

## 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	22/06/2020 16:24
Date Of Accident	11/06/2020 09:30
Exact Location Of Accident	6A NAPIER RD,DROP OFF POINT AT GLENEAGLES HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL4200D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWOK CHOW THIM
NRIC No	SXXXX719E
Email Address	KEDUMEDIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81119926
Alternative Phone No	OTHERS-81119926

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO-1.2 TSI (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19094576MVPC/1
Cover Note Number	

### Driver

Name of Driver	KWOK CHOW THIM
NRIC No	SXXXX719E
Date Of Birth	26/03/1953
Occupation	INDOOR
Date Of Driving Pass	10/06/1981
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81119926
Fax Number	
Contact Number	OTHERS-81119926
EEmail Address	KEDUMEDIA@GMAIL.COM

Address	BLK 115 CLEMENTI STREET 13 #08-56
Postcode	120115
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200617/2027

#### 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	UNKNOWN
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:

22 Jun 2020  
1505 hr

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

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

22/06/2020  
Roshni Kohli

Accident Sketch Plan

SKETCH PLAN

AS PER ANACT.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 16/6/2020 at about 17:20 hrs, I received a letter from Traffic Police requiring me to lodge a traffic accident report which took place along Napier Road on 11 Jun 2020 at 0930

REFER TO POLICE REPORT 7/20200617/2020

DECLARATION

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

  
22 Jun 2020  
Policyholder's Signature  
Date & Time: 1505 hr

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

  
22/06/2020  
Reporting Centre Personnel's Signature  
Name: Keri Walters  
NRIC/FIN No.:

Accident Sketch Plan

6/17/2020

geneagles hospital singapore driveway plan - Google Maps

Google Maps geneagles hospital singapore driveway plan



"geneagles hospital singapore"

Geneagles Hospital

Private hospital · 5A Napier Rd



Don't see what you're looking for?  
Try Google Search instead

Should this place be on  
Google Maps?  
Add a missing place



*gan* 22/06/2020  
Res: WAFAB





## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200617/2027

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20200617/2027

### CONTINUATION OF REPORT

#### Brief Details.

On 16/06/2020 at about 2015hrs, I received a letter from the Traffic Police requiring me to lodge a traffic accident report which took place along Napier Road on 11/06/2020 at 0930hrs.

I do not recall that I was involved in any accident but there is one incident which took place on the same day at about 0938hrs. I had just dropped off my wife at the drop off point.

I wish to state that my vehicle did brush against another blue-coloured taxi which was stationary at the mentioned round-about. The blue-coloured taxi was also not parked properly.

On the same day after 15mins from the incident that took place at 0938hrs, I did a check on my vehicle as I heard sounds coming from the front left part of my vehicle earlier on when I was at Gleneagles Hospital. I found no damage on my vehicle. With that, I thought my vehicle did not brush through the blue-coloured taxi.

I have in-car camera but I did not inserted any memory card in it.

There are CCTVs located at the hospital covering the round-about.

I called the Traffic Police Investigating Officer Tan Jeok Leng, Leslie (65476144) and I was advised to lodge an Accident Report at any nearest police station or post. Ref to TP/IP/25675/2020.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200617/2027

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 - SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3  
Report No. T/20200617/2027

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: D / SI IMRAN BIN MOHAMMAD HAJAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2020 11:54
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

