

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	04/04/2020 12:30
Date Of Accident	03/04/2020 21:55
Exact Location Of Accident	BLK 140 TECK WHYE LANE LOADING/UNLOADING NEAR 7-11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9945L
Insured/Policyholder	
Name Of Registered Owner	CHEN WEIRONG
NRIC No	SXXXX420B
Email Address	WEIRONG88CHEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98553951
Alternative Phone No	OTHERS-98553951

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113240784
Cover Note Number	

Driver

Name of Driver	CHEN WEIRONG
NRIC No	SXXXX420B
Date Of Birth	14/05/1988
Occupation	INDOOR
Date Of Driving Pass	24/06/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98553951
Fax Number	
Contact Number	OTHERS-98553951
Email Address	WEIRONG88CHEN@GMAIL.COM

Address	BLK 610 CHOA CHU KANG STREET 62 #05-157
Postcode	680610
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)	2
Passenger 1	NAME: : CHAI JIA LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

Details of Witness 1

Name	MATHEW
Phone Number	81686064
Email Address	

Details of Witness 2

Name	DELIVERY DRIVER (CHINESE MALE)
Phone Number	87291069

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7058C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	REAR LEFT
Vehicle Category	TAXI
Name of Driver	KWEK LAI HIYONG
NRIC/Passport Number	SXXXX022E
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHEN WEIRONG
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SMN9945L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAI JIA LING
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SMN9945L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

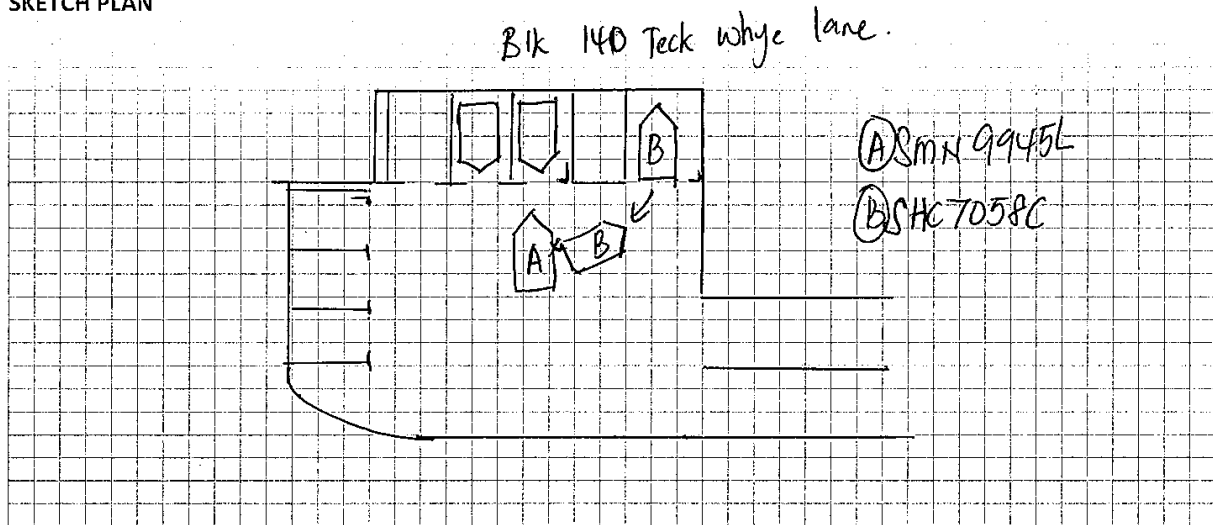
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



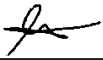
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report


T/20200404/2002.

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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200404/2002

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No: T/20200404/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2020 00:24		Vide Report No.:		Station Diary No.: 1
Informant's Particulars				
Name of Informant: CHEN WEIRONG		Address: APT BLK 610 CHOA CHU KANG STREET 62 #05-157 SINGAPORE 680610		
ID Type / ID No.: NRIC NO / S8816420B		Contact No.: Home/Office: Mobile: 98553951		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 14/05/1988	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Construction Manager		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2020 21:55	Type of Location: Car Park
Location: Along Road 1 TECK WHYE LANE				
Loading unloading area near 7-11 Teck Whye Blk 140				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHC7058C	Car				Slightly Damaged	0
SMN9945L	Car				Slightly Damaged	1

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



**SINGAPORE
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Report No. T/20200404/2002

CONTINUATION OF REPORT

Passenger			
Name	Chai Jia Ling	ID No.	S8920783E
Related Vehicle	SMN9945L (Car)	Contact No.	82823577
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHEN WEIRONG	ID No.	S8816420B
Related Vehicle	SMN9945L (Car)	Contact No.	98553951
Hospital/Clinic	CCK Family Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Kwek Lai Hiyong	ID No.	S1321022E
Related Vehicle	NIL	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 the 03/04/2020 at 2155hrs, I was parked at one of the lots (Unknown number) and was driving out of the carpark after I did my chores. I tried to maneuver out of the carpark which was quite congested with other vehicles. I noticed a taxi bearing the stated number reversing and its rear was inching towards my side. I horned once at the taxi in hope that it will grab the driver's attention. Its rear hit onto my driver's side and the taxi then moved forward. I alighted my vehicle and proceeded over to the taxi. The driver then alighted the vehicle and tried to blame me for the accident. He informed me that I did not check my blind-spot and that resulted in my vehicle hitting him. There was a few witnesses who was at the location and they assisted me to attain a video recording of the accident from a lorry parked at the location.

I wish to state that my car suffered a dent to my side and my side mirror is damaged. The estimation of the damages is \$3000. I did not see any damages to the taxi and its bumper. The taxi driver



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Report No: T/20200404/2002

CONTINUATION OF REPORT

did not complain of any pain and wanted me to settle with our insurance company. I suffered some pain on right shoulder and the side of my neck. I was given 3 days of MC. My passenger, Ms Jia Ling suffered some pain on her right shoulder till her neck area. She was also given 3 days of MC for her pain. The witness who agreed to assist me are:

- 1) Mathew HP: 81686064
- 2) Male Chinese in his 60's Hp: 87291069 (Passed me a collection of videos worth 3 mins of the accident) Vehicle: YP2865C

Mr Matthew informed that his 3 friends are willing to assist in the investigations and he will provide their number when requested.

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Report No. T/20200404/2002**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:

J /

Sr Staff Sgt MUHAMMAD FIRDAUS BIN
SAPARUAN TUS264

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP/GIA

SINGAPORE
POLICE FORCE
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/04/2020 00:24

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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