

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	31/10/2019 11:15
Date Of Accident	30/10/2019 17:35
Exact Location Of Accident	BEDOK NORTH RD SLIP RD INTO BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY410Y
Insured/Policyholder	
Name Of Registered Owner	COSTA HENRY
NRIC No	S0076474D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91997022
Alternative Phone No	OFFICE-91997022

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109441460
Cover Note Number	

Driver

Name of Driver	COSTA HENRY
NRIC No	S0076474D
Date Of Birth	16/06/1950
Occupation	INDOOR
Date Of Driving Pass	27/06/1974
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91997022
Fax Number	
Contact Number	OFFICE-91997022
Email Address	NOEMAIL

Address	BLK 130 BEDOK RESERVOIR RD #14-1345
Postcode	470130
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) 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)	2
Passenger 1	NAME: : TAN CHWEE CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191030/2191

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	SDN9127M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHOON KWEE
NRIC/Passport Number	S0862975G
Contact Number	96652073
Address	

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

DETAILS OF INJURED PERSON 1	
Name	TAN CHWEE CHOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFY410Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

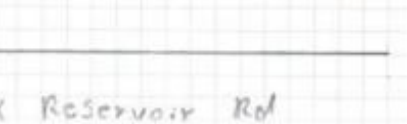
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Bedok Reservoir Rd

A = SFY 410 Y
B = SDN 9127 M.



Bedok North Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191030/219/

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.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191030/2191

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20191030/2191

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 21:34	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: COSTA HENRY	Address: APT BLK 130 BEDOK RESERVOIR ROAD #14-1345 SINGAPORE 470130		
ID Type / ID No.: NRIC NO / S0076474D	Contact No.: Home/Office: Mobile: 91997022		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 69	Date of Birth: 16/06/1950	Type of Informant: Driver
Race: Vietnamese	Language: English	Institution / School Name:	
Occupation: Retiree	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: 30/10/2019 17:35	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH ROAD BEDOK RESERVOIR ROAD Along the slip road from Bedok North Road turning left onto Bedok Reservoir Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SDN9127M	Car	MAZDA	MAZDA 3	White	Slightly Damaged	0
SFY410Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



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T/20191030/2191

Police Station Of Origin:
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231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20191030/2191

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY410Y	NTUC Income Insurance Co-Operative Limited	5109441460	29/06/2019	28/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SIM CHOON KWEE		ID No.	S0862975G
Related Vehicle	SDN9127M (Car)		Contact No.	96652073
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	COSTA HENRY		ID No.	S0076474D
Related Vehicle	SFY410Y (Car)		Contact No.	91997022
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	TAN CHWEE CHOO		ID No.	S0082319H
Related Vehicle	SFY410Y (Car)		Contact No.	92380921
Hospital/Clinic	MOUNT ALVERNIA 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	03		Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191030/2191

Police Station Of Origin:
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231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20191030/2191

CONTINUATION OF REPORT

Brief Details.

On 30/10/2019 at about 1736hrs, I was driving my car (silver Nissan Sylphy, bearing vehicle registration number SFY410Y) with my wife along Bedok North Road. I turned left into the slip road towards Bedok Reservoir Road (next to Advanex Building, 2306 Bedok Reservoir Road). I then stopped my car at the at the stop line to wait for the oncoming cars from the right to be clear.

When my car was stationary, suddenly there was a collision from the rear of my car. I alighted from my car and realised that another car (white Mazda 3, bearing vehicle registration number SDN9127M) had collided into the rear of my car.

I exchanged particulars with the other driver and took photographs of the accident. No Traffic Police or ambulance came to the accident scene. The other party admitted that he was at fault and we drove to his workshop. He agreed to claim for the repair of my car via his insurance.

Due to the accident, my car's rear bumper dented inwards. The rear boot was also dented and is not aligned. Due to the accident, my wife felt pain in her chest area and went for a medical check-up at Mount Alvernia Hospital. She was granted Medical Certificate for 3 days from 03/10/2019 to 01/10/2019. I only felt pain in my left arm area while lodging this Police report, hence I have not gone for any medical check-up. I have a camera installed in the front of my car but it was not recording.

POLICE REPORT



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T/20191030/2191

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Report No. T/20191030/2191

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 3 WEE SHUN QIANG, JOSEPH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2019 21:34

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE
SAFETY/SECURITY DIV

SIGNATURE

SN 64

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

