

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	01/02/2020 09:49
Date Of Accident	15/01/2020 19:15
Exact Location Of Accident	TAMPINES AVE 2 BEFORE TAMPINES ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ3272P
Insured/Policyholder	
Name Of Registered Owner	EMPIRE LEASING SERVICES PTE LTD
Co Reg No	2XXXXX373M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94554546
Alternative Phone No	OFFICE-94554546

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5115622104
Cover Note Number	

Driver

Name of Driver	CHEANG JEREMY CHRISTOPHER
NRIC No	SXXXX664Z
Date Of Birth	10/10/1984
Occupation	INDOOR
Date Of Driving Pass	21/05/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554546
Fax Number	
Contact Number	OFFICE-94554546
Email Address	NOEMAIL

Address	BLK 499C TAMPINES AVENUE 9 #09-244
Postcode	523499
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	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)	3
Passenger 1	NAME: : SWYNY TARYN-ANN RAE GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

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

REFER TO POLICE REPORT - T/20200117/7017.

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	SBS6233G
Vehicle Make/Model/Colour	MERCEDES CITARO
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YONG CHUNG LUNG

NRIC/Passport Number GXXXX127Q
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEANG JEREMY CHRISTOPHER
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGQ3272P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SWYNY TARYN-ANN RAE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGQ3272P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

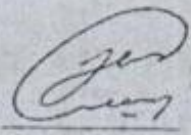
SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 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)

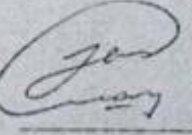
I understand, acknowledge, agree and consent that:

- (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:




Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centre Person's Signature
Name:
HIC/PA No.:

Accident Sketch Plan

SKETCH PLAN

VEN A 11.0 3242 P VEN B 30562334

TAMPAQUES AVE 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Base on Police Report T/20200117/747

DECLARATION

(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:

Reporting Centre Person's Signature
Name:
NRIC/ID No.:

201901/201901/201901/201901

Police Report



**SINGAPORE
POLICE FORCE**



T/20200117/7017

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

1 of 3

Report No. T/20200117/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2020 13:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEANG JEREMY CHRISTOPHER			Address: APT BLK 499C TAMPINES AVENUE 9 #09-244 SINGAPORE 523499		
ID Type / ID No.: NRIC NO / S8432664Z			Contact No.: Home/Office:		Mobile: 94554546
Nationality: SINGAPORE CITIZEN			Email: Jeremycheang@hotmail.com		
Sex: Male	Age: 35	Date of Birth: 10/10/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 19:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SBS6233G	Bus/Coach/Mi nibus				Slightly Damaged	0
SGQ3272P	Car	TOYOTA	WISH	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ3272P		NTUC		

Police Report



**SINGAPORE
POLICE FORCE**



T/20200117/7017

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

2 of 3

Report No. T/20200117/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SWYNY TARYN-ANN RAE	ID No.	S8833714Z
Related Vehicle	SGQ3272P (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHEANG JEREMY CHRISTOPHER	ID No.	S8432664Z
Related Vehicle	SGQ3272P (Car)	Contact No.	94554546
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date,
I was driving my car (Veh A:SGQ3272P) on lane 3 along Tampines Ave 2 before Tampines 11. Suddenly, I felt an impact from my rear and realised a SBS bus (Veh B:SBS6233G) had collided onto my rear. We alighted from our vehicles to exchanged particulars. The SBS driver explained to me that he tried to overtake me from my right but collided onto my bumper accidentally. My wife (SWYNY TARYN-ANN RAE s8833714z) felt pain on her hips and I felt pain on my neck and back thus we went to see a doctor.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20200117/7017

3 of 3

Report No. T/20200117/7017

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 / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

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:
17/01/2020 13:51

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



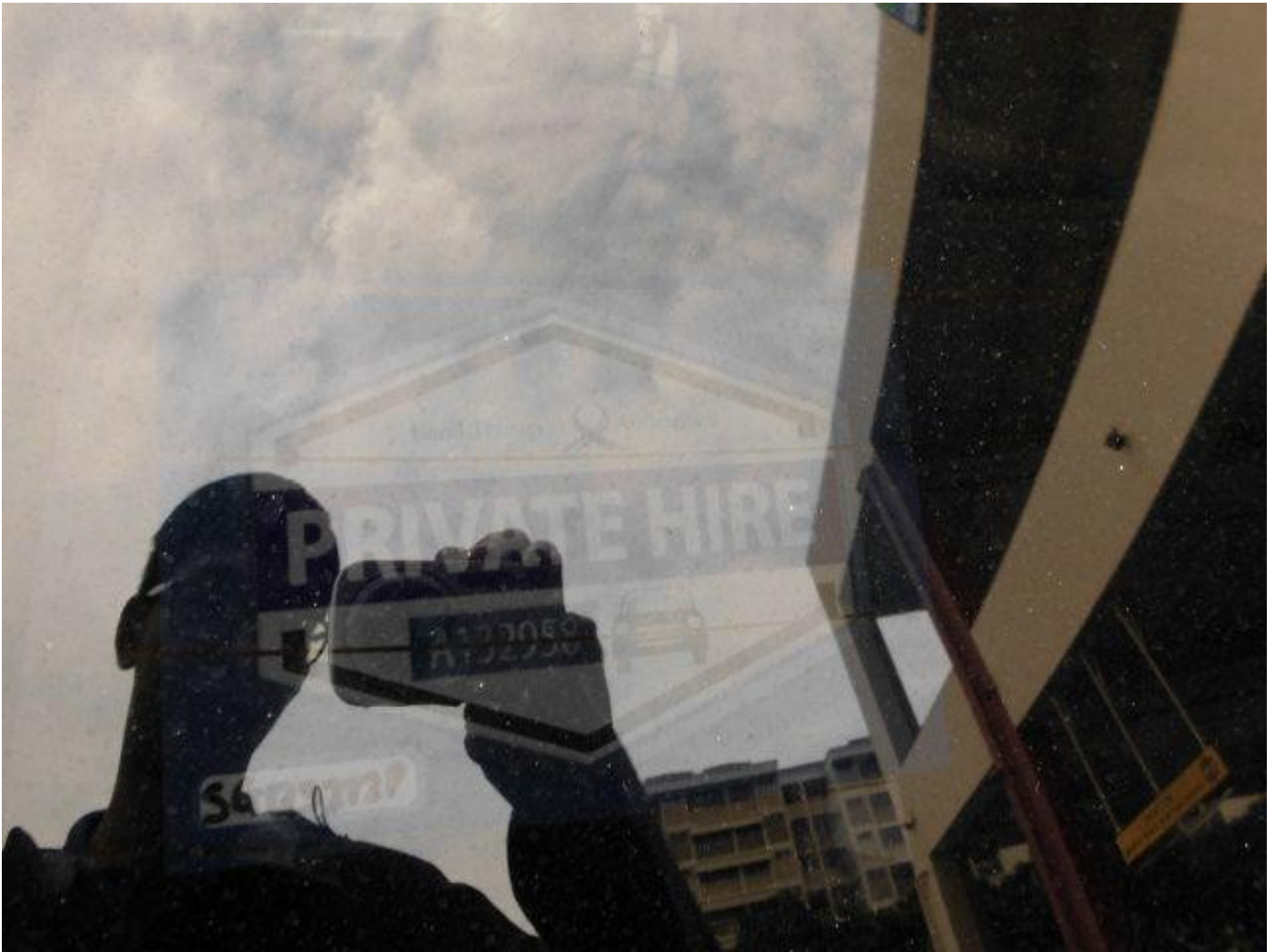
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

