

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	28/12/2019 09:46
Date Of Accident	27/12/2019 11:30
Exact Location Of Accident	TOA PAYOH LORONG 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4391U
Insured/Policyholder	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	2XXXXX430G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82883233

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100158642-01 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	CHENG LIM YEOW EDWIN
NRIC No	SXXXX957H
Date Of Birth	12/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320613
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 932A HOUGANG AVENUE 9 #15-84
Postcode	S531932
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191227/7024

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	SCR8378C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANG LAN SEE @ PAULINE KANG
NRIC/Passport Number	SXXXX421Z
Contact Number	81638193
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHENG LIM YEOW EDWIN
Approximate Age	35
Injuries Sustain	3 DAYS MEDICAL LEAVE, SORE ON NECK, SHOULDER AND BACK AREAS. KNEE HIT AGAINST DASHBOARD
Injured person in which vehicle?	SLK4391U
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 KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackibkt@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

VEH A : SLK 4391U
VEH B : SCR 8378C

Ten Pagarh Lor 4



Ten Pagarh Lor 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to E/20191227/7024

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vechb@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



E/20191227/7024

1 of 2

POLICE REPORT (NP299)

Report No. E/20191227/7024

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 27/12/2019 18:10	Vide Report No.	Station Diary No.
Name Of Informant CHENG LIM YEOW EDWIN	Address APT BLK 932A HOUGANG AVENUE 9 #15-84 SINGAPORE 531932	
ID Type / ID No. NRIC NO / S8425957H	Contact No. Home/Office:	Mobile: 96320613
Nationality SINGAPORE CITIZEN	Email Address lookfordwin@gmail.com	
Occupation Private Hire Driver	Sex Male	Age 35
Institution/School Name	Date of Birth 12/09/1984	Race Chinese
Date/Time Of Incident 27/12/2019 11:35	Language English	
	Location Of Incident LORONG 4 TOA PAYOH	

Brief details.

On the above mentioned date and time, I was driving my vehicle, SLK4391U, along Toa Payoh Lorong 4 towards Toa Payoh Central.

Suddenly, another vehicle SCR8378C, collided into my front right portion. I alighted after the accident and the other driver admitted that she had not seen my vehicle while she was turning right from Toa Payoh Lorong 3.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 18:10
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



E/20191227/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191227/7024

Later that afternoon, I started feeling muscle soreness on my neck, shoulder and back areas. My right knee had also hit against the dashboard upon the impact during the accident.

I visited my family doctor at Unihealth 24-Hour Clinic (Toa Payoh) and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 18:10
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	