

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	03/10/2019 14:21
Date Of Accident	02/10/2019 19:15
Exact Location Of Accident	ALONG UBI AVE 2 (INFRONT OF BLK 301)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB5161G
Insured/Policyholder	
Name Of Registered Owner	CHEONG GUO XIANG DIVEN
NRIC No	S8604004B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81987207
Alternative Phone No	OFFICE-81987207

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0000490
Cover Note Number	

Driver

Name of Driver	CHEONG GUO XIANG DIVEN
NRIC No	S8604004B
Date Of Birth	17/02/1986
Occupation	INDOOR
Date Of Driving Pass	26/04/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81987207
Fax Number	
Contact Number	OFFICE-81987207
Email Address	NOEMAIL

Address	BLK 940 JURONG WEST ST 91 #07-439
Postcode	640940
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	DRIZZLING
Road Surface	WET

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?	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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191002/2192

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4928S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	93834263
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB5344U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 94709957

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEONG GUO XIANG DIVEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJB5161G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJB5161G
INSURER : INDIA INSURANCE
DATE & TIME: 2/10/19 19:15 HRS

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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.

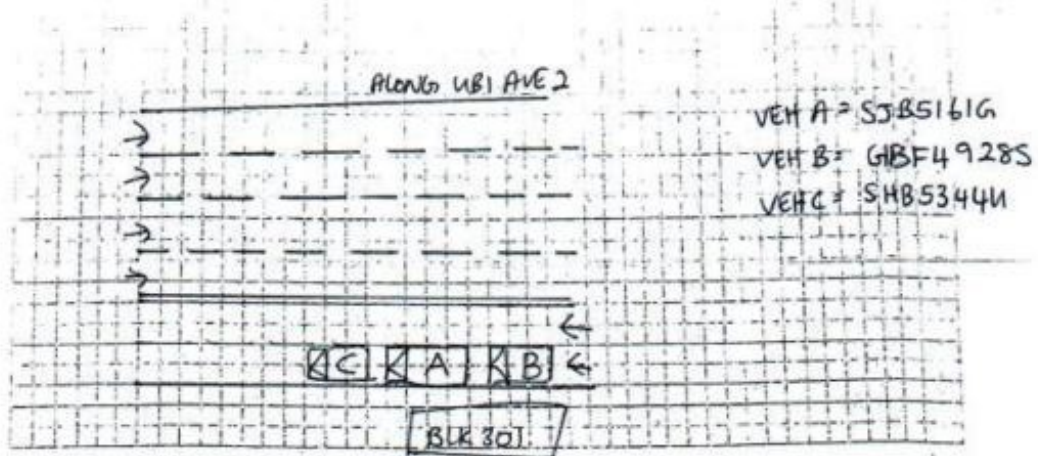

Policyholder's Signature
Date & Time:


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

ON THE STATED TIME AND DATE, I, VEHICLE A (STB5161G) WAS TRAVELLING STRAIGHT AT THE STATED VENUE. AS THE VEHICLE IN FRONT OF ME (SHB5344U) BRAKED, I HONKED AND FOLLOW SUIT. SUDDEN MOMENTS LATER, VEHICLE B (GBF4928S) HIT ONTO MY VEHICLE REAR CAUSING ME TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SHB5344U). I WISH TO STATE THAT MY VEHICLE WAS STATIONERY AT THE POINT OF ACCIDENT AND THE HUGE IMPACT CAUSED GREAT DAMAGES TO MY VEHICLE AND I HAVE SUSTAIN INJURIES.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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/PPN No:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191002/2192

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20191002/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2019 23:33		Vide Report No.:	Station Diary No.: 600
Informant's Particulars			
Name of Informant: CHEONG GUO XIANG, DIVEN		Address: APT BLK 940 JURONG WEST STREET 91 #07-439 SINGAPORE 640940	
ID Type / ID No.: NRIC NO / S8604004B		Contact No.: Home/Office: Mobile: 81987207	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 17/02/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2019 19:15	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 2				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBF4928S	Car				Seriously Damaged	1
SHB5344U	Car				Slightly Damaged	0
SJB5161G	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Black	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



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Report No. T/20191002/2192

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJB5161G	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0000490	16/01/2019	15/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG KIM MENG	ID No.	S8035978J
Related Vehicle	GBF4928S (Car)	Contact No.	93834263
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	CHENG ING CHUE @LIM THIAM SENG	ID No.	S0376569E
Related Vehicle	SHB5344U (Car)	Contact No.	94709957
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	CHEONG GUO XIANG, DIVEN	ID No.	S8604004B
Related Vehicle	SJB5161G (Car)	Contact No.	81987207
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191002/2192

Police Station Of Origin:
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649482
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Report No T/20191002/2192

CONTINUATION OF REPORT

Brief Details.

On 02/10/2019 at around 1915hrs, I was travelling along Ubi Avenue 2. As the vehicle (SHB5344U) braked suddenly to pick up a passenger, I horned and followed suit. I managed to brake in time and stopped behind SHB5344U. However, moments later, another vehicle (GBF4928S) behind me had hit the rear of my vehicle. I believe he was unable to brake in time. The vehicle behind (GBF4928S) had caused me to propel forward and hit into the rear of the vehicle in front (SHB5344U). I wish to state that my vehicle was stationary at the point of the accident and the huge impact had caused great damages to my vehicle (SJB5161G). My front bumper was slightly damaged with scratches and dents. My rear boot and bumper had been dented in very badly. The front bumper of the vehicle behind (GBF4928S) was dented as well. The vehicle in front (SHB5344U) had only slight cracks at the rear. I had also sustained injuries. After the accident, the drivers of the vehicles (GBF4928S and SHB5344U) and I (SJB5161G) came out of our vehicles and exchanged particulars and agreed to settle with our individual insurances before leaving. I had then contacted my workshop and they towed my vehicle away. I had also reported the matter to my insurance company. I then proceeded to Intemedical 24 Hr Clinic and I was given a 5-day MC from 02/10/2019 to 06/10/2019. The injuries I sustained were tightness in the chest, muscle strains at the left side of the neck and lower left back. I had also suffered sharp pains at my shoulder blades and right thigh. I also have giddiness on and off. There were no police or ambulance at scene. Nobody was conveyed to the hospital. No government property was damaged.

POLICE REPORT



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T/20191002/2192

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Report No: T/20191002/2192

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:

J/
LAY JUN YAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/10/2019 23:33

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP163

SN 127



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

