

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	27/12/2019 15:57
Date Of Accident	25/12/2019 01:30
Exact Location Of Accident	BEDOK SOUTH ROAD CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG555Z
Insured/Policyholder	
Name Of Registered Owner	LIM KING SIEW
NRIC No	SXXXX252G
Email Address	RYANTEO82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82844224
Alternative Phone No	OTHERS-93219501

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113183702
Cover Note Number	

Driver

Name of Driver	CHEW ZI QIN DIOR
NRIC No	SXXXX795B
Date Of Birth	28/10/1997
Occupation	INDOOR
Date Of Driving Pass	19/09/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82844224
Fax Number	
Contact Number	OTHERS-93219501
Email Address	RYANTEO82@YAHOO.COM.SG

Address	BLK 217C COMPASSVALE DRIVE #06-584
Postcode	543217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	NO
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	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

PLEASE REFER TO POLICE REPORT T/20191225/2012

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FZ7423J
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)

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: 27/12/19
1600H

CLAIM Form SketchPlanForm_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/12/19
1600H

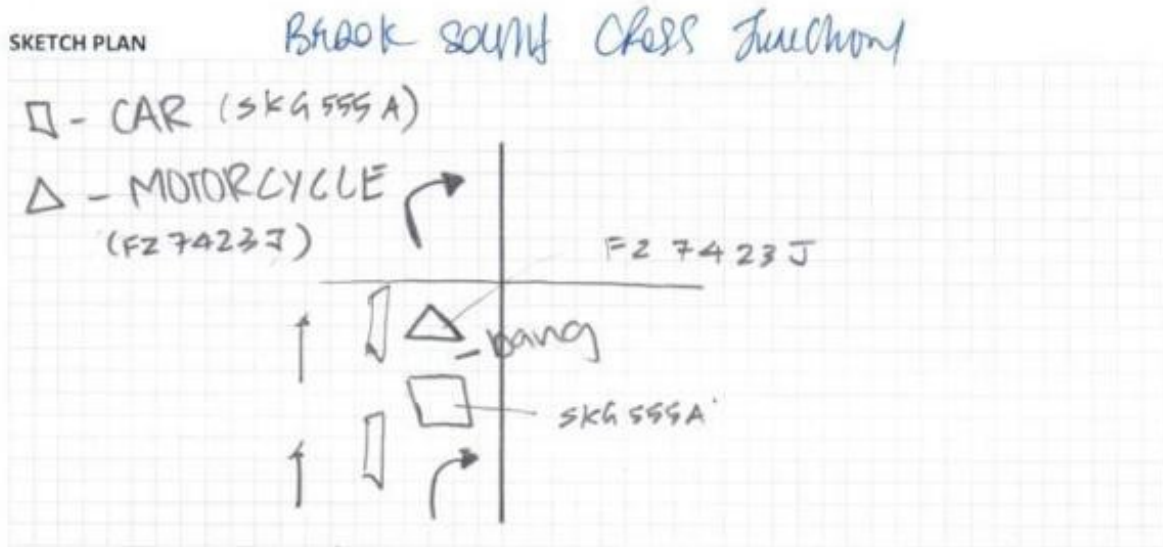
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The motorcycle Jam brake as the turning arrow start to blink. I applied brake immediately, however I could not stop in time. Refer to the police report for the rest of the information.

POLICE REPORT 7/2019/225/2012

DECLARATION

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

Signature:

Policyholder's Signature

Date & Time: 27/12/19

1600H

Signature:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/12/19

1600H

Signature:

Reporting Centre Personnel's Signature

Name: Resa

NRIC/FIN No.: 100103

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191225/2012

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

1 of 3

Report No. T/20191225/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2019 05:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW ZI QIN DIOR			Address: APT BLK 217C COMPASSVALE DRIVE #06-584 COMPASSVALE MAST SINGAPORE 543217		
ID Type / ID No.: NRIC NO / S9737795B			Contact No.: Home/Office: Mobile: 93219501		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 28/10/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: WORKING AND STUDYING			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 25/12/2019 01:30	Type of Location:
Location: Along Road 1 BEDOK SOUTH ROAD BEDOK SOUTH CROSS JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG555Z	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver		0

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191225/2012

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

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Report No. T/20191225/2012

CONTINUATION OF REPORT

Driver				
Name	CHEW ZI QIN DIOR		ID No.	S9737795B
Related Vehicle	SKG555Z (Car)		Contact No.	93219501
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 THE STATED DATE, TIME AND LOCATION
BEFORE THE ACCIDENT, I WENT FOR A DRINK AT FRIEND'S HOUSE. UPON LEAVING, I WAS TRAVELLING ALONG THE MENTIONED LOCATION AND WAS INVOLVED IN AN ACCIDENT WITH A MOTORCYCLIST, PATROL OFFICER CONDUCTED A BREATHALYSER TEST. I FAILED THE TEST AT THE SCENE AND WAS ARRESTED FOR DRINK DRIVING. ESCORTED BACK TO TRAFFIC POLICE HQ FOR A SECOND BREATHALYSER TEST.

RESULT SHOWN WAS 41UG (FAILED), EXCEEDED LEGAL LIMIT AND INVESTIGATION OFFICER HAVE TOOK MY STATEMENT, I WAS TOLD TO REPORT BACK ON THE MENTIONED DATE AS STATED IN MY BAIL BOND.

THIS ACCIDENT REPORT IS LODGED UPON INVESTIGATION OFFICER INSTRUCTION.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191225/2012

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

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Report No. T/20191225/2012

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:
TP /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/12/2019 05:57

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: *Eugene Aw Wei Xuan*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

