

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	26/03/2020 16:42
Date Of Accident	25/03/2020 16:35
Exact Location Of Accident	MIDVIEW CITY CARPARK AT 18 SIN MING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9063U
Insured/Policyholder	
Name Of Registered Owner	CARS SELECT PTE. LTD.
Co Reg No	2XXXXX976R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91416611
Alternative Phone No	OFFICE-62620728

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO OFFICE
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	MOTOR TRADE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094757815-02
Cover Note Number	

Driver

Name of Driver	CHAI CHARNG JIE
NRIC No	GXXXXX914Q
Date Of Birth	12/12/1992
Occupation	INDOOR
Date Of Driving Pass	15/05/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91416611
Fax Number	
Contact Number	OFFICE-62620728
EEmail Address	NOEMAIL

Address	BLK 386 BUKIT BATOK WEST AVENUE5 #24-348
Postcode	650386
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200325/2140 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJV9131L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YANG GUANGXI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHAI CHARNG JIE
Approximate Age	
Injuries Sustain	NECK AND HEAD PAIN
Injured person in which vehicle?	SJW9063U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

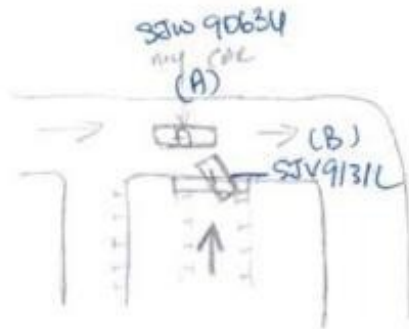
Policyholder's Signature
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: _____

Accident Sketch Plan

SKETCH PLAN



MIDVIEW CITY CARPARK
18 DIN MING LANE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I CHAI CHARNG JIE WAS DRIVING MY COMPANY VEHICLE
TOYOTA ALTIS SJW 9063U BACK TO MY OFFICE ON A
STRAIGHT ROAD WHEN A CAR BLACK KIA KOND
CERATO SJV 9131L SUDDENLY CAME OUT AND BANG MY
VEHICLE.

POLICE REPORT T/20200325/2140

DECLARATION

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

OWNER

100%

26/03/2020
Resh Loo

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200325/2140

Police Station Of Origin:
Yishun South N P C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No: T/20200325/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2020 23:10	Vide Report No.:	Station Diary No: 151
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Informant's Particulars			
Name of Informant: CHAI CHARNG JIE		Address: 386 BUKIT BATOK WEST AVENUE 5 #24-348 GOODVIEW GARDENS SINGAPORE 650386	
ID Type / ID No: FIN NO / G8790914Q		Contact No.: Home/Office: Mobile: 91416611	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 27	Date of Birth: 12/12/1992	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other stall sales workers		Driving Licence Information: Class: 2B,3C Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2020 16:35	Type of Location: Car Park
Location: Along Road 1 SIN MING LANE Along 18 Sin Ming Lane, Midview city carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV9131L	Car					0
SJW9063U	Car				Slightly Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200325/2140

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No. 1800-8522999

2 of 3

Report No. T/20200325/2140

CONTINUATION OF REPORT

Driver			
Name	CHAI CHARNG JIE	ID No.	G8790914Q
Related Vehicle	SJW9063U (Car)	Contact No.	91416611
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	25/03/2020	Date Discharge	25/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

I am working as a car sales at the company Car Search Pte Ltd located at 18 Sin Ming Lane, Mid view city.

On 25/03/2020 at about 1635hrs. I was driving my company car bearing the registration plate number SJW9063U at the ground level carpark. While going straight, suddenly there was a car bearing the registration plate number SJV913L, which was turning out from my driver side and collided to my car. No one was injured at the point of time. Both of us then exchanged particulars and agreed to claimed via insurance. Both of us then left. My company car's driver side front bumper was came off and the driver side door dented.

After the accident, I felt pain at my neck and head area, as such I went to Central 24-HR clinic (Yishun) to made a check and I was given 3 days of MC.

I would like to state that there was a stop line on the lane where the car was turning out from

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200325/2140

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No. 1800-8522999

3 of 3

Report No. T/20200325/2140

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 CHIN JING SI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/03/2020 23:10

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

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

