

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	07/07/2020 17:23
Date Of Accident	05/07/2020 14:20
Exact Location Of Accident	GEYLANG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6179C
Insured/Policyholder	
Name Of Registered Owner	KOH YONG HENG
NRIC No	SXXXX964A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83558833
Alternative Phone No	OFFICE-83558833

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	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	5113072357
Cover Note Number	

Driver

Name of Driver	CHANG SHAO LEONG
Passport No/FIN	GXXXX211T
Date Of Birth	14/07/1994
Occupation	INDOOR
Date Of Driving Pass	29/08/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82683707
Fax Number	
Contact Number	OFFICE-82683707
E-Mail Address	NOEMAIL

Address	524A MACPHERSON ROAD SENNETT ESTATE
Postcode	368215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 ON COLLISION
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)	2
Passenger 1	NAME: : CHOW CHUN YEW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200705/2053.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW1468P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RESHAM JHAMANDAS GANGLANI
NRIC/Passport Number	SXXXX794F

Contact Number 94898019
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHANG SHAO LEONG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJK6179C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHOW CHUN YEW
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJK6179C
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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

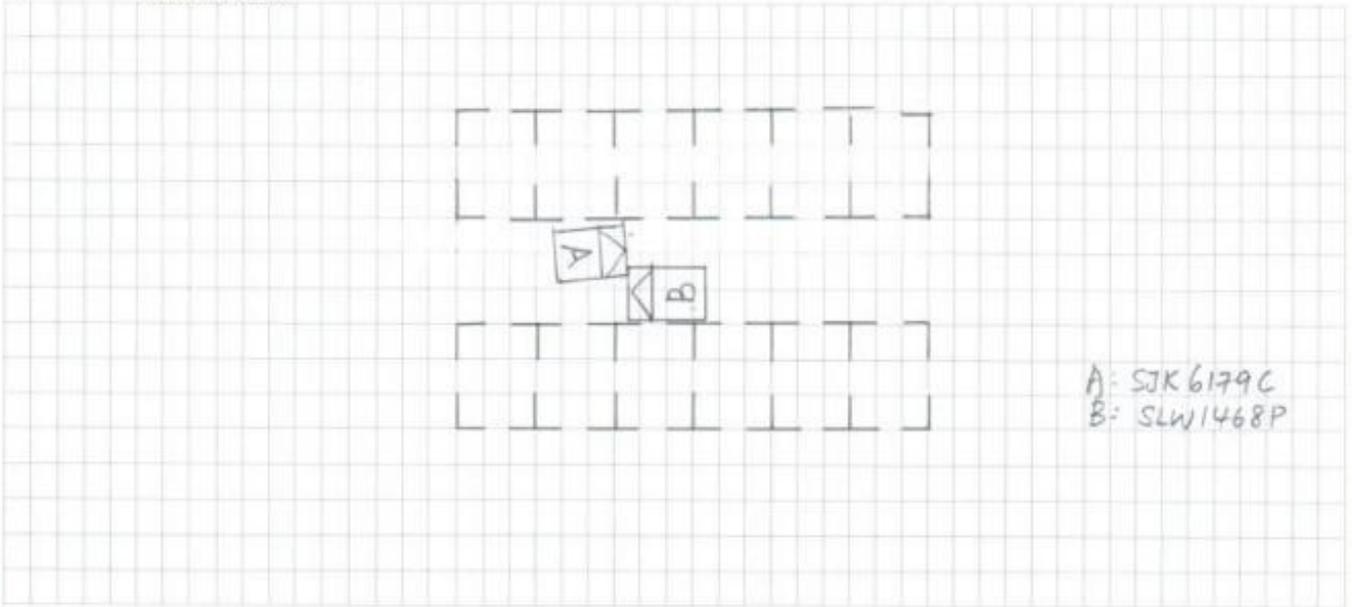
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200705/2053

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200705/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2020 16:57	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: CHANG SHAO LEONG		Address: 524A MACPHERSON ROAD SENNETT ESTATE SINGAPORE 368215	
ID Type / ID No.: FIN NO / G8667211T		Contact No.:	Mobile: 82683707
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 25	Date of Birth: 14/07/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PROJECT COORDINATOR		Driving Licence Information: Class: 3C	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2020 14:20	Type of Location: Car Park
Location: Along Road 1 GEYLANG EAST AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK6179C	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1
SLW1468P	Car	MERCEDES BENZ	E200 EXCLUSIVE (R18 LED)	Blue	Slightly Damaged	0

Details of Person Involved

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

Police Report



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POLICE FORCE**



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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200705/2053

CONTINUATION OF REPORT

Driver			
Name	CHANG SHAO LEONG	ID No.	G8667211T
Related Vehicle	NIL	Contact No.	82683707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RESHAM JHAMANDAS GANGLANI	ID No.	S8038794F
Related Vehicle	NIL	Contact No.	94898019
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 05/07/2020 at about 1420hrs, I was entering the carpark of this Blk 125 Geylang East Avenue 1, and was driving at about 25km/hrs and noticed an oncoming blue car approaching opposite of me. The driver then drove closer to me and I tried to keep to the left and decided to brake, but the driver did not managed to brake on time and collided onto my vehicle on the right front bumper area. He then reversed his car slightly and both of us stepped out of the vehicle. I then checked the front of my vehicle and saw that the front right area bumper was cracked and seriously damaged. No one suffered any injuries. The driver then told me that he has a front in car camera and subsequently sent me a video of the accident. We then exchanged particulars and subsequently left the area.

 <p>SINGAPORE POLICE FORCE</p>  <p>_____ SIGNATURE</p>
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Police Report



SINGAPORE
POLICE FORCE



T/20200705/2053

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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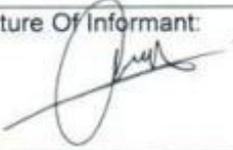
Report No. T/20200705/2053

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 1 CHUA KUN ER 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2020 16:57
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP158	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION
MODEL NC93B-BEPRK 1497 mL
ENGINE 1NZ-EEY9305080102
FRAME No. MPO53 COLOR TRIM PLANT GVM(kg)
6U4 EE18 Z35 -
U340E -02A AUG 08
MADE IN THAILAND
BUILT BY: TOYOTA MOTOR THAILAND CO., LTD.

Accident Photo

