

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	11/11/2019 10:44
Date Of Accident	10/11/2019 12:55
Exact Location Of Accident	BRADDELL RD(UPPER SERANGOON VIADUCT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2572P
Insured/Policyholder	
Name Of Registered Owner	CHEE KENG FOO
NRIC No	S6809433Z
Email Address	KENGFOOCHEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97323670
Alternative Phone No	OTHERS-92998212

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-004065
Cover Note Number	

Driver

Name of Driver	CHUA BEE LAN
NRIC No	S7006105H
Date Of Birth	02/03/1970
Occupation	INDOOR
Date Of Driving Pass	12/02/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92998212
Fax Number	
Contact Number	
Email Address	ANGELACHUA21@GMAIL.COM

Address	BLK 167 HOUGANG AVE 1 #10-1552
Postcode	530167
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	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: : CHEE JUN HAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191111/2103

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU1506Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM
NRIC/Passport Number	

Contact Number 91596779
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA BEE LAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLD2572P
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.

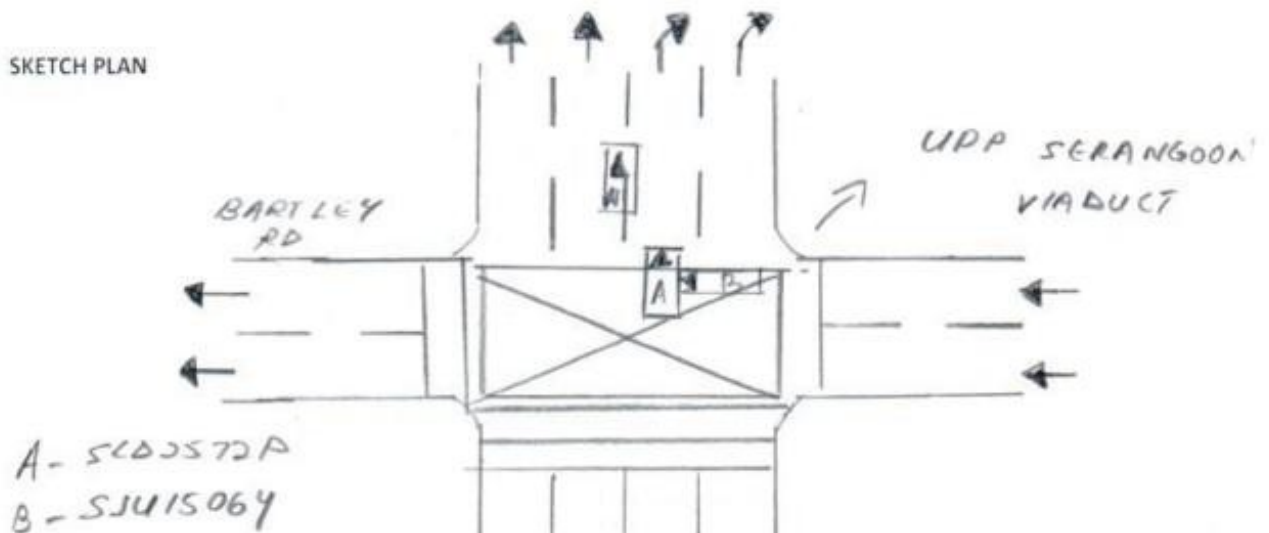

Policyholder's Signature
Date & Time:

 11/11/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UPP SERANGOON

B'DELL RD

Pls refer to the statement.

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.:

Accident Sketch Plan

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1st
2nd
3rd
4th

UPP STREET
VIA RUT

A. 5/23/19
B. 5/23/19

P/S refer to the statement

DECLARATION

I, the undersigned, being a duly qualified and sworn investigator, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances of the accident.

Investigator
Name: [Signature]

Date: 11/11/19
Investigator
Name: [Signature]

Date: 11/11/19
Investigator
Name: [Signature]

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191111/2103

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20191111/2103

CONTINUATION OF REPORT

Driver			
Name	CHUA BEE LAN		ID No. S7006105H
Related Vehicle	SLD2572P (Car)		Contact No. 92998212
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	11/11/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
Name	LIM		ID No. NIL
Related Vehicle	NIL		Contact No. 91596779
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 10/11/2019 at about 1250hrs, I was driving my car SLD2572P along Serangoon Road. The traffic light was green at the X junction of Serangoon Road and Braddell Road. The traffic light was red for Braddell Road. Suddenly a car SJU1506Y from Braddell Road did not stop and it hit onto my car front right bumper. I alighted to check on my car and the front right bumper was dented. The other car bumper was dislodged. I exchanged my details with the Female Chinese driver in the 50s.

The driver's brother came to the scene and asked for private settlement however I rejected. I then left the scene. My in-car camera is faulty.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191111/2103

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No: T/20191111/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 16:47		Video Report No.:		Station Diary No.: 30
Informant's Particulars				
Name of Informant: CHUA BEE LAN		Address: APT BLK 167 HOUGANG AVENUE 1 #10-1552 SINGAPORE 530167		
ID Type / ID No.: NRIC NO / S7006105H		Contact No.: Home/Office:		Mobile: 92998212
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 49	Date of Birth: 02/03/1970	Type of Informant: Driver	
Race: Chinese		Language: Mandarin	Institution / School Name:	
Occupation: Sales and related associate professional nec		Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2019 12:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SERANGOON ROAD BARTLEY ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	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
SJU1508Y		TOYOTA	VIOS	Silver	Seriously Damaged	0
SLD2572P	Car	TOYOTA	COROLLA ALTIS 1.6L CVT	Black	Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191111/2103

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2898999

2 of 3

Report No: T/20191111/2103

CONTINUATION OF REPORT

Driver			
Name	CHUA BEE LAN		ID No. S7006105H
Related Vehicle	SLD2572P (Car)		Contact No. 92998212
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	11/11/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	LIM		ID No. NIL
Related Vehicle	NIL		Contact No. 91596779
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.

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Police Report



SINGAPORE
POLICE FORCE

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Paya Lebar NPP
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SINGAPORE 530114
Tel No: 1800-2899999



T/2019/111/2103

3 of 3

Report No. T/2019/111/2103

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 65474865 stating the report number as reference

Signature Of Officer Recording The Report:

F /

Staff Sgt TEO HENG HENG, ROBIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/11/2019 16.47

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP185

Addendum Sheet



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: S66550020G / 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: MNA119148729 Vehicle Registration No: SL02572A
Name (as shown in NRIC): CHUA BEE LAN NRIC/FIN/Passport No: S700 61054
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: BLK 167 HOUGANG AVE 1 #10-1552 Singapore 530167
Contact (Tel): _____ Mobile No.: 92998212
Email Address: _____
Date of Accident: 10/11/19 Time of Accident: 12:55
Place of Accident: BRADELL RD (UPP SERANGOON VIADUCT)
Insurance Company: EQ

(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:

ADD IN POLICE REPORT & STATEMENT

VEH B DIDN'T STOP AT THE STOP LINE AND DRIVE OFF
VEH X ON THE LEFT LANE BESIDE OF VEH B STOP

[Signature] 12/11/19
Policyholder / Driver's Signature
Date:

[Signature] 12/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: