

## 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	01/10/2019 10:03
Date Of Accident	20/09/2019 17:15
Exact Location Of Accident	LOR 5 TOA PAYOH INFRT OF THE ACTUARY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1234P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAY WEE KEONG SAMUEL
NRIC No	S8019670I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81231234
Alternative Phone No	OTHERS-81231234

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	REPORTING ONLY
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	5106008954
Cover Note Number	

### Driver

Name of Driver	CHU HUI LI(ZHU HUILI)
NRIC No	S7614277G
Date Of Birth	12/05/1976
Occupation	INDOOR
Date Of Driving Pass	11/01/1999
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81231234
Fax Number	
Contact Number	OTHERS-81231234
EEmail Address	NOEMAIL

Address	BLK 213B COMPASSVALE LANE #14-266
Postcode	542213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	1
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)	2
Passenger 1	NAME: : GAY XI YA THEA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190921/2129

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	PMD-E-SCOOTER
Vehicle Category	NA/UNKNOWN
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	UNKNOWN
Approximate Age	
Injuries Sustain	TOES & LOWER BACK(PMD E-SCOOTER)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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.

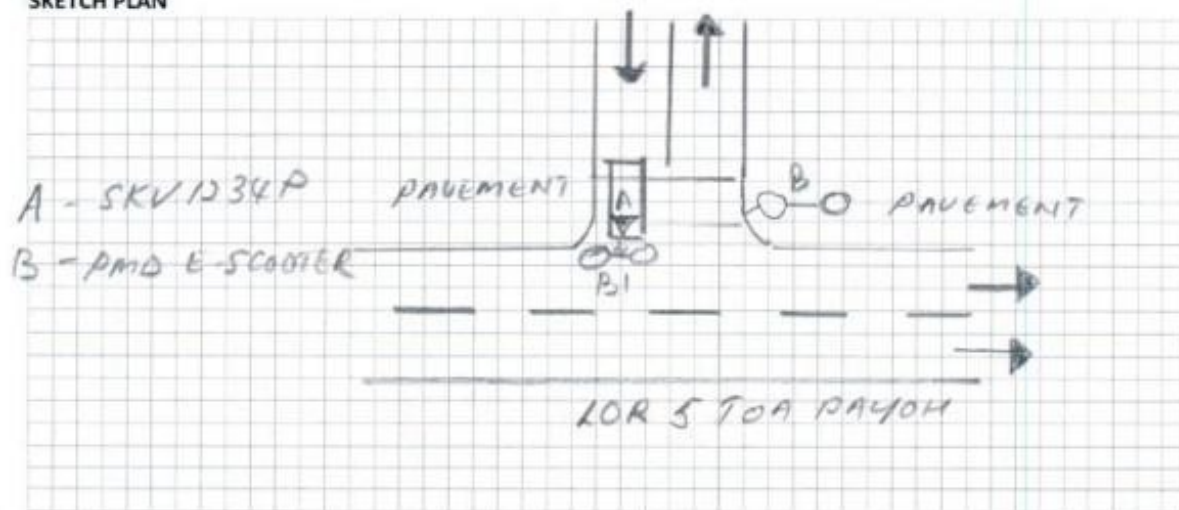
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20190921/2129

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/9/19 at 10:20am

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190921/2129

2 of 3

Report No. T/20190921/2129

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	CHU HUI LI	ID No.	S7614277G
Related Vehicle	SKV1234P (Car)	Contact No.	97470096
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 20/09/2019, at about 1715hrs, I was driving my Honda Vezel (SKV1234P) out from The Actuary carpark after work, located at Lorong 5 Toa Payoh. I was turning left slowly into the main road, but after checking the traffic and seeing that it was clear, I made the turn. I accidentally hit onto a GrabFood e-scooter rider on my left, causing the rider to fall. My car suffered no damages, but I saw that one of the PMD pedals fell out, and the other PMD pedal was slightly bent. I got off from my car and help to push his PMD to the side. I spoke with the rider, and he informed that he saw my car stopping, and assumed that I had stopped for him so that he can cross. He also informed me that his toes and lower back hurts.

My colleagues came down and assist me. I asked if he wanted an ambulance, but he wanted to settle in amicably at first. I proposed to pay him S\$300 for the damages, but he wanted about S\$2000 instead. Therefore, as I was unwilling to pay for the damages, I called for the ambulance. While waiting, the rider contacted a bike repair shop to tow his PMD away. The repairman informed me that the PMD was still working. The ambulance came, followed by the traffic police. The paramedics made a check on the rider, and he was eventually conveyed by ambulance. The traffic police interviewed me, and left the scene. We were unable to exchange particulars, as he was conveyed by an ambulance. There are CCTVs around The Actuary. I do not have a dash camera.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190921/2129

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20190921/2129

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2019 17:42		Vide Report No.: E/20190920/0124		Station Diary No.: 95
<b>Informant's Particulars</b>				
Name of Informant: CHU HUI LI		Address: APT BLK 213B COMPASSVALE LANE #14-26B SINGAPORE 542213		
ID Type / ID No.: NRIC NO / S7614277G		Contact No.: Home/Office: Mobile: 97470096		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 43	Date of Birth: 12/05/1976	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Sales and marketing manager		Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/09/2019 17:15	Type of Location: Straight Road
Location: Along Road 1 LORONG 5 TOA PAYOH				
In front of the Actuary				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: PMD and Car				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV1234P	Car	HONDA	VEZEL	Black	Slightly Damaged	0

## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190921/2129

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 318194

Tel No: 1800-2519989

2 of 3

Report No: T/20190921/2129

CONTINUATION OF REPORT

Driver			
Name	CHU HUI LI	ID No.	S7614277G
Related Vehicle	SKV1234P (Car)	Contact No.	97470096
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 20/09/2019, at about 1715hrs, I was driving my Honda Vezel (SKV1234P) out from The Actuary carpark after work, located at Lorong 5 Toa Payoh. I was turning left slowly into the main road, but after checking the traffic and seeing that it was clear, I made the turn. I accidentally hit onto a GrabFood e-scooter rider on my left, causing the rider to fall. My car suffered no damages, but I saw that one of the PMD pedals fell out, and the other PMD pedal was slightly bent. I got off from my car and help to push his PMD to the side. I spoke with the rider, and he informed that he saw my car stopping, and assumed that I had stopped for him so that he can cross. He also informed me that his toes and lower back hurts.

My colleagues came down and assist me. I asked if he wanted an ambulance, but he wanted to settle in amicably at first. I proposed to pay him S\$300 for the damages, but he wanted about S\$2000 instead. Therefore, as I was unwilling to pay for the damages, I called for the ambulance. While waiting, the rider contacted a bike repair shop to tow his PMD away. The repairman informed me that the PMD was still working. The ambulance came, followed by the traffic police. The paramedics made a check on the rider, and he was eventually conveyed by ambulance. The traffic police interviewed me, and left the scene. We were unable to exchange particulars, as he was conveyed by an ambulance. There are CCTVs around The Actuary. I do not have a dash camera.

## Police Report



**SINGAPORE  
POLICE FORCE**



T20190921/2128

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519899

3 of 3

Report No. T20190921/2128

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:

E /

Sgt 1 WESLEY TEO YAO WEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/09/2019 17:42

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65478433

Classification Of Case:

Authentication Stamp

NP10



SN 168