

## 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	29/02/2020 13:22
Date Of Accident	28/02/2020 16:30
Exact Location Of Accident	TAN TOCK SENG HOSPITAL DROP OFF
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3534G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUAHS CAR
Co Reg No	53367218W
Email Address	TAR6985@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93230363
Alternative Phone No	OFFICE-93230363

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113760807 (TP)
Cover Note Number	

### Driver

Name of Driver	CHUA HEANG SANG
NRIC No	S1695118H
Date Of Birth	11/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1987
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93230363
Fax Number	
Contact Number	OTHERS-93230363
Email Address	TAR6985@HOTMAIL.COM

Address	BLK 508 #03-104 WOODLANDS DRIVE 14
Postcode	730508
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SELF-EMPLOYED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	WOODLANDS DIVISION HQ
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. L/20200229/7014 ATTACHED.

#### 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	SHD3384G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN YEOK TECK
NRIC/Passport Number	S0136846Z
Contact Number	97919828
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHUA HEANG SANG
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJY3534G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

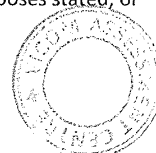
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.

29 FEB 2020

29 FEB 2020



Policyholder's Signature  
Date & Time:

**CHUAHS CAR**

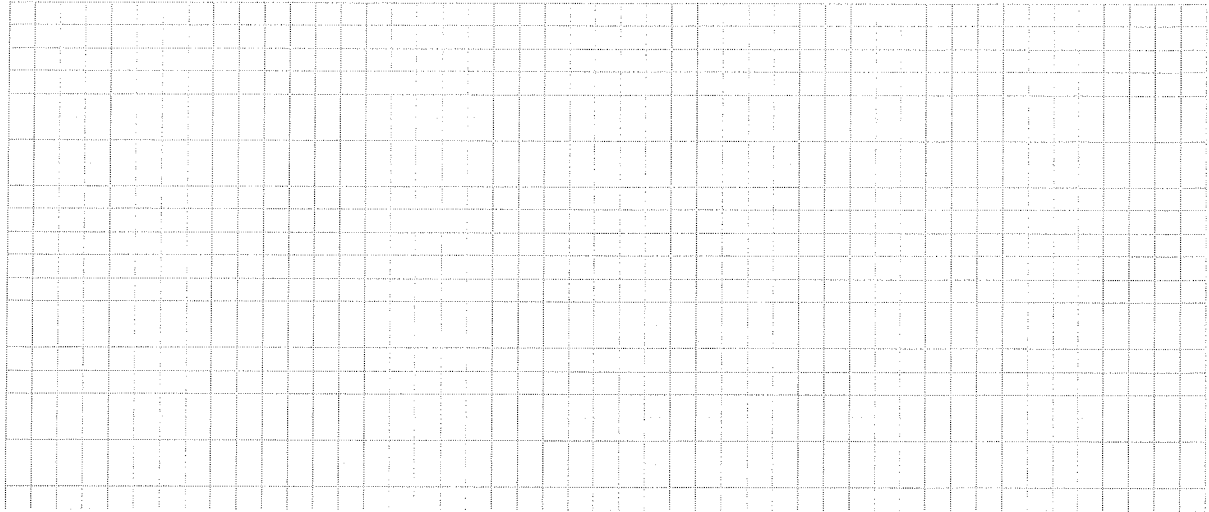
**REG 53367218W**

GIA/MAF Sketch Plan Form V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report.

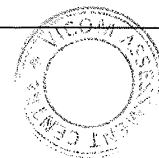
A large diagonal line drawn across the grid area, indicating the accident scene.

DECLARATION

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

29 FEB 2020

29 FEB 2020



Policyholder's Name: CHUAHS CAR  
Date & Time: REG 53367218W  
CIAPMC Sketching Report

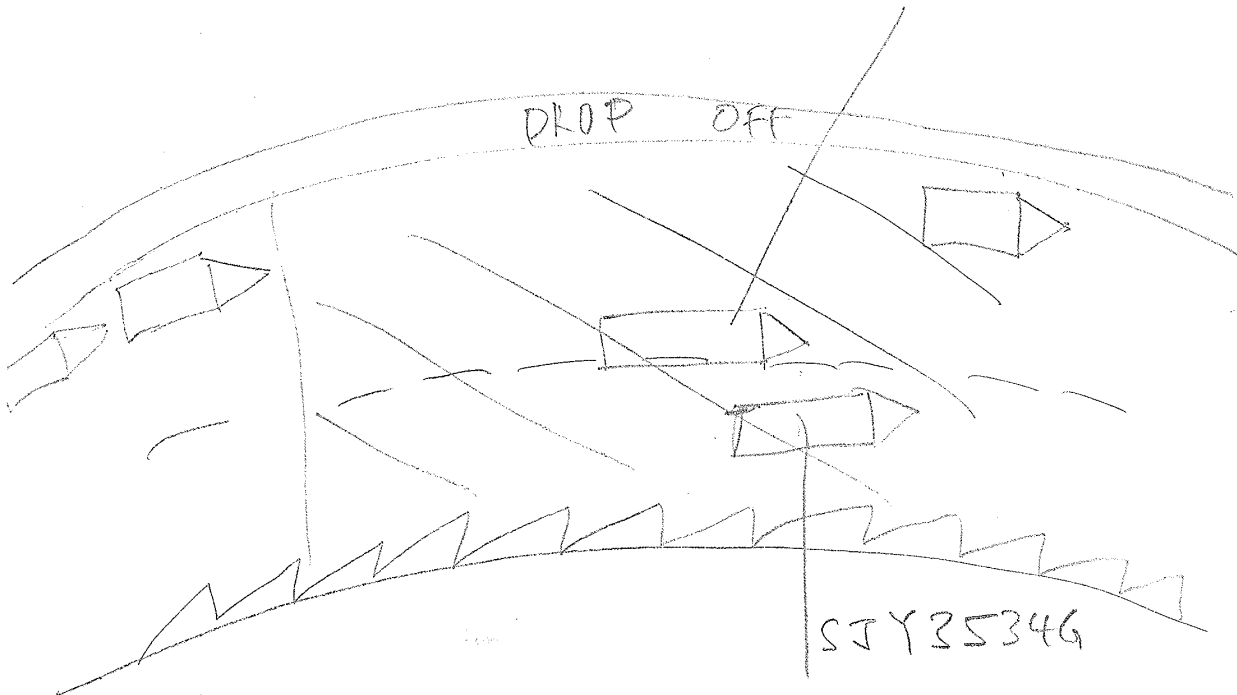
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

TAN TOCK SENG  
HOSPITAL.

SHD 2384B

DROP OFF



SJY 3534G

*[Signature]*

SJY 3534G

CHUAHS CAR  
REG 53367218W



**SINGAPORE  
POLICE FORCE**



L/20200229/7014

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20200229/7014

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 29/02/2020 11:48	Vide Report No.	Station Diary No.
Name Of Informant CHUA HEANG SANG	Address APT BLK 508 WOODLANDS DRIVE 14 #03-104 SINGAPORE 730508	
ID Type / ID No. NRIC NO / S1695118H	Contact No. Home/Office: Mobile: 93230363	
Nationality SINGAPORE CITIZEN	Email Address tar6985@hotmail.com	
Occupation Chauffeur	Sex Male	Age 54
	Date of Birth 11/11/1965	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 28/02/2020 16:30 - 28/02/2020 16:30	Location Of Incident APT BLK 508 WOODLANDS DRIVE 14 #03-104 SINGAPORE 730508	

**Brief details.**

I was driving my car SJY3534G along outside TAN TOCK SENG Hospital drop off point. Taxi numbers SHD3384B was dropping off his passenger in the yellow box , after dropping his passenger, the taxi drove off without seeing my car pass by. As there was a car in front of the taxi, the taxi driver swiped out and was about to drive off. When he was driving off the taxi driver never noticed I was coming and so his taxi scratched and hit my left side of my car and caused the left 2 doors badly damaged. Today 29/02/2020 morning when I woke up I felt my neck painful and cannot turn. I went to see doctor

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: 29/02/2020 11:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20200229/7014

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20200229/7014

and was giving medicine and 5 days MC.

I making this report for insurance claim against the taxi driver.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	TAN YEOK TECK		
ID Type	NRIC NO	ID No	S0136846Z
Gender	Male	Race	Chinese
Language	Chinese		
<b>Victim</b>			
Person Name	CHUA HEANG SANG		
ID Type	NRIC NO	ID No	S1695118H
Gender	Male	Age	54
Race	Chinese	Language	English
Occupation	Chauffeur	Address Type	
Address	APT BLK 508 WOODLANDS DRIVE 14 #03-104 SINGAPORE 730508	Mobile No	93230363
Is Informant A Victim?	Yes		
Person Name	CHUA HEANG SANG (Informant)		

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: 29/02/2020 11:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVA220026668 Vehicle Registration No: SJY35346  
Name (as shown in NRIC) : CHUA HEANG SANG NRIC/FIN/Passport No : S1695118/H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 508 #03-104 Woodland Dr 14 Singapore (730 508)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93230363  
Email Address : \_\_\_\_\_  
Date of Accident : 28/02/2020 Time of Accident : 4.30 pm  
Place of Accident : TAN TOCK SENG Hospital drop off point  
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEHICLE NUMBER TO SHD3384G

CHUAHS CAR

REF 533672101  
Policyholder / Driver's Signature  
Date:

IDAC SIN MING (VAC)

385 Sin Ming Drive  
Reporting Centre Personnel's Signature  
Name: Singapore 975716  
Tel: 6455 5358 (ARC)  
NRIC/FIN No: \_\_\_\_\_  
Fax: 6452 6621  
Date: