

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	30/06/2020 14:43
Date Of Accident	29/06/2020 16:55
Exact Location Of Accident	PENANG RD TWDS BUYONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5118Y
Insured/Policyholder	
Name Of Registered Owner	ARMSTER PTE LTD
Co Reg No	1XXXXX005H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81028151

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	GOING TO ION ORCHARD
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113558290
Cover Note Number	

Driver

Name of Driver	CHOW LAI YEW
NRIC No	SXXXX617Z
Date Of Birth	07/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97608583
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1C CANTONMENT ROAD #41-25
Postcode	085301
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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
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

PLS REFER TO THE POLICE REPORT: T/20200701/2016

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	SDS618X
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH KIM TECK
NRIC/Passport Number	SXXXX462E
Contact Number	97886822
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHOW LAI YEW
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBC5118Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

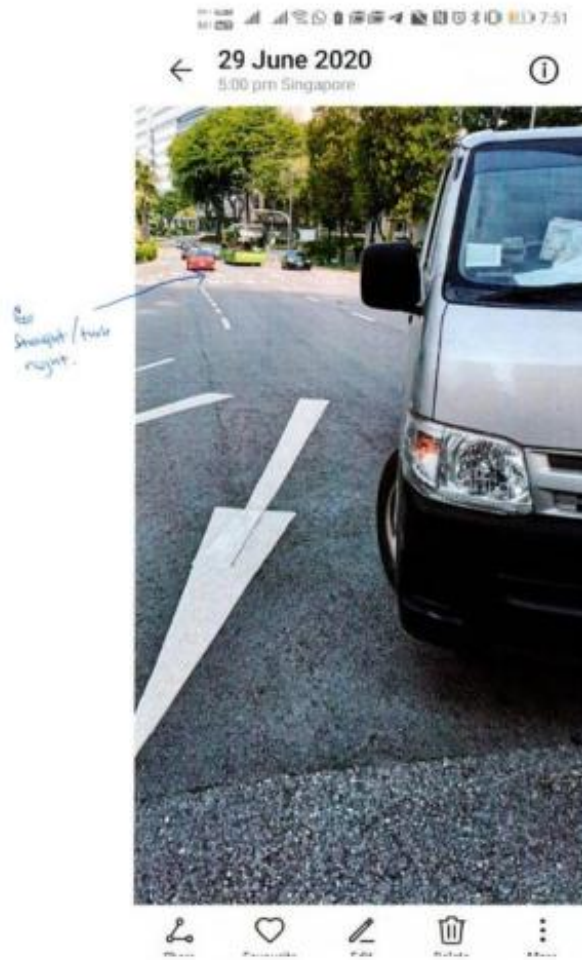


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/6/20

Reporting Centre Personnel's Signature
Name: *[Signature]* 30/06/20
NRIC/FIN No.:

Accident Sketch Plan



Accident Sketch Plan



(details)
point of
collision
left of van
with right
rear car door of
car.

Accident Sketch Plan

SKETCH PLAN

A- GBC5118Y
B- SDS618X

PENANG
RD

BUYONG
RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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: 30/6/20

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

GUARANTEE MOTOR INSURANCE CO. LTD.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200701/2016

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

2 of 3

Report No. T/20200701/2016

CONTINUATION OF REPORT

Driver			
Name	CHOW LAI YEW	ID No.	S8620617Z
Related Vehicle	GBC5118Y (Van)	Contact No.	97608583
Hospital/Clinic	ACCORD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/06/2020	Date Discharge	30/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TOH KIM TECK	ID No.	S6835462E
Related Vehicle	SDS618X (Car)	Contact No.	97886822
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING ALONG PENANG ROAD TOWARDS ORCHARD ION FROM PLAZA SINGAPURA. I WAS ON THE LANE THAT WAS GOING STRAIGHT WITH A RIGHT TURNING SIGN. I WAS HEADING STRAIGHT WHEN I NOTICED A CAR ACCELERATE FAST BESIDE ME ON MY LEFT AND MADE A SUDDEN RIGHT TURN. HE MUST HAVE THOUGHT THAT I WAS GOING TO TURN RIGHT, SO HE CAME IN FROM THE OUTER LANE AND CUT IN. THIS CAUSED A COLLISION ON THE LEFT FRONT OF MY VEHICLE NEAR THE HEADLIGHTS WITH THE RIGHT REAR PASSENGER DOOR OF THE OTHER VEHICLE. WE BOTH THEN GOT OFF OUR VEHICLES AND I TOOK A PICTURE OF THE ROAD, SHOWING HIS TYRE MARKS FROM MY LEFT COMING TO THE COLLISION, SHOWING HOW FAST HE WAS GOING TO NEGOTIATE THE SUDDEN TURN. WE EXCHANGED PARTICULARS AND PROCEEDED TO DRIVE OFF.

THAT WAS ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



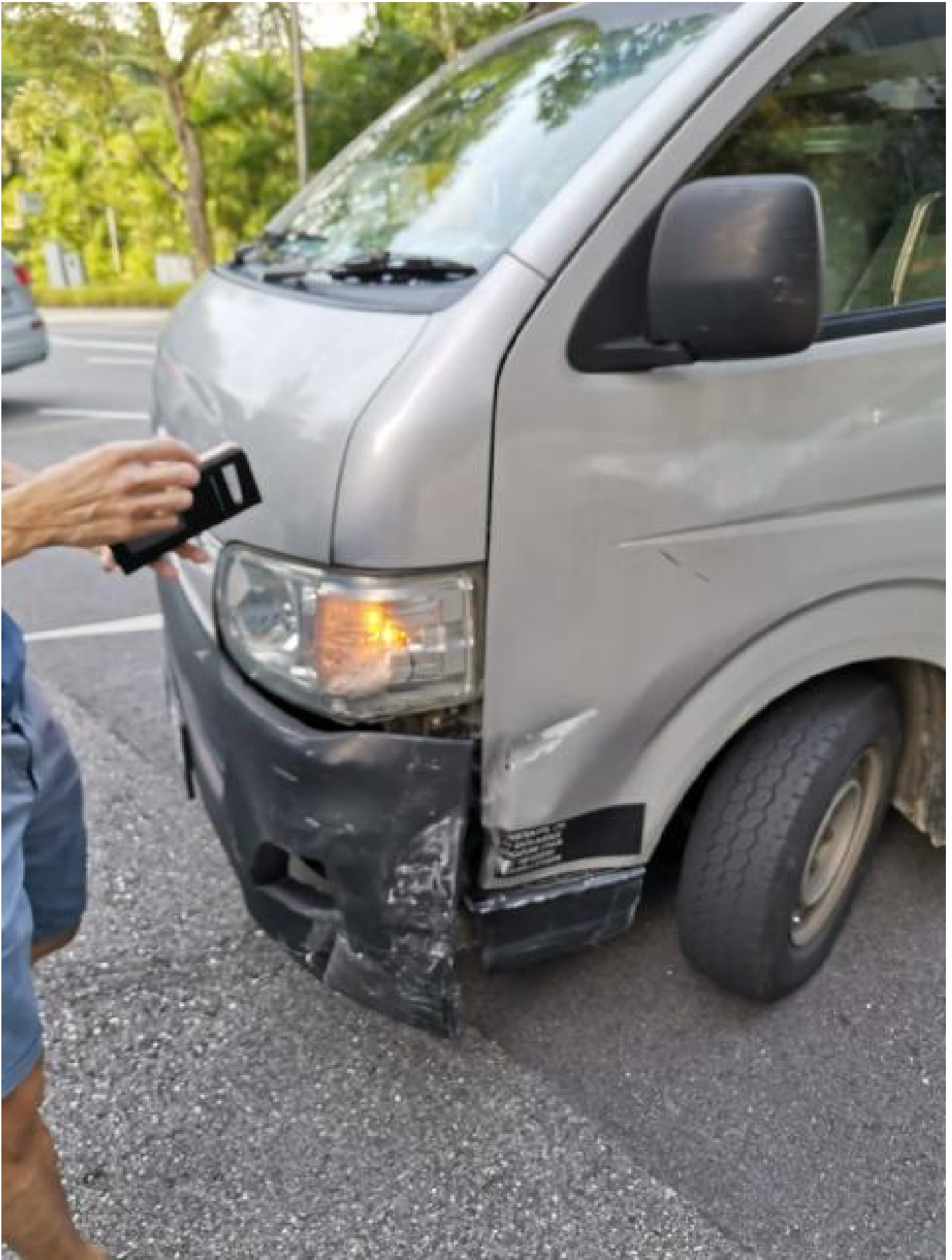
Accident Photo



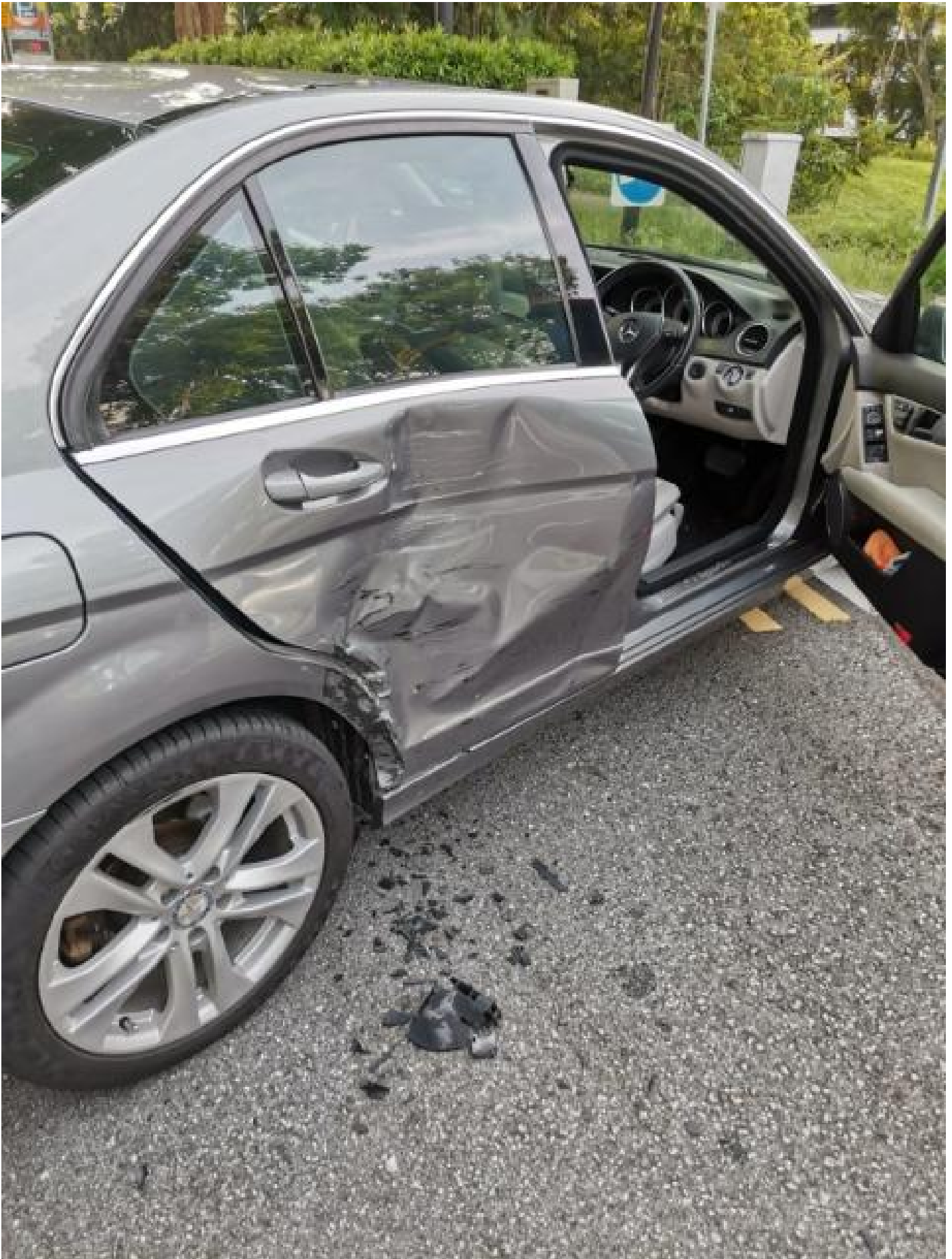
Accident Photo



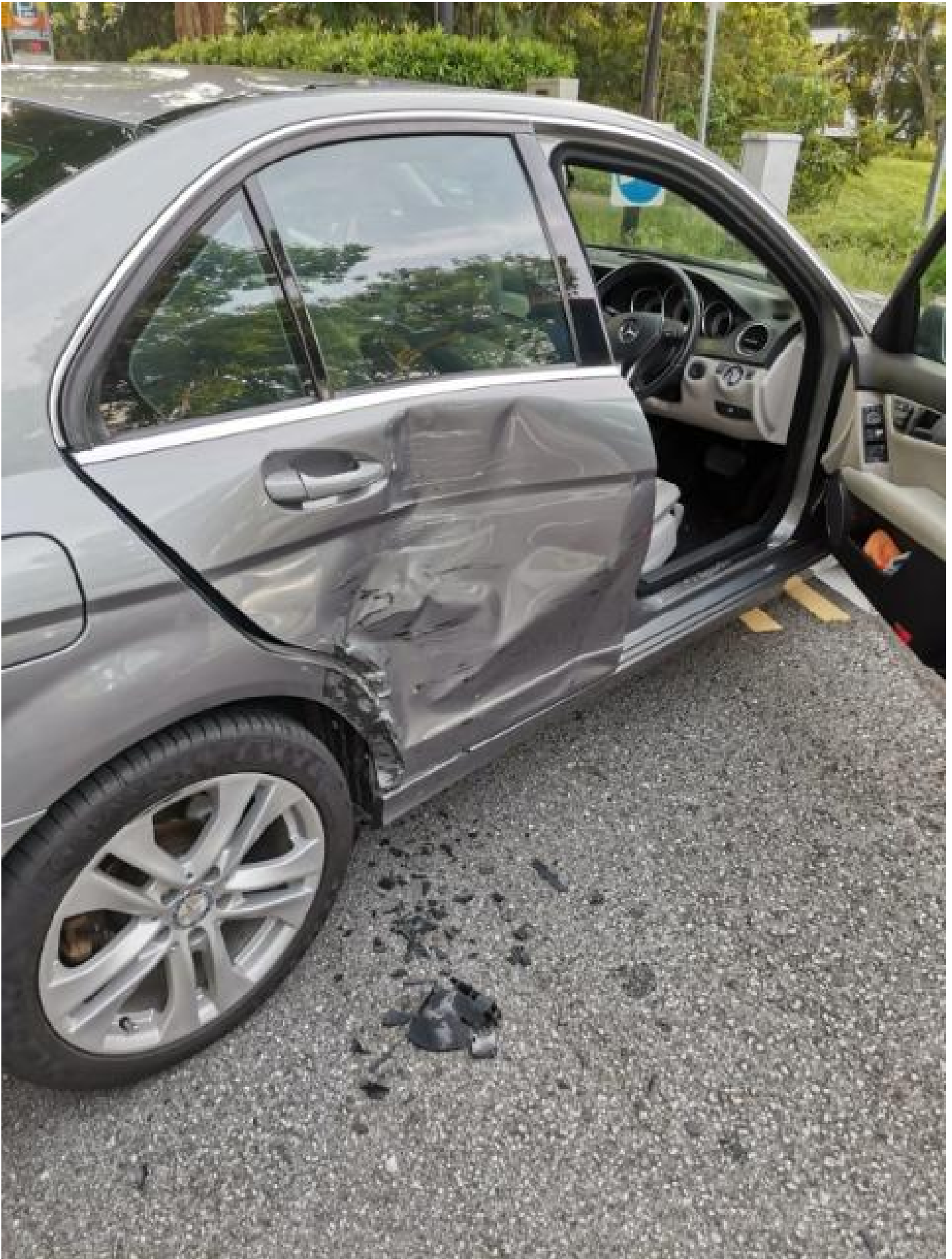
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1/20200701/2016

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

1 of 3

Report No: 7/20200701/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2020 10:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOW LAI YEW			Address: APT BLK 1C CANTONMENT ROAD #41-25 THE PINNACLE @ DUXTON SINGAPORE 085301		
ID Type / ID No.: NRIC NO / S8820617Z			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 97608583		
Email:					
Sex: Male	Age: 33	Date of Birth: 07/08/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2020 16:55	Type of Location:
Location: Along Road 1 PENANG ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
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
GBC5118Y	Van	TOYOTA	HIACE MANUAL	White		0
SDS618X	Car	MERCEDES BENZ	C 200	Silver		0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200701/2016

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

2 of 3

Report No. T/20200701/2016

CONTINUATION OF REPORT

Driver			
Name	CHOW LAI YEW	ID No.	S8620617Z
Related Vehicle	GBC5118Y (Van)	Contact No.	97608583
Hospital/Clinic	ACCORD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/06/2020	Date Discharge	30/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TOH KIM TECK	ID No.	S8835462E
Related Vehicle	SDS618X (Car)	Contact No.	97886822
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 ABOVE MENTIONED DATE, TIME & LOCATION.

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THAT WAS ALL.

Police Report



SINGAPORE
POLICE FORCE



T/20200701/2018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

3 of 3

Report No. T/20200701/2018

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

WINSTON KOH WEN ZHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/07/2020 10:22

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 85478151

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

MP168

Signature:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S46550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120055741 Vehicle Registration No: GBC5118Y
 Name (as shown in NRIC) : CHOW LAI YEW NRIC/FIN/Passport No : SXXXXX617Z
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 1C CANTONMENT RD #41-25 Singapore (085301)
 Contact (Tel) : _____ Mobile No. : 97608583
 Email Address : _____
 Date of Accident : 29/06/20 Time of Accident : 16:55
 Place of Accident : PENANG RD TWAS BUYONG RD
 Insurance Company : NFUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND STATEMENT: REFER TO THE POLICE REPORT
T/20200701/2016



 Policyholder / Driver's Signature
 Date: 1/7/20





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