

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	12/12/2019 15:31
Date Of Accident	26/10/2019 16:25
Exact Location Of Accident	KALLANG BAHRU TURNING INTO KALLANG BAHRU VILLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6864G
Insured/Policyholder	
Name Of Registered Owner	CCK ALLIANCE PTE LTD
Co Reg No	201911512W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90787871

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
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	5110793064
Cover Note Number	

Driver

Name of Driver	TEO MIAO TIAN (ZHANG MIAOTIAN)
NRIC No	S8306301G
Date Of Birth	18/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98738713
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 64 KALLANG BAHRU #06-391
Postcode	330064
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191029/2113

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM1597X
Vehicle Make/Model/Colour	
Details Of Properties	
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	RIDER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM1597X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.



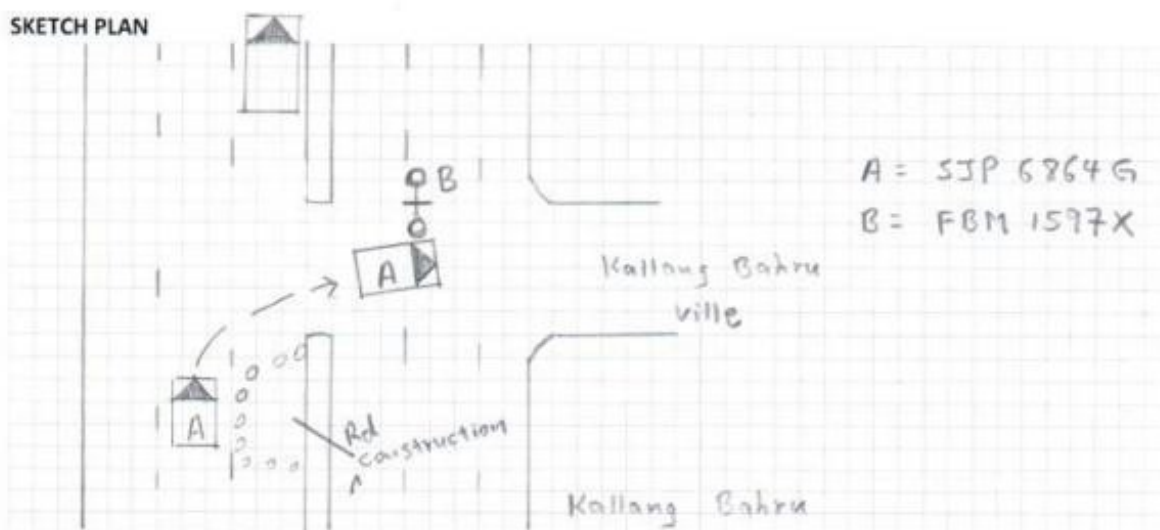
Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191029/2113

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/20191029/2113

1 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20191029/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2019 16:53	Vide Report No.: A/20191026/0090	Station Diary No.: 44
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Informant's Particulars

Name of Informant: TEO MIAO TIAN			Address: APT BLK 64 KALLANG BAHRU #06-391 SINGAPORE 330064		
ID Type / ID No.: NRIC NO / S8306301G			Contact No.: Home/Office: Mobile: 98738713		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 18/02/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			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: 26/10/2019 16:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KALLANG BAHRU LAVENDER STREET Junction of Kallang Bahru and the entrance of Blk 65A Kallang Bahru.				
Weather: MODERATE RAIN		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1597X	Motorcycle	YAMAHA	FZN150	Red	Seriously Damaged	0
SJP6864G	Car	TOYOTA	WISH	Silver	Seriously Damaged	0

Details of Person Involved

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

POLICE REPORT



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T/20191029/2113

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72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20191029/2113

CONTINUATION OF REPORT

Driver			
Name	TEO MIAO TIAN	ID No.	S8306301G
Related Vehicle	SJP6864G (Car)	Contact No.	98738713
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

Brief Details.

On 26/10/2019 at around 1625hrs, I was travelling along Kallang Bahru towards Lavender Street, in my vehicle, a Toyota Wish bearing registration number, SJP6864G. I was travelling on the second lane, as the most right lane was having some construction works. I wanted to turn into the entrance of Blk 65A Kallang Bahru however I could only turn into the entrance via the second lane as the right most lane had been covered up.

As it was a junction, I slowed down to make a check on the oncoming traffic however there were also construction works in my line of sight. I managed to see through the empty space of an excavator and assessed that it was clear. Subsequently, I turned into the carpark however, a red in colour motorcycle, bearing registration FBM1597X collided into my left front side.

The rider was then on the road and I called for the Police and Ambulance. The rider was then being conveyed to the hospital by the ambulance.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191029/2113

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72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20191029/2113

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:

A /

Sgt 2 MOHAMAD SYAFIQ BIN SUKEMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/10/2019 16:53

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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