

## 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	13/08/2020 15:15
Date Of Accident	13/08/2020 07:50
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2903B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRESTIGE TRANSPORT SERVICE
Co Reg No	5XXXX462K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97107766
Alternative Phone No	OFFICE-97107766

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113130032
Cover Note Number	

### Driver

Name of Driver	LOW SHIN CHEN
NRIC No	SXXXX318A
Date Of Birth	19/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97107766
Fax Number	
Contact Number	OFFICE-97107766
Email Address	NOEMAIL

Address	BLK 326 BUKIT BATOK STREET 33 #03-51
Postcode	650326
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	RAINING
Road Surface	WET

#### 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)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200813/2044.

#### 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	SJW8895S
Vehicle Make/Model/Colour	
Details Of Properties	
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)

2

DETAILS OF INJURED PERSON 1

Name LOW SHIN CHEN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2903B  
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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#### 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.:

# Accident Sketch Plan

## SKETCH PLAN

A: PC29038  
B: 5JW8885

Jong Town Hall Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2020813/2044

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200813/2044

1 of 3

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20200813/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2020 13:23	Vide Report No.:	Station Diary No.: 13
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### Informant's Particulars

Name of Informant: LOW SHIN CHEN			Address: APT BLK 326 BUKIT BATOK STREET 33 #03-51 SINGAPORE 650326	
ID Type / ID No.: NRIC NO / S9538318A			Contact No.: Home/Office: Mobile: 97107766	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 19/10/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2020 07:50	Type of Location: T-Junction
Location:  JURONG TOWN HALL ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2903B	Van	TOYOTA	HIACE	Silver	Slightly Damaged	3
SJW8895S	Car	MAZDA		Grey	Slightly Damaged	1

### Details of Person Involved

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

# Police Report



**SINGAPORE  
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T/20200813/2044

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Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20200813/2044

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LOW SHIN CHEN	ID No.	S9538318A
Related Vehicle	PC2903B (Van)	Contact No.	97107766
Hospital/Clinic	HEALTHLINE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/08/2020	Date Discharge	13/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	AUNG KO WIN	ID No.	S8157965B
Related Vehicle	SJW8895S (Car)	Contact No.	86663593
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 13/08/2020 at about 0753hrs, I was driving my company (Prestige Transport Services) van (Toyota Hiace, PC2903B) along Jurong Town Hall Road. I was stationary and was the 4th vehicle at the T-Junction turning right towards West Coast Road. The traffic light just turned green when suddenly I felt an impact from the rear of the vehicle. I felt pain at my back area.

I then alighted from the van and made a check. I realized that another vehicle, a Mazda Grey in colour (SJW8895S) had collided with the rear of my van. At that point in time, the 3 passengers in my van and the 1 passenger in the Mazda were not injured. I then spoke to the driver of the vehicle, exchanged particulars and took photos of the damages before we both left the place. I wish to state that the impact of the collision caused the rear door of my van to be damaged, the rear part of the van was also slightly dented. The Mazda vehicle suffered minor damages to the front portion of his vehicle.

I wish to add in that my van has front and rear cameras and both are in working condition. I had also went to the clinic later in the day and was issued with 3 days of Medical Certificate (13/08/2020 to 15/08/2020). I am lodging this report for insurance purposes.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200813/2044

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20200813/2044

### 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 3 MUHAMMAD NURUL'OMARALI BIN  
SUPRAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2020 13:23

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

