

## 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	24/07/2020 16:37
Date Of Accident	24/07/2020 10:25
Exact Location Of Accident	SLIP ROAD FROM BOON LAY TOWARD JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW7289J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIAN WAH ENTERPRISE
Co Reg No	5XXXX700D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97218196

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112048713
Cover Note Number	

### Driver

Name of Driver	CHUA LEONG SENG
NRIC No	SXXXX872C
Date Of Birth	26/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1982
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97218196
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 348 KANG CHING ROAD #06-149 SINGAPORE
Postcode	610348
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?	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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED AND POLICE REPORT; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO POLICE REPORT

#### 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	SMG6882R
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO POLICE REPORT AND ATTACHED
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	CHUA LEONG SENG
Approximate Age	56
Injuries Sustain	REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle?	GW7289J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 348 KANG CHING ROAD #06-149 SINGAPORE
Postcode	610348

**SKETCH PLAN**

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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.

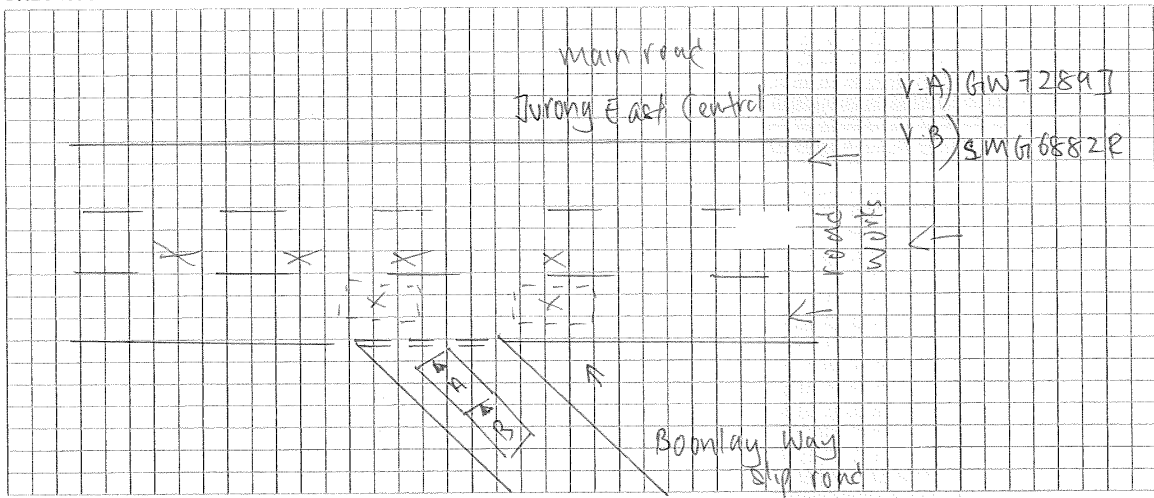


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' GW72897

was travelling on the stated venue. I was travelling

straight in my lane, slowed down and came to a complete

stop as there was main road towards my direction. While

waiting for the main traffic to clear, I suddenly

felt a huge impact on my vehicle rear portion. Shortly I

got out and realised I was involved in an accident.

stationary

vehicle "SM66882R" had collided against my vehicle rear

portion.

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.:



Report No. T/20200724/7014

Date/Time Report Made: 24/07/2020 16:13			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: CHUA LEONG SENG			Address: APT BLK 348 KANG CHING ROAD #06-149 SINGAPORE 610348			
ID Type / ID No.: NRIC NO / S1632872C			Contact No.: Home/Office: Mobile: 97218196			
Nationality: SINGAPORE CITIZEN			Email: JASONLSCHUA@GMAIL.COM			
Sex: Male	Age: 56	Date of Birth: 26/04/1964	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2020 10:25	Type of Location: Straight Road
Location: SLIP ROAD FROM BOON LAY TOWARDS JURONG EAST CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW7289J	Lorry	TOYOTA	DYNA 150 5MT	Blue	Slightly Damaged	0
SMG6882R	Car	NISSAN	SYLPHY	Blue	Slightly Damaged	1

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GW7289J	NTUC Income Insurance Co-Operative Limited	5112048713	13/09/2019	12/09/2020



**SINGAPORE  
POLICE FORCE**



T/20200724/7014

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

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Report No. T/20200724/7014

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA LEONG SENG	ID No.	S1632872C
Related Vehicle	GW7289J (Lorry)	Contact No.	97218196
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2020	Date Discharge	24/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

ON THE 24TH JULY 2020 AT ABOUT 1025AM I WAS TRAVELLING ALONG BOONLAY WAY SLIP ROAD TOWARDS JURONG EAST CENTRAL. I WAS TRAVELLING STRAIGHT IN MY LANE, SLOWED DOWN MY VEHICLE AND CAME TO A STOP AS THERE WAS VEHICLE ALONG THE MAIN ROAD COMING TOWARDS MY DIRECTION. I STOPPED TO GIVE WAY. WHILE WAITING FOR THE TRAFFIC TO CLEAR, I FELT A HUGE IMPACT ON MY VEHICLE REAR PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED IT WAS VEHICLE SMG6882R HAD COLLIDED AGAINST MY STATIONARY VEHICLE REAR PORTION. LATER NOON I FELT PAIN AROUND MY BACK AND NECK HENCE I WENT TO CONSULT A DOCTOR NEAR MY PLACE AND I WAS GIVEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20200724/7014

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

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Report No. T/20200724/7014

**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 / TPHQ /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

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:  
24/07/2020 16:13

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

