

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	24/01/2020 12:22
Date Of Accident	19/01/2020 08:30
Exact Location Of Accident	ALONG AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2644R
Insured/Policyholder	
Name Of Registered Owner	CHEANG SEOW PENG
NRIC No	SXXXX746D
Email Address	CSPRED2013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92295954
Alternative Phone No	OTHERS-92295954

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081480163-03
Cover Note Number	

Driver

Name of Driver	CHEANG SEOW PENG
NRIC No	SXXXX746D
Date Of Birth	30/09/1957
Occupation	INDOOR
Date Of Driving Pass	25/02/1985
Driving Experience	34 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92295954
Fax Number	
Contact Number	OTHERS-92295954
Email Address	CSPRED2013@GMAIL.COM

Address	BLK 201D PUNGGOL FIELD #09-266
Postcode	824201
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	SUNNY
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?	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	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/20200119/7028

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	UNKNOWN
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 CHEANG SEOW PENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLD2644R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

Policyholder's Signature

Date & Time:

23 Jan. 2020
3.25 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

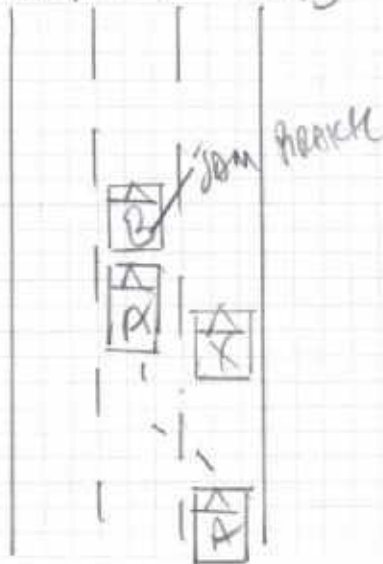
24/01/2020
JEDH WAMM

SKETCH PLAN

Along AIRPORT ROAD

A) SLD 2644R

B) UNKNOWN CAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/20200119/2028

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

23 Jan. 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/01/2020

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 19.01.2020 (DD/MM/YYYY), TIME: 08:30 (HH:MM)

LOCATION: Airport Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD2644R
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5081480163-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis 1.6
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Cheang Seow Peng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1267746D CONTACT: 92295454
 c) ADDRESS: Blk 201D Punggol Field #09-266
S. 824201

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Cheang Seow Peng (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: S1267746D CONTACT: 92295454
 f) ADDRESS: Blk 201D Punggol Field #09-266
S. 824201

* d) DATE OF BIRTH: 30/09/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/2/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown car MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

Email: csprod2013@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200119/7028

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

1 of 3

Report No. T/20200119/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2020 23:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEANG SEOW PENG			Address: APT BLK 201D PUNGGOL FIELD #09-266 SINGAPORE 824201		
ID Type / ID No.: NRIC NO / S1267746D			Contact No.: Home/Office:		Mobile: 92295954
Nationality: SINGAPORE CITIZEN			Email: cspred2013@gmail.com		
Sex: Female	Age: 62	Date of Birth: 30/09/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MANAGEMENT ASSISTANT			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2020 08:30	Type of Location: Straight Road
Location: AIRPORT ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SLD2644R	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD2644R	NTUC Income Insurance Co-Operative Limited	5081480163-03	11/07/2019	10/07/2020



**SINGAPORE
POLICE FORCE**



T/20200119/7028

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

2 of 3

Report No. T/20200119/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEANG SEOW PENG	ID No.	S1267746D
Related Vehicle	SLD2644R (Car)	Contact No.	92295954
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.

I was driving at KPE, exit at Airport Road towards Paya Lebar. While driving along Airport Road (around 20 km), I changed lane, from 3rd lane to 2nd lane, however a car in front suddenly stopped. I quickly stepped brake but hit the car in front (opposite the accident spot can see China Mobile Building). An ambulance came & brought me to Tan Tock Seng Hospital for checks, discharged around 1.30 pm and the Traffic Police came and tow my car away. The Traffic Police said they would contact me regarding the status of the car.



**SINGAPORE
POLICE FORCE**



T/20200119/7028

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

3 of 3

Report No. T/20200119/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/01/2020 23:16

Classification Of Case:

Claim Handling

Accident MT/1080942

Policy No.	5081480163-03	Vehicle No.	SLD2644R	GST Registrati
Certificate No.				
Policyholder Name	CHEANG SEOW PENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	20/01/2020 15:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/01/2020	Time of Accident hh:mm	08:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AIRPORT ROAD TOWARDS MACPHERSON			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				

Policyholder Mailing Address

Address 1	BLK 201D #09-256	Address 2	PUNGGOL FIELD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081480163-03	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)	92295954	Contact No. (Home)	
Email Address	CSPRED2013@GMAIL.COM	OI Vehicle Number	SLD
Claim Description	SLD2644R / UNKNOWN CAR ON 19 Jan 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	24/01/2020 12:21	Claim Close Date	
Report Taken By	ROS LI WAHAB		

☒ Print AK letter

Save

Submit

Attachment

Accident No.
Last Doc. Received

MT/1080942
☒ Yes ☐ No

Claim No.
Upload Date

002
24/01/2020 12:31

Path *

Category *

Confider

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

NO

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Please Select ▼

NO

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Please Select ▼

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:31	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:31	SAS		Normal	S
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:21	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:21	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	Key
		<p>Display in New Window</p> <p>Scan and uploading</p>	

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/01/2020 15:11"/>
Vehicle No.(For Motor)	<input type="text" value="SLD2644R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081480163-03		CHEANG SEOW PENG	S1267746D	GPC	Third Party, Fire & Theft	SLD2644R	SLD2644R	11/07/2019	10/07/2020