

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	27/05/2020 09:24
Date Of Accident	26/05/2020 20:55
Exact Location Of Accident	ALONG BEDOK RESERVOIR TOWARDS PIE NEAR BLK 705
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8062A
Insured/Policyholder	
Name Of Registered Owner	CHEW YAM SONG
NRIC No	SXXXX152G
Email Address	ADMIN@EVERGREENSEAFOOD.COM.SG
Mobile Phone No	(LOCAL) +65-91799988
Alternative Phone No	OTHERS-91799988

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-3.5 RX450 (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?	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	5117173702
Cover Note Number	09/05/2020 - 07/04/2021

Driver

Name of Driver	CHEW YAM SONG
NRIC No	SXXXX152G
Date Of Birth	26/01/1951
Occupation	INDOOR
Date Of Driving Pass	24/04/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91799988
Fax Number	
Contact Number	OTHERS-91799988
EEmail Address	ADMIN@EVERGREENSEAFOOD.COM.SG

Address	513 HOUGANG AVENUE 10 #12-247
Postcode	530513
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 - CHANGE/CROSS LANE
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG BLK 705 BEDOK RESERVOIR BUS STOP TOWARDS PIE, SUDDENLY VEHICLE B (GBG7001R) FROM THE OPPOSITE DIRECTION CROSS OVER THE DIVIDER AND HIT ONTO MY VEHICLE. THE IMPACT WAS HUGE AND CAUSED MY VEHICLE TO TURN 3 ROUNDS, I APPLIED EMERGENCY BRAKE IMMEDIATELY TRYING TO STOP THE VEHICLE. I HAD WATCHED A VIDEO SUBMITTED BY ANOTHER ONLINE USER, IT CLEARLY SHOWS THAT THERE WAS A RED VEHICLE HITTING VEHICLE B, DUE TO THE IMPACT, VEHICLE B CROSS THE DIVIDER AND CAME TO HIT ONTO MY VEHICLE.

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	GBG7001R
Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

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

DETAILS OF OTHER VEHICLE PROPERTY 3

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

DETAILS OF INJURED PERSON 1

Name CHEW YAM SONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLX8062A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address 513 HOUGANG AVENUE 10
#12-247
Postcode 530513

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

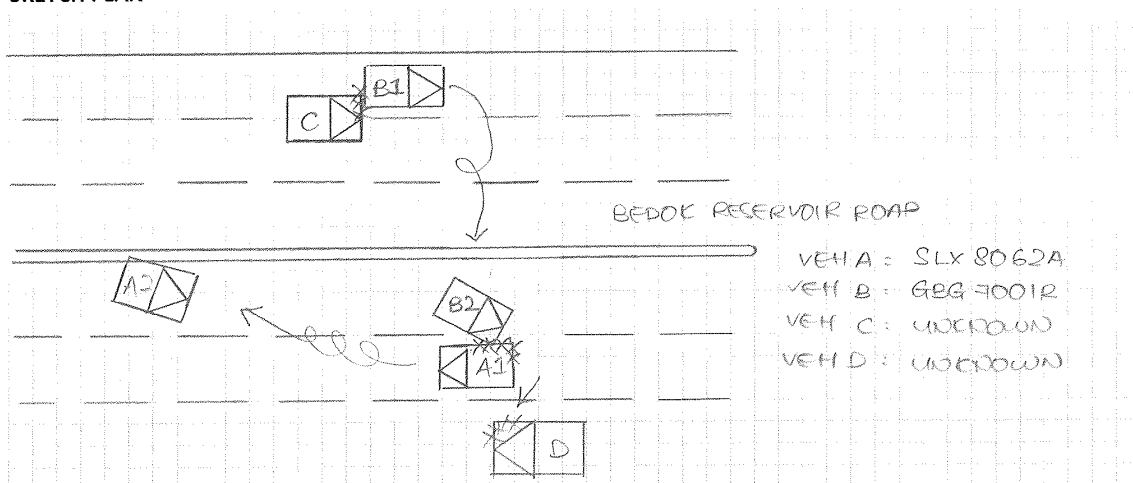
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GIA REPORT.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.		Reporting Only
		Claim OD
	✓	Claim TP
		Claim OD/TP at other workshop

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.:





**SINGAPORE
POLICE FORCE**



T/20200527/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200527/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2020 11:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW YAM SONG			Address: APT BLK 513 HOUGANG AVENUE 10 #12-247 SINGAPORE 530513		
ID Type / ID No.: NRIC NO / S0174152G			Contact No.: Home/Office: Mobile: 91799988		
Nationality: SINGAPORE CITIZEN			Email: admin@evergreenseafood.com.sg		
Sex: Male	Age: 69	Date of Birth: 26/01/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2020 20:55	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: HIT BY VEHICLE FROM OPPOSITE DIRECTION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7001R	Lorry					0
SLX8062A	Car	TOYOTA	LEXUS RX450H	White		0
UNKNOWN C (Not Accurate)	Car					0
UNKNOWN D (Not Accurate)	Car					0



**SINGAPORE
POLICE FORCE**



T/20200527/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200527/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX8062A	NTUC Income Insurance Co-Operative Limited	5117173702	09/05/2020	07/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW YAM SONG		ID No. S0174152G
Related Vehicle	SLX8062A (Car)		Contact No. 91799988
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/05/2020	Date Discharge	26/05/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20200527/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200527/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476256

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/05/2020 11:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

