

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	18/02/2020 19:55
Date Of Accident	05/02/2020 23:00
Exact Location Of Accident	KITCHENER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7637T
Insured/Policyholder	
Name Of Registered Owner	CAI CHUN XU
NRIC No	SXXXX699C
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 017-7820877
Alternative Phone No	OFFICE-92338188

Vehicle Particulars

Manufacturer	LEXUS
Model	RX270-2.7 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110161741801
Cover Note Number	

Driver

Name of Driver	GOH WEE HUAT
NRIC No	SXXXX016E
Date Of Birth	01/07/1989
Occupation	INDOOR
Date Of Driving Pass	20/09/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-90000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PAID TRIP BASED DRIVER
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?	NO
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: : CAI CHUN XU GENDER: : MALE
Passenger 2	NAME: : MRS CAI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

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	SMM1763C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAYMOND NG
NRIC/Passport Number	SXXXX750G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

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

SKETCH PLAN



A: SKM 7637T
B: SMM 1763C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I HAVE RECEIVED A LETTER FROM UOI MY INSURANCE ASKING ME TO REPORT AS THEY RECEIVED A THIRD PARTY CLAIM. ON THAT DAY, AFTER DINNER, OUR FRIEND ^{HELP US CALL THE DRIVE SERVICE} I AND MY WIFE ARE PASSENGERS ~~IN~~ IN MY CAR AND THE PAID DRIVER (RAYMOND NG) WAS DRIVING AND SUDDENLY HE MADE AN ABRUPT SWERVE TO THE RIGHT AND COLLIDED.

OWNER: CAI CHAN XU.

WHEN WE ALIGHTED, RAYMOND NG (THE PAID DRIVER) TOLD US THAT THE FRONT VEHICLE JAM BRAKE AND HE TRIED TO AVOID BY SWERVING BUT STILL HIT. I PAID THE RAYMOND NG \$38/- FOR THE DRIVING SERVICE. HE SAID HE WILL BE RESPONSIBLE AND TO CLAIM HIS INSURANCE BUT NOW HE IS NOT PICKING UP MY CALL.

THE \$38/- I PAID HIM IS FOR THE TRIP FROM PUTIEN RESTAURANT TO MY HOME (GERALD DRIVE).

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:





**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Sengkang N.P.C.
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

T/20200215/2000

1 of 4

Report No. T/20200215/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
15/02/2020 18:08

Vide Report No

Station Diary No
66

Informant's Particulars

Name of Informant CAI CHUNXU			Address 102 GERALD DRIVE #03-80 SINGAPORE 798593		
ID Type / ID No. NRIC NO / S2638699C			Contact No. Home/Office Mobile: 92338188		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 59	Date of Birth 30/10/1960	Type of Informant Passenger		
Race Chinese			Language		Institution / School Name
Occupation SELF EMPLOYED			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 05/02/2020 22:30	Type of Location
Location: Along Road 1 KITCHENER ROAD 127 KITCHENER ROAD				
Weather		Road Surface	Road Speed Limit	
Traffic Flow		Traffic Control	Traffic Volume	
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
SKM7637T	Car					0
SMM1763C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



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POLICE FORCE**

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No 1800-343 8999



1/20200215/2009

Report No. T/20200215/2009

CONTINUATION OF REPORT



Police Station
Sengkang
2 Sengkang
545025
Tel No. 1

Driver			
Name	RAYMOND NG		ID No. S9118750G
Related Vehicle	SKM7637T (Car)		Contact No. 88152509
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
Passenger			
Name	CAI CHUNXU		ID No. S2638899C
Related Vehicle	SKM7637T (Car)		Contact No. 82338188
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
Driver			
Name	GOH WEE HUAT		ID No. S8922016E
Related Vehicle	SMM1763C (Car)		Contact No. NIL
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.

On 05/02/2020 at about 2230hrs, I was at 127 Kitchener Road for dinner and subsequently I call valet service to drive my vehicle bearing SKM7637T back home. My valet Raymond Ng S9118750G started driving along Kitchener Road and collided onto vehicle bearing SMM1763C. I then asked my valet how he collided and he explained that vehicle bearing SMM1763C jam brake, as such he tried to avoid the vehicle by swerving but collided onto the vehicle.

I wish to state that during the accident police did arrive. The valet informed that he will lodge a report with police and also take full responsible about the matter.

On 14/02/2020, I received a Insurance letter about the accident and I try to call the valet supervisor Tel 94883500 and the supervisor inform that he will be settling the issues. I then questioned the supervisor



**SINGAPORE
POLICE FORCE**



T/20200215/2099

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Report No. T/20200215/2099

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

why he did not claim insurance and the supervisor mention that he do not have insurance.

This is the first time such thing had happen.



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Police Station Of Origin
Sengkang N.P.C.
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8996



1720200215/2008

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Report No. 1720200215/2008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:
F/
Sgt 2 ONG JING YING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No. 65476195

Authentication Stamp
NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
15/02/2020 18:08

Classification Of Case:

SN 085