

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	16/12/2019 13:22
Date Of Accident	15/12/2019 03:50
Exact Location Of Accident	RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH625B
Insured/Policyholder	
Name Of Registered Owner	FRANCIS CHUA CHYE HEE
NRIC No	S7601977J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91883881
Alternative Phone No	OFFICE-91883881

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT 1.4 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5106581725
Cover Note Number	

Driver

Name of Driver	FRANCIS CHUA CHYE HEE
NRIC No	S7601977J
Date Of Birth	21/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91883881
Fax Number	
Contact Number	OFFICE-91883881
Email Address	NOEMAIL

Address	BLK 641B PUNGGOL DR #15-317
Postcode	822641
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	HEAVY RAIN
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191215/2016

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG7109X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	FRANCIS CHUA CHYE HEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH625B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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)**

- (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.



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

Accident Sketch Plan

SKETCH PLAN

$A = SMH 625 B$
 $B = SLG 7109 X$

River valley Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191215/2016

DECLARATION

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

Lola

Policyholder's Signature
Date & Time:

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

Date & Time:

[Signature]

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

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191215/2016

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20191215/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 05:11	Vide Report No.:	Station Diary No.: 7
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Informant's Particulars

Name of Informant: FRANCIS CHUA CHYE HEE			Address: APT BLK 641B PUNGGOL DRIVE #15-317 SINGAPORE 822641	
ID Type / ID No.: NRIC NO / S7601977J			Contact No.:	Mobile: 91883881
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 43	Date of Birth: 21/01/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/12/2019 03:50	Type of Location: Straight Road
Location: Along Road 1 RIVER VALLEY ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Heavy
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
SMH625B	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH625B	NTUC Income Insurance Co-Operative Limited	5106581725	10/01/2019	09/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191215/2016

2 of 3

Report No. T/20191215/2016

Police Station Of Origin:

Punggol N.P.C

21A Tabing Lane SINGAPORE 828837

Tel No: 1800-6049999

CONTINUATION OF REPORT

Brief Details.

On 15 December 2019 around 3.50am, I was queueing in a jam along River Valley Road at the centre lane of a three lane road and all the cars were moving slowly. Suddenly, I felt a jerk and I saw that a vehicle who was behind me came into contact with the rear right side of my vehicle and went off afterwards.

I am not able to chase after him or ask him to stop as I was stucked in the jam. I went down and check on my vehicle and found that part of my rear bumper have came out and there is a scratch throughout my rear driver side door panel.

I do not remember that person's carplate number as everything happened too fast but my dashcam was working at that point of time. However, I am not sure whether the dashcam have capture that person's carplate number. I would also like to inform that I am not injured from the collision. That's all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191215/2016

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20191215/2016

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:

F /

Sgt 2 LAI TECK YONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/12/2019 05:11

Officer In Charge Of Case:

TP / HRT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

POLICE REPORT



T/20191216/2040

1 of 3

Report No. T/20191216/2040

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20191215/2016

Report Number T/20191216/2040

Vide Report Number T/20191215/2016

Date/Time of Report Made 16/12/2019 11:34

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant FRANCIS CHUA CHYE HEE

ID Type / ID No. NRIC NO / S7601977J

Home/Office

Mobile 91883881

Email

Type of Accident Injury / Hit and Run

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 15/12/2019 04:00

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG7109X	Car					0
SMH625B	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red		0

Details of Person Involved

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

POLICE REPORT



T/20191216/2040

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Report No. T/20191216/2040

Continuation of CSF For NP168

Driver			
Name	FRANCIS CHUA CHYE HEE	ID No.	S7601977J
Related Vehicle	SMH625B (Car)	Contact No.	91883881
Hospital/Clinic	SINGHEALTH - PUNGGOL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Facts.

I wish to provide further information on the other party's vehicle registration plate number bearing SLG7109X.

I also wish to inform that I felt pain on my upper and lower back as such I went to see a doctor at Punggol Polyclinic and was given 2 days medical leave from 16/12/2019 to 17/12/2019.

POLICE REPORT



T/20191216/2040

3 of 3

Report No. T/20191216/2040

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / HRT / MUHAMMAD KHAIRIL BIN KAMAL
Classification of Case	1) INJURY / HIT AND RUN


Puteh of NPC
21 Tebing Lane
S 828837
Tel 1800-604-9999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

