

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	25/11/2019 13:21
Date Of Accident	23/11/2019 03:50
Exact Location Of Accident	NEWTON CIRCUS TWDS THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3260B
Insured/Policyholder	
Name Of Registered Owner	YAP BEE LEE
NRIC No	S1769917B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96614313
Alternative Phone No	OFFICE-96614313

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
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	5096348798-01 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	MOK CHEE CHUEN PETER
NRIC No	S1429696D
Date Of Birth	15/06/1960
Occupation	INDOOR
Date Of Driving Pass	22/09/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81881255
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	48A JALAN EUNOS
Postcode	419507
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	COLLISION - CROSS JUNCTION
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)	3
Passenger 1	NAME: : GRAB PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : GRAB PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191123/7002 - TYPE OF ACCIDENT: HEAD TO SIDE

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	SH7852U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MOK CHEE CHUEN PETER
Approximate Age	
Injuries Sustain	5 DAYS MEDICAL LEAVE FROM MT ALVERNIA HOSPITAL / NECK & BACK PAIN
Injured person in which vehicle?	SJX3260B
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: _____

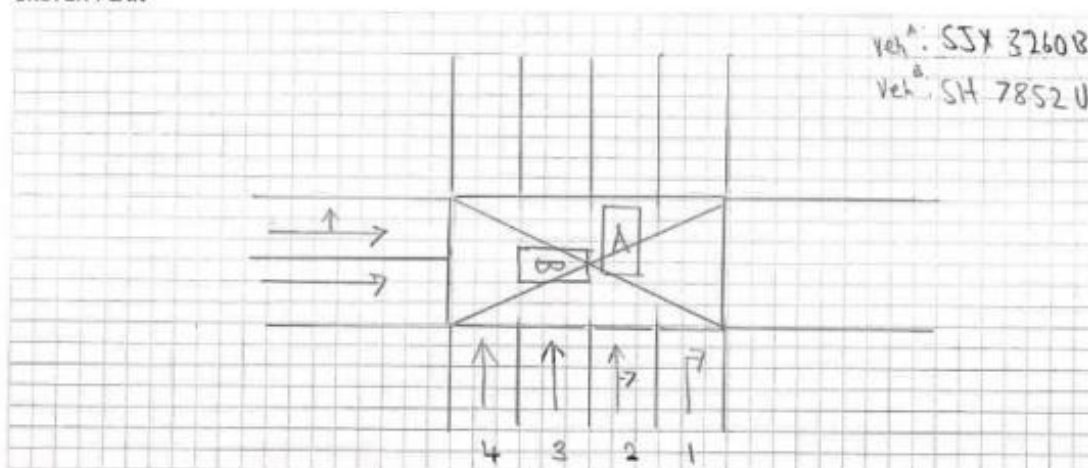


Driver's Signature
(If driver is not the policyholder)
Date & Time: _____

IDAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575718
Tel: 6455 5358 (ARC)
Reporting Centre Fax: 6452 8624
Name: _____
Ref/Cy/Inv No.: _____

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT NO: T/2019/1123/7002

DECLARATION

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

Yap
Policyholder's Signature
Date & Time:

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

IDAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575718
Tel: 6455 5358 (ARC)

Reporting Firm Name:
NARC BIN No.:
Signature:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191123/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191123/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2019 06:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOK CHEE CHUEN PETER			Address: 48A JALAN EUNOS SINGAPORE 419507		
ID Type / ID No.: NRIC NO / S1429696D			Contact No.: Home/Office: Mobile: 81881255		
Nationality: SINGAPORE CITIZEN			Email: mokchee99@gmail.com		
Sex: Male	Age: 59	Date of Birth: 15/06/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2019 03:50	Type of Location: Roundabout
Location: NEWTON CIRCUS				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7852U	Car	HYUNDAI		Blue	Seriously Damaged	0
SJX3260B	Car	HONDA	CIVIC HYBRID 1.3A	White	Seriously Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191123/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191123/7002

CONTINUATION OF REPORT

Driver			
Name	MOK CHEE CHUEN PETER	ID No.	S1429696D
Related Vehicle	SJX3260B (Car)	Contact No.	81881255
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	23/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A BEARING CAR PLATE (SJX3260B) WAS TRAVELLING STRAIGHT ON MY LANE. SUDDENLY, I FELT A STRONG IMPACT COLLIDED FROM VEHICLE B, BEARING CAR PLATE (SH7852U) ONTO THE LEFT TYRE PORTION OF MY VEHICLE. WHICH THE IMPACT CAUSED MY WHOLE VEHICLE TO SWERVED AND SPIN TO THE LEFT SIDE OF THE LANE.

I LIKE TO STATE THAT I SUFFERED FROM NECK AND BACK PAIN, SO I WENT TO MOUNT

Police Report



**SINGAPORE
POLICE FORCE**



T/20191123/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191123/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/11/2019 06:22

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

