SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	07/10/2019 15:27
Date Of Accident	05/10/2019 17:10
Exact Location Of Accident	JURONG TOWN HALL RD TWDS SCIENCE CENTRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ5085B
Insured/Policyholder	
Name Of Registered Owner	CHONG CHU SIM
NRIC No	S7002672D
Email Address	LEON.FIRSTEP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98216180
Alternative Phone No	OFFICE-98216180
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	5101781421-01
Cover Note Number	
Driver	
Name of Driver	CHONG CHU SIM
NRIC No	S7002672D
Date Of Birth	02/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98216180
Fax Number	

OFFICE-98216180

LEON.FIRSTEP@GMAIL.COM

Address

BLK 115 EDGEFIELD PLAINS #11-350

Postcode

820115

TALA Properties TO Lie Properties reposition contratement for Liver

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)

2

involved in the accident

-

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)

2

Passenger 1

NAME:

: UNKOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED POLICE RPEORT NO: T/20191005/2129

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

QX529P

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 23

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 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.

Palicyholder's Signature

Date & Time:

07/10/19 1300 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07

116 00 1

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Science Turng Town Hall Rd



A:SJJS085B B:QX59P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached	Police	Report	No : T/2019/005/21	29.
				100 miles
a a				
			*	

*				
	New No. of			
M	ſ			

DECLARATION

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

Policyholder's Signature

07/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/10/19 1300 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20191005/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2019 22:01		Made:	Vide Report No.:	Station Diary No.: 89	
Informa	int's Partic	ulars			
- N., USIN MARKATA (72)	f Informant: GCHU SIM		Address: APT BLK 115 EDGEFIELD F 820115	PLAINS #11-350 SINGAPORE	
ID Type / ID No.: NRIC NO / S7002672D Nationality:			Contact No.: Home/Office: Mobile: 98216180 Email:		
SINGAP	ORE CITIZ	EN			
Sex: Male	Age:	Date of Birth: 02/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat GRAB D			Driving Licence Information: Class: 3	Date of Expiry:	

General Intori	mation of the Acciden			The state of the s	
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 05/10/2019 17:	Type of Location: T-Junction	
JURONG TO	WN HALL ROAD WN HALL ROAD Town Hall road at the ti	nird lane towards Scie	ence Centre		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear		Rear	Ţ	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
QX529P	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Seriously Damaged	1
SJJ5085B	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	1

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effective E	xpiry Date

Sketch Plan Pg. 4





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 3 Report No. T/20191005/2129

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Accidental and		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ5085B	NTUC Income Insurance Co-Operative Limited	5101781421-01	17/09/2019	16/09/2020

Brief Details.

On 05/10/2019 at about 1710hrs, I was driving my vehicle SJJ5085B along Jurong Town Hall road at the third lane towards science centre. I was driving at a slow speed on the road and there was a vehicle SJQ5124K in front of my vehicle. The vehicle SJQ5124K make a brake as there was a bus filtering towards the third lane.

I also applied brake but still moving slowly but subsequently I felt an impact from the rear of my vehicle and I quickly stepped on my brake. I then stationary stopped my vehicle. I then check with my passenger if she is alright and she informed me that she is alright. I then stepped out of my vehicle to make a check. I discovered that I had an accident with a police vehicle QX529P.

I spoke to the police officer who drove the vehicle what happened however he informed me nothing. He only requested for my particulars. The other police officer came over and asked me if I am alright. I told him that I felt numbness at the back of my head area.

After a while, the traffic police came and took the police officer particulars and my particulars. I asked for the driver particulars however he asked me to speak to the traffic police. I asked the traffic police and he informed me not to worry and they will investigate. We took photos of the scene.

I have an in-build car camera in my vehicle viewing the front and the accident footage was captured. I send the accident footage into my mobile phone. I then showed the accident footages to the traffic police and he recorded it by using a mobile phone. The traffic police gave me a case card D/20191005/0096. The traffic police then advise me to lodge a traffic accident report.

I was unable to drive my vehicle anymore. I called Grab and informed about the matter. Grab then find another driver to fetch my passenger. I called my insurance about the matter too and they arrange a tow truck came and took over my vehicle.

Sketch Plan Pg. 5





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20191005/2129

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.

F / Sgt 2 IVIN ONG HONG CHUAN	he Report:	Signature Of Informant:		6
Signature Of Interpreter: Not applicable		Date/Time: 05/10/2019 22:01	A)	
Officer In Charge Of Case: TP / DDGVT / SI VILTON HIA WEE SIANG Contact No.: 65476228	E N	Classification Of Case:		
Authentication Stamp NP168	Singapore F	Police Force		