAS CONVEYED TO SGH.

THATS ALL
IO QHAIRIL:
65476187



SINGAPORE
POLICE FORCE



T/20190923/2070

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

3 of 3

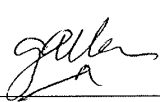

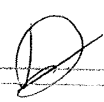
Report No. T/20190923/2070

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: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2019 13:37
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case: <div style="border: 1px solid black; padding: 5px; text-align: center;">  <p>SINGAPORE POLICE FORCE</p> </div>
Authentication Stamp NP168	Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: S665500206 / 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 : MMA 119125868 Vehicle Registration No: SGB 2787G
Name (as shown in NRIC) : Gallen Poh Chun Wee NRIC/FIN/Passport No : S7722671J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 33 Bedok South Ave 2 #07-335 Singapore (460033)
Contact (Tel) : _____ Mobile No. : 98525723
Email Address : _____
Date of Accident : 23/9/19 Time of Accident : 08:30
Place of Accident : Robinson Rd Opposite of Building 80 Robinson Rd
Insurance Company : NTUC


(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 submit accident photos.

Galle
Policyholder / Driver's Signature

Date: 26/9/19


Reporting Centre Personnel's Signature

Name: _____
NRIC/FIN No.: _____

Date: _____