### 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 witholding 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	28/01/2020 20:17
Date Of Accident	27/01/2020 14:05
Exact Location Of Accident	ANG MO KIO AVE 4 CARPARK A78
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP2481D
Insured/Policyholder	
Name Of Registered Owner	SEOW KIM CHUAN
NRIC No	SXXXX644A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91917287
Alternative Phone No	OFFICE-91917287
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108120766
Cover Note Number	
Driver	

### Driver

**EMail Address** 

Name of Driver SEOW KIM CHUAN NRIC No SXXXX644A Date Of Birth 17/04/1971 Occupation **OUTDOOR** 16/08/1991 **Date Of Driving Pass Driving Experience** 28 YEARS AND 5 MONTHS MALE Gender Mobile Number (LOCAL) +65-91917287 Fax Number **Contact Number** OFFICE-91917287

**NOEMAIL** 

Address BLK 933A HOUGANG AVE 9 #08-116

Postcode 531933

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 SIDE SWIPE
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?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KEBUN BARU NPP

Police Station Address ROAD: 111 ANG MO KIO AVE 4, POSTCODE: 560111, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT NO: T/20200127/2070

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 SKW4976G Vehicle Make/Model/Colour MAZDA

**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)

### SKETCH PLAN

## IMPORTANT NOTICE

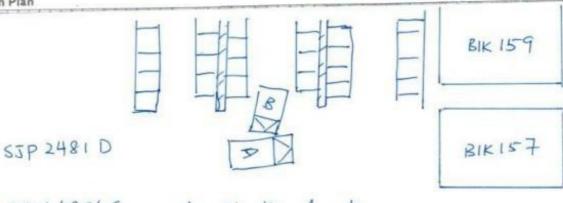
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudlate 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. 5. The 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 afores aid. 8. Consent under the Personal Data Protection Act (PDPA)
- funderstand, solonowledge, 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 law yers/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;
- (ii) 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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



SKW 4976 G

Ang Mo Kio Ave BIK 156

## Sketch Plan #2

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er's Signat	ture / Date i		districts (Minister)	(If driver is not the	policyholder) /	/ Date Witne	ssed by Reporting Centre
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### **POLICE REPORT**





1 of

Report No. T/20200127/2070

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/01/2020 18:00		22

2//01/2020 18:00				22		
Informa	nt's Partic	ulars				
	f Informant: KIM CHUAN		Address: APT BLK 933A HOUGANG AVENUE 9 #08-116 SINGAPORE 531933			
	/ ID No.: O / S71116	44A	Contact No.: Home/Office: Mobile: 91917287			
National SINGAP	ity: PORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 48 17/04/1971			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4	Date of Expiry:		

Type of Accident:	Non-Injury Others	Type of Location Car Park			
Location: Along Road 1 ANG MO KIC CARPARK A	AVENUE 4	2			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Between Mov	ion: ring Vehicles - Head 1	To Side		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	第1000元	STATE OF THE PERSON NAMED IN		ANDER
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP2481D	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue	Slightly Damaged	2
SKW4976G	Car					1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

### POLICE REPORT





T/20200127/2070

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE

Report No. T/20200127/2070

2 of 3

Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of Vi	phicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP2481D	NTUC Income Insurance Co-Operative Limited	5108120766	13/03/2019	15/03/2020

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	No. of Pedestrians Injured: NIL				Cross	ing: NA
Driver	<b>在</b>		THE RESERVE	REAL PROPERTY.		
Name	SEOW KIM CHUAN	ı		ID No.		S7111644A
Related Vehicle	SJP2481D (Car)			Contact No.		91917287
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	1211000	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver				1.70		
Name	HO SOO SIEW			ID No	,	S1386815H
Related Vehicle	SKW4976G (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	- 4/1	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 27/01/2020 at around 1405hrs, I was driving (SJP2481D) at carpark (A78) near Block 157 Ang Mo Kio. After making a right turn into the carpark, I was going straight at a slow speed. Suddenly, this vehicle (SKW4976G) which was on the left sped up and tried to make a right turn which cause it to collide into my vehicle, causing damage to my rear passenger door. We then got out of our vehicles and traded particulars and decided to settle it through insurance.

I wish to state that I have the video footage of the accident.

I am lodging this report for insurance claim.



