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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/09/2020 14:59
Date Of Accident	10/09/2020 20:00
Exact Location Of Accident	CORPORATION ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3188G
Insured/Policyholder	
Name Of Registered Owner	HOE WIN PLUMBLING & CONSTRUCTION
Co Reg No	5XXXX587A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85696408
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
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	5100018232-02
Cover Note Number	
Driver	
Name of Driver	KHOO MING CHIEN

Name of Driver

KHOO MING CHIEN

NRIC No

SXXXX532A

Date Of Birth

Date Of Birth 07/03/1971
Occupation OUTDOOR
Date Of Driving Pass 07/01/1998

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85696408

Fax Number
Contact Number

EMail Address NOEMAIL

BLOCK 252 JURONG EAST STREET 24 Address

#01-151 SINGAPORE

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

600252

Insurance Company of Driver's Own Vehicle

2

NO

NO

1

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

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 AND ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SBQ2899Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties REFER TO ATTACHED AND POLICE REPORT

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 21

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOO MING CHIEN

Approximate Age 49

Injuries Sustain REFER TO POLICE REPORT AND ATTACHED

Injured person in which vehicle? GBH3188G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address BLOCK 252 JURONG EAST STREET 24

#01-151 SINGAPORE

Postcode 600252

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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

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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

1

Sketch Plan #2 Pg. 1

SKETCH PLAN	(K)GBH 3188 G	(B) SBQ 2899 Y
		Jacong West B Ave 2 PIE Carporation Rd.
Δ.	Polize Report	
Police Repo	A No: T/20200911/21)36
DECLARATION I/We declare the toregoin Policyholder's Signature Date & Time:	g particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Common Statement Pg. 1





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 1 of 3 Report No. T/20200911/2036

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/09/2020 12:35	a nasan na na nasa	9

11/09/2020 12:35			L. Baarwitz & Stauce	9		
Informa	nt's Particu	ılars				
	Informant: IING CHIEN	١	Address: APT BLK 252 JURONG EAST STREET 24 #01-151 SINGAPORE 600252			
ID Type / ID No.: NRIC NO / S7188532A			Contact No.: Home/Office: Mobile: 85696408			
Nationali MALAYS	•		Email:			
Sex: Male	Age:	Date of Birth: 07/03/1971	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat Plumber			Driving Licence Informa Class: 2B,3	ition: Date of Expiry:		

75 S. 15	Subject of the second of the second	The last and taking the resembling and	and the first of the first	Andrew Control of the		and the state of t	
General Informa	tion of the Accid	ent					
Type of Accident:	Injury Others		rink · rive: o	Date/Time of Accident: 10/09/2020 20:00)	Type of Location: Straight Road	
Location:							
CORPORATION	I ROAD						
Weather:		Road Sur	face:		Roa	d Speed Limit:	
Clear		Dry					
Traffic Flow:		Traffic Co	Traffic Control:			Traffic Volume:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Traffic Lig	ght - Woi	·king	Hea	vy	
Type of Collision Between Moving	n: g Vehicles - Head	To Rear			, -	one conveyed by oulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH3188G	Van	TOYOTA	HIACE VAN TURBO 5DR MT	Silver	Slightly Damaged	0
SBQ2899Y	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown		0

Common Statement Pg. 1



2 of 3

Report No. T/20200911/2036

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of Persor	ı Involved				
Any Pedestrian In					
No. of Pedestrian	s Injured: NIL	Use of Pec	lestrian	Cross	ing: NA
Driver		·	ID No.		S7188532A
Name	KHOO MING CHIEN		וט ועס.		
Related Vehicle	GBH3188G (Van)		Contact No.		85696408
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of J e & Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/09/2020	Date Disc	harge	11/09)/2020
	ted Medical Leave 05	Degree of	Injury	Slight	
Driver			L		
Name	Shiva		ID No.		S7078555B
Related Vehicle	SBQ2899Y (Car)		Contact No.		98621171
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	nted Medical Leave NIL	Degree o	f Injury	NIL	

Brief Details.

On 10/9/2020 at around 2000hrs, I was driving vehicle(GBH3188G) along Corporation Road on lane 1. As there was a lot of vehicles, I stopped behind a vehicle to wait to move forward. Subsequently, I felt an impact from my rear as such I came down to make a check.

I saw that vehicle(SBQ2899Y) had hit my rear. My vehicle's rear portion suffered some dents due to the impact. I then took photographs and exchanged particulars before taking my leave. After the incident, I felt some pain as such I went to see a doctor and was given 5 days MC. I wish to state that I only have a front-facing in car camera.

I am lodging this police report for insurance claims and for Traffic Police investigation.

Common Statement Pg. 1





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

3 of 3 Report No. T/20200911/2036

Tel No: 1800-4529999

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:	Signature Of Informant:
Sgt 3 KHAIRUL SYAZWAN BIN SAHAK	8\bar{b}_324
Signature Of Interpreter:	Date/Time:
Not applicable	11/09/2020 12:35
Officer In Charge Of Case:	Classification Of Case:
SI ANG YI TING, STEPHANIE	
Contact No.: 65476414	NG Court SN 070
Authentication Stamp	3N ()/()
NP168	
	HOMATURE

























Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

	ADDENDUM						
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No: WSI 120078761 Vehicle Registration No: GBH 31889						
	Original Report No: MSI 120078761 Vehicle Registration No: GBH 31889 Name(as shown in NRIC): HOE WIN PLUM BLING NRIC/FIN/Passport No:						
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address :Singapore(
	Contact (Tel) : Mobile No.: 8569 6408						
	Fmail Address :						
	Date of Accident: 10-03.2020. Time of Accident: 20:00 hm. Place of Accident: CORPORATION ROAD						
	Place of Accident: CORPORATION ROAD						
	I d I Ama T.						
	Insurance Company: NOW E						
(B)	ADDITIONALINFORMATION / AMENDMENTS:						
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:						
	Amend DRIVER'S DOB: 07-08-1971 TO 07-03-1971						
	04 - 03 - 111						
	IDAC - SIN MING						
	STA Inspection Pte Li						
	Singapore 575627 Tel: 6555 6888						
	Policyholder / Driver's Signature Fax: 6454 3279 Reporting Centre Personnel's Signature						
	Name: ICTUNG TOWG						
	NRIC/FINNO.: STATE Date: 11.08, 2020						