

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	25/02/2020 14:15
Date Of Accident	24/02/2020 10:00
Exact Location Of Accident	354 - ALEXIS - ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ631Y
Insured/Policyholder	
Name Of Registered Owner	CHEW CHENG CHUA
NRIC No	SXXXX112J
Email Address	PETERCHEW1956@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93824943
Alternative Phone No	OFFICE-93824943

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107485991-01
Cover Note Number	

Driver

Name of Driver	CHEW CHENG CHUA
NRIC No	SXXXX112J
Date Of Birth	29/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1974
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824943
Fax Number	
Contact Number	OFFICE-93824943
Email Address	PETERCHEW1956@GMAIL.COM

Address	BLK 330 TAH CHING ROAD #11-84
Postcode	610330
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 - MAJOR/MINOR RD
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?	YES
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: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF8475E
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA

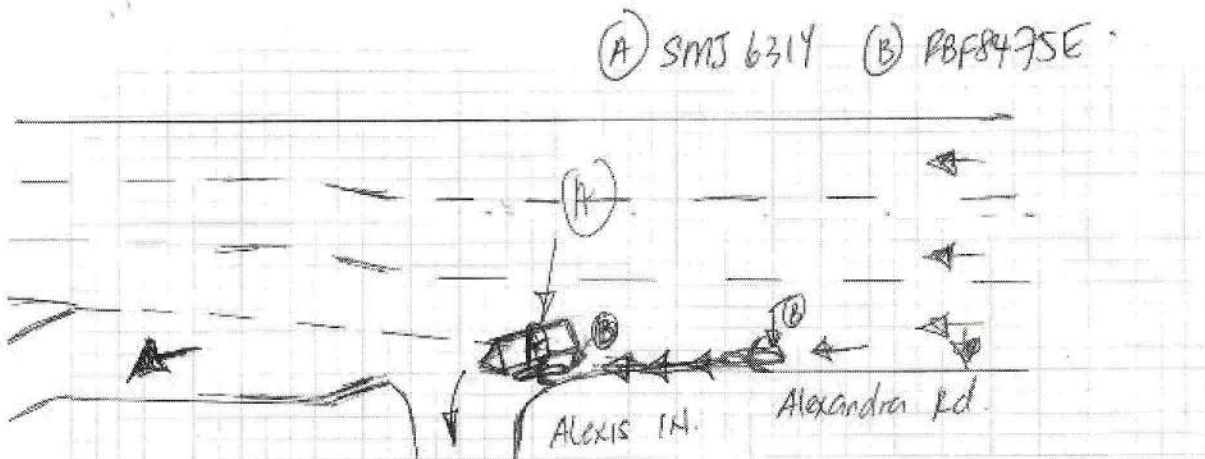
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NA
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBF8475E
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	NA
Postcode	NA

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
7/20200224/2062

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.:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

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

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200224/2062

1 of 3

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20200224/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2020 13:42	Vide Report No.: D/20200224/0073	Station Diary No.: 92
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Informant's Particulars			
Name of Informant: CHEW CHENG CHUA		Address: APT BLK 330 TAH CHING ROAD #11-84 SINGAPORE 610330	
ID Type / ID No.: NRIC NO / S1162112J		Contact No.: Home/Office: Mobile: 93824943	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 29/03/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/02/2020 10:00	Type of Location: Bend
Location: Along Road 1 ALEXANDRA ROAD IN FRONT OF 354 ALEXIS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBF8475E	Motorcycle					0
SMJ631Y	Car	TOYOTA	SIENTA STANDARD (AUTO)	Silver	Slightly Damaged	1

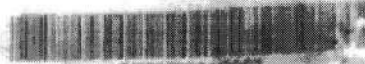
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Common Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20200224/2062

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Report No. T/20200224/2062

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMJ631Y	NTUC Income Insurance Co-Operative Limited	5107485991-01	21/02/2020	20/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW CHENG CHUA	ID No.	S1162112J
Related Vehicle	SMJ631Y (Car)	Contact No.	93824943
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/02/2020 at about 1000hrs, I was driving my car, SMJ631Y along ALEXANDRA ROAD at the turn towards 354 ALEXIS ALEXANDRA when another motorcycle, FBF8475E collided into the left side of my car.

As I had wanted to turn left into ALEXIS CONDOMINIUM, the motorcycle collided into the left side of my car.

After the accident, I checked on my passenger if he was okay and that he was unhurt. Subsequently, after checking on my passenger I got off and immediately checked on the motorcyclist. Said motorcyclist was lying on the floor and passerby came by to assist him. I did not acquire his particulars as there were a lot of passerby assisting him already, and they had also called Ambulance as well as Police.

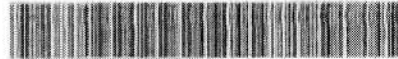
Traffic Police and Ambulance came to the scene and conveyed him to hospital. Traffic Police also told me to lodge a report as soon as I was available.

I wish to state that I did not consume any intoxicating substances prior to the accident. I also wish to state that I have supplied my SD Card to the Traffic Police Officer who attended the scene.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200224/2062

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20200224/2062

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 /

Sgt 2 CHIANG WEI TONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/02/2020 13:42

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200301/207

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200301

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ631Y	NTUC Income Insurance Co-Operative Limited	5107485991-01	21/02/2020	20/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEW CHENG CHUA		ID No.	S1162112J
Related Vehicle	SMJ631Y (Car)		Contact No.	93824943
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 24/02/2020 at about 1000hrs, I was driving my car, SMJ631Y along ALEXANDRA ROAD at the left turn towards 354 Alexis Condominium when another motorcycle, FBF8475E collided into the left side of my car.

After the accident, I checked on my passenger if he was okay and that he was unhurt. Subsequently, after checking on my passenger I got off and immediately checked on the motorcyclist. Said motorcyclist was lying on the floor and passerby came by to assist him. I did not acquire his particulars as there were a lot of passerby assisting him already, and they had also called Ambulance as well as Police.

Traffic Police and Ambulance came to the scene and conveyed him to hospital. Traffic Police also told me to lodge a report as soon as I was available. I felt some pain to my back and giddiness upon reaching home. I have taken Panadol and have yet to see the doctor.

I wish to state that I did not consume any intoxicating substances prior to the accident. I also wish to state that I have supplied my SD Card to the Traffic Police Officer who attended the scene.