

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/05/2020 (dd/mm/yy) Time of Accident: 10.20 (24-HR-FORMAT)
Vehicle No.: GBH 8783 E Vehicle Make & Model: Toyota Hiace
Exact location of Accident: Along Eunos Link
Policyholder's Name: FCY Enterprise NRIC/FIN/REG No.: 52836578M
Driver's Name: Chua Chang Aik NRIC/FIN/REG No.: 59416885F
Driver's Contact No.: 812/5894 Company Contact No.: _____
Date of birth: 20/04/94 Driving Pass Date: 29/9/2015
Driver's Address: Blk 608 Hougang Ave 4 #03-151 5530608
Insurance Company: NILC TMS
Policy No.: S11118430-000001 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other Head To Side

Occupation (nature job) ☐ Indoor / ☒ Outdoor *No. of Passengers / Including Driver): 01

*Passanger Name: NIL Gender: Male / Female

*Passanger Name: NIL Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: Chua Chang Aik

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBJ 7583 C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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 Authorized Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful 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 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:

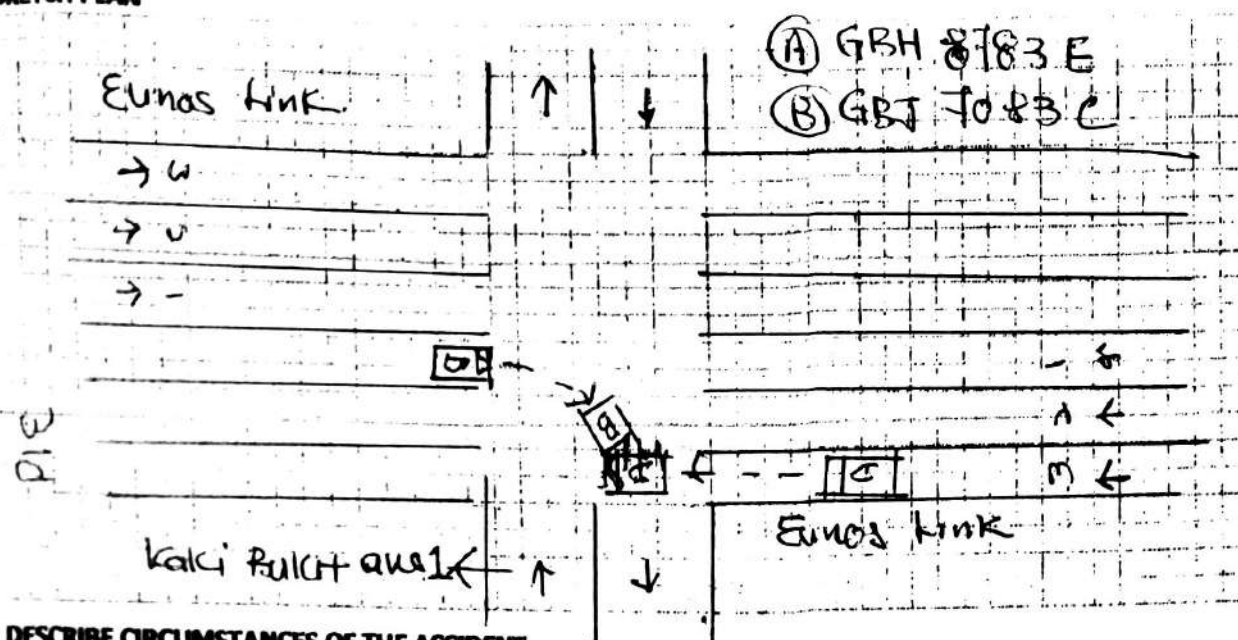
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20200523/2001.

DECLARATION

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



Police Officer's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20200523/2001

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Report No. T/20200523/2001

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No. 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2020 02:12	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CHUA CHANG AIK			Address: APT BLK 608 HOUGANG AVENUE 4 #03-151 SINGAPORE 530608	
ID Type / ID No.: NRIC NO / S9416885F			Contact No.: Home/Office: Mobile: 81215894	
Nationality: SINGAPORE CITIZEN			Email: Lynho2651@gmail.com	
Sex: Male	Age: 26	Date of Birth: 29/04/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: QEXPRESS SELF-CONTRACTOR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/05/2020 10:20	Type of Location: Straight Road
Location: Along Road 1 EUNOS LINK				
Along Eunos Link towards PIE on Lane 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBH8783E	Van	TOYOTA	HIACE VAN TURBO 5DR MT	Silver	Seriously Damaged	0
GBJ7283C	Van	MERCEDES BENZ	SPRINTER 316CDI/3665 HR 4X2 (AUTO, ABS)	White	Seriously Damaged	1



**SINGAPORE
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T/20200523/2001

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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200523/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA CHANG AIK	ID No.	S9416885F
Related Vehicle	GBH8783E (Van)	Contact No.	81215894
Hospital/Clinic	INTERMEDICAL 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2020	Date Discharge	22/05/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 22/05/2020 at 1020hrs, I was driving a rented van bearing plate number, GBH8783E along Eunos Link towards PIE on Lane 3. I wish to state that the traffic light was green in my favour when I proceed straight. Suddenly, a Fedex van bearing plate number, GBJ7283C on the opposite direction make a right turn. He did not stop neither give way and hit on my right hand portion. After the collision, the driver got out of the vehicle, I wish to state that I was trapped in the van and had to go out from the passenger side. I sustain injury on my neck, arm and back. I wish to state that traffic police is at scene. The other driver exchange particulars with me and I declined his offer to be conveyed by ambulance. I wish to state that I seek medical treatment and receive 5 days of MC. I have a witness contact number (Alvin, hp: 84181863). I wish to state that I have an in-car camera. My vehicle could not be moved after the collision.



**SINGAPORE
POLICE FORCE**



T/20200523/2001

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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:
G /
Sgt 3 NAZEEHA BINTE MOHAMAD NASSIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No: 65476246

Signature Of Informant:

Date/Time:
23/05/2020 02:12

Classification Of Case:

Authentication Stamp
NP168