

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	27/03/2020 11:42
Date Of Accident	15/01/2020 17:00
Exact Location Of Accident	LOR 15 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4300H
Insured/Policyholder	
Name Of Registered Owner	ACTIVE VISUAL PTE LTD
Co Reg No	2XXXXX540H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94480281

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5076186185-04
Cover Note Number	

Driver

Name of Driver	CHEW SHENG KIT
NRIC No	SXXXX943E
Date Of Birth	16/01/1988
Occupation	INDOOR
Date Of Driving Pass	11/01/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94480281
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 427 BEDOK NORTH RD #11-649
Postcode	460427
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : 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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG SIMS AVE WHILE APPROACHING LOR 15 GEYLANG, I INTEND TO TURN INTO LOR 15, BEFORE TURNING, I SAW THE TAXI WAS STATIONARY AT THE DOUBLE YELLOW LINE ALONG THE ROAD SIDE, AFTER MAKE SURE THE TAXI NEVER MOVE, I SLOWLY TURNING INTO LOR 15, SUDDENLY THE TAXI MOVE WITHOUT CHECKING ON THE LEFT SIDE TRAFFIC AND HIT ONTO MY VEH RIGHT REAR PORTION. AFTER THE INCIDENT, THE TAXI DRIVER SAY DON'T WANT TO REPORT TO INSURANCE, SO I NEVER FILE ANY INSURANCE REPORT, I ONLY WENT TO BEDOK NORTH NPC TO FILE A NOTICE OF REPORTING. UNTIL 24 OF MARCH, I RECEIVED A CALL FROM SMRT SAYING THAT I HAVE TAKE ALL RESPONSIBLE AND PAY ALL THE REPAIR COST OF THE TAXI DUE TO I NEVER FILE INSURANCE REPORT, THERE ALSO MENTIONED MY INSURANCE COMPANY ALREADY CLOSE THE CASE AND WILL NOT TAKE OVER THE CASE.

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 Witness 1

Name	MADAM GUO
Phone Number	91690976
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB177T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

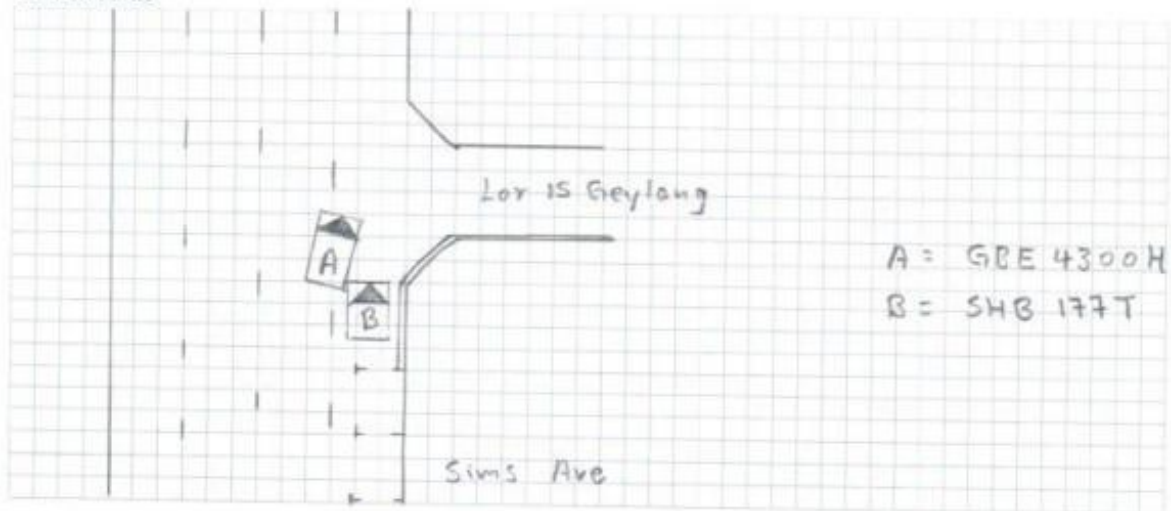

Policyholder's Signature:
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

I/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 Personnel's Signature
Name:
NRIC/FIN No.:

NOTICE OF REPORT

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Chew Sheng Kit, NRIC: S8864943E, has reported to the Police a non-injury traffic accident which occurred at Lorong 15 gevlang on 15/01/2015 at 5:00pm involving the following vehicles:

GBE4300H (Isuzu lorry)

SHB 177T (Toyota Prius)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SSGT Muhammad Tarmizi

Date: 16/01/2020

Time: 0020hrs

S/D Ref: 5

Police Post/ Unit: BEDOK NORTH NPC

Original – To be issued to informant

Duplicate- to be submitted to Traffic Police

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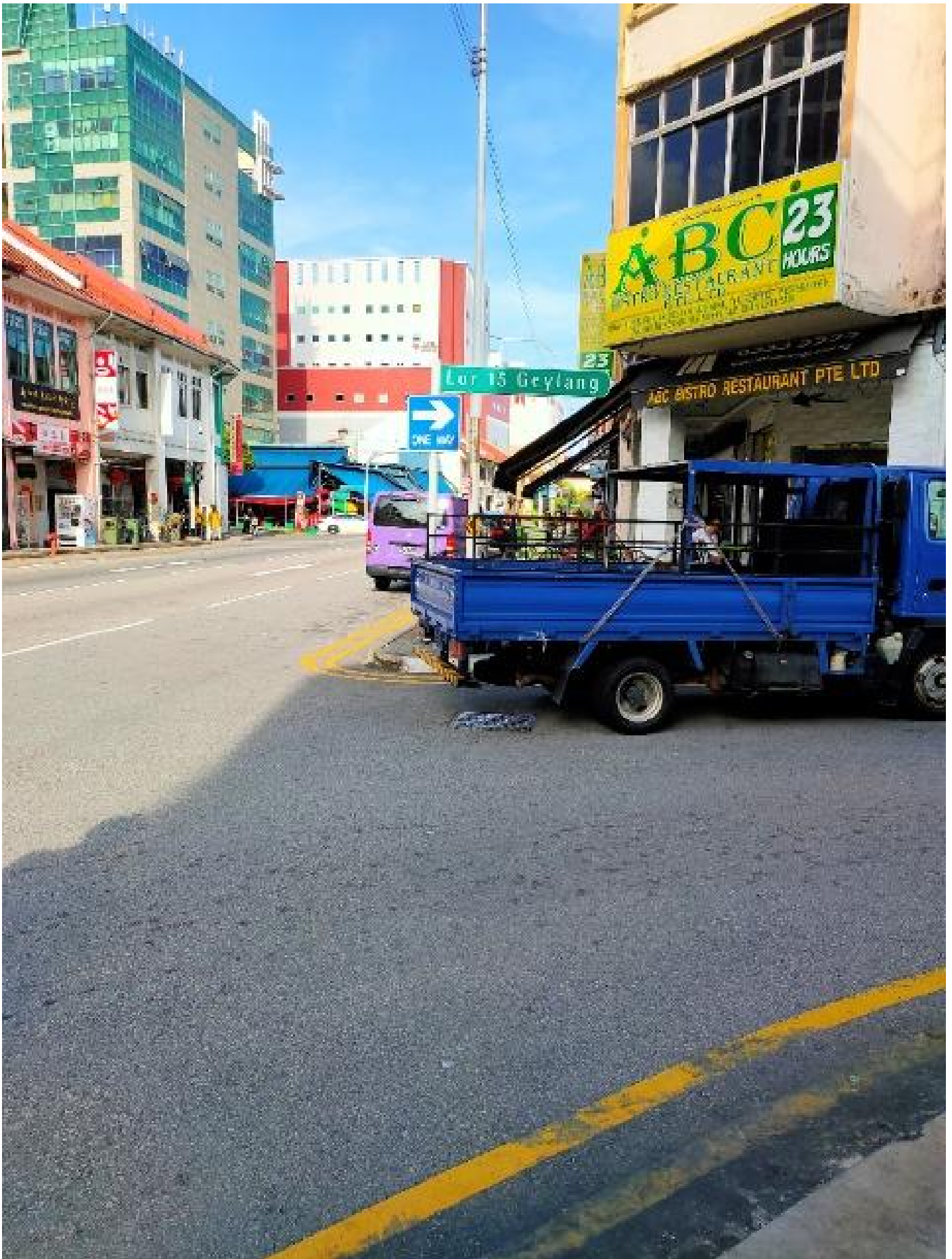
Accident Photo



Accident Photo



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Accident Photo



Accident Photo



CHASSIS NO : JAANHR85E F7100385

U/W : 1700 KG

M/L/W : 3500 KG

PASS CAP : 02

TYRE SIZE : F 195-75R15(S)

: R 145R13-8P-R(D)