

## 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	07/11/2019 14:29
Date Of Accident	06/11/2019 11:15
Exact Location Of Accident	VICTORIA STREET TWDS CITY BEFORE ARAB ST LAMPOST71
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP984X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K'S PERFORMANCE
Co Reg No	53265690C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97733315

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.6 TDI
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5105003919
Cover Note Number	

### Driver

Name of Driver	CHOI SHU WAI
NRIC No	S2564758J
Date Of Birth	09/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97733315
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 436D FERNVALE ROAD #17-156 SINGAPORE
Postcode	794436
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 510 JURONG WEST STREET 52 , <b>POSTCODE:</b> 640510 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5648999 - <b>FAX NO:</b> 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT AND ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF7802B
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	MOTORCYCLE

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	CHOI SHU WAI
Approximate Age	
Injuries Sustain	REFER ATTACHED AND POLICE REPORT
Injured person in which vehicle?	SKP984X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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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.

K's Performance  
53265690C

Policyholder's Signature  
Date & Time:



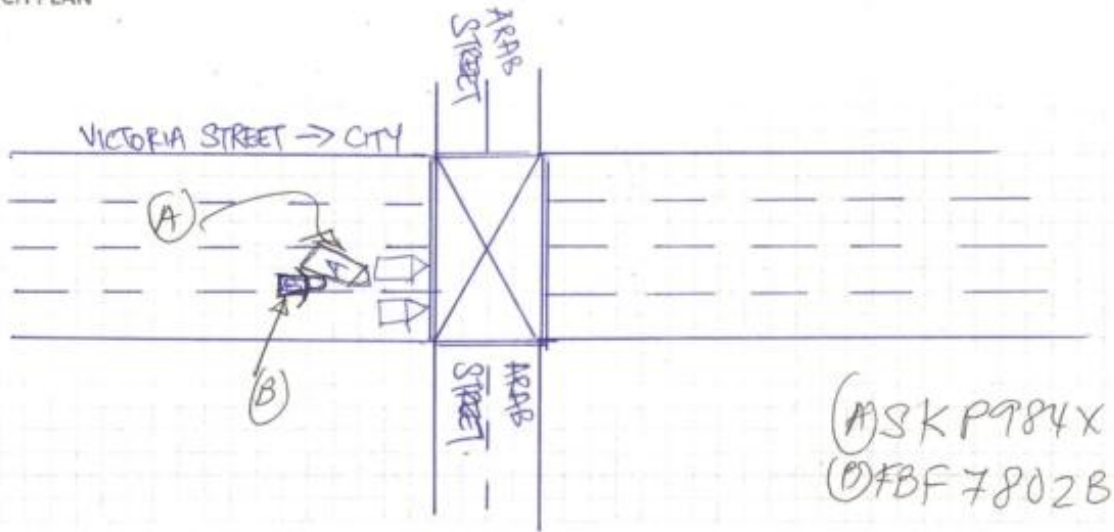
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO TP REPORT.

\* I WISH TO FURTHER ADD ON THAT I HAD NOT LEAVE MY LANE.

## DECLARATION

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

**K's Performance**  
53285890C

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.:



**SINGAPORE  
POLICE FORCE**



T/20191107/2064

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

1 of 3

Report No. T/20191107/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/11/2019 12:57	Vide Report No.: A/20191106/0056	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: CHOI SHU WAI			Address: APT BLK 436D FERNVALE ROAD #17-156 SINGAPORE 794436		
ID Type / ID No.: NRIC NO / S2564758J			Contact No.: Home/Office: Mobile: 97733315		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 09/03/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2019 11:15	Type of Location: Straight Road
Location: Along Road 1 VICTORIA STREET  towards Hill Street before Abrab Street Lamp Post 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP984X	Car	VOLKSWAGO N	Toran	Silver	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP984X	NTUC Income Insurance Co-Operative Limited	5105003919	26/10/2018	12/02/2020



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T/20191107/2064

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SINGAPORE 640510  
Tel No: 1800-5648999

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Report No. T/20191107/2064

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOI SHU WAI	ID No.	S2564758J
Related Vehicle	SKP984X (Car)	Contact No.	97733315
Hospital/Clinic	ETERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/11/2019	Date Discharge	07/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 06.11.2019 at 1115 hrs, I was driving along lane 2 of Victoria Street and I intend to switch lane to lane 1 and make a right turn into Albert Street. As I signaled the right signal light, I observed one motorcycle travelling at high speed behind me, I then immediately applied my footbrake to allow him to bypass me. But the aforementioned motorcycle failed to brake on time and collided onto the front right part of my vehicle. I wish to state that my car was still in lane 2 during the collision. I then got down from my vehicle and called for the ambulance. I am in possession of in-car camera and it was not in working condition. The SD card was seized by TP SSgt Rahman.

I went to the clinic to see the doctor and was given 3 days of medical leaves due to my waist and neck injury.

*\* Turning into Arab street..*



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Tel No: 1800-5648999

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Report No. T/20191107/2064

**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 /

Sr Staff Sgt YAP HOW KIAT MICHAEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Date/Time:

07/11/2019 12:57

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

SN 125



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

