

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	23/09/2020 15:37
Date Of Accident	23/09/2020 13:40
Exact Location Of Accident	LITTLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8959L
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Insured/Policyholder

Name Of Registered Owner	JESSIE CATERING PTE LTD
Co Reg No	2XXXXX675Z
Email Address	ENQUIRIES@JESSIE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62464644

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (M)
Exact Purpose for which vehicle was being used at time of accident	
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	5081784228-04
Cover Note Number	04/07/2020 - 03/07/2021

Driver

Name of Driver	CHEW WOON CHONG
NRIC No	SXXXX674A
Date Of Birth	22/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1978
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718574
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK530 BEDOK NORTH STREET 3 #06-630
Postcode	460530
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	COLLISION - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 23/09/2020 AT ABOUT 1.40PM, I WAS DRIVING MY COMPANY'S TOYOTA HIACE VAN (VEHICLE NO: GBD8959L) ALONG LITTLE ROAD TOWARDS UPPER PAYA LEBAR ROAD. SUDDENLY, A BLUE HONDA LONIQ COMFORTDELGRO TAXI (VEHICLE NO: SHD4979J) HIT ME ON THE FRONT-RIGHT SIDE OF THE VAN I WAS DRIVING. IT HAD CAME OUT FROM 3 LITTLE ROAD AND WAS TURNING RIGHT INTO THE LANE I WAS ON. MY VAN SUFFERED A DENT TO THE FRONT-RIGHT SIDE OF THE DRIVER SIDE DOOR. THE TAXI DRIVER SUFFERED SERIOUS DAMAGE TO THE FRONT-LEFT SIDE OF HIS VEHICLE AND THE FRONT-LEFT HEADLIGHT. I CAME OUT OF THE VAN AND EXCHANGED PARTICULARS WITH THE TAXI DRIVER, HOWEVER HE DID NOT WANT TO GIVE ME HIS PHONE NUMBER AND TOLD ME TO LODGE A POLICE REPORT. NO TP WAS AT SCENE AND NO AMBULANCE WAS CALLED. I FELT PAIN ON THE BACK OF MY NECK A FEW HOURS LATER AND WENT TO ACCORD MEDICAL CLINIC TO GET IT CHECKED. I WAS GIVEN MEDICATION AND 3 DAYS MC FROM 24/09/2020 TO 26/09/2020. I WISH TO STATE THAT THE VAN I WAS DRIVING BELONGS TO MY EMPLOYER, JESSIE CATERING PTE LTD. I WILL BE CALLING MY COMPANY'S INSURANCE AGENT, NTUC INCOME.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4979J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NGIAN MENG SOON
NRIC/Passport Number	SXXXX781Z

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

DETAILS OF INJURED PERSON 1

Name	CHEW WOON CHONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBD8959L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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:

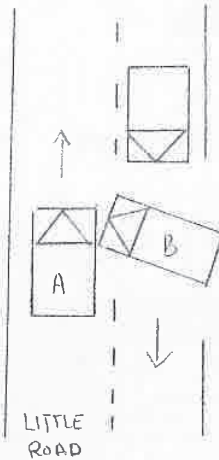


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

vec A = ABD8959L
vec B = 5HD4979J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT T/20200924/2043.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	Claim OD/TP at other workshop

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 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200924/2043

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200924/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2020 13:11		Vide Report No.:		Station Diary No.: 45
Informant's Particulars				
Name of Informant: CHEW WOON CHONG		Address: APT BLK 530 BEDOK NORTH STREET 3 #06-630 SINGAPORE 460530		
ID Type / ID No.: NRIC NO / S1149674A		Contact No.: Home/Office: Mobile: 92718574		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 22/12/1956	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2020 13:40	Type of Location: Straight Road
Location: LITTLE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBD8959L	Van	TOYOTA	HIACE	Grey	Slightly Damaged	0
SHD4979J	Car	HONDA	IONIQ	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD8959L	NTUC Income Insurance Co-Operative Limited	5081784228-04		

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200924/2043

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20200924/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW WOON CHONG	ID No.	S1149674A
Related Vehicle	GBD8959L (Van)	Contact No.	92718574
Hospital/Clinic	ACCORD MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/09/2020	Date Discharge	23/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NGIAN MENG SOON	ID No.	S1813781Z
Related Vehicle	NIL	Contact No.	NIL
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 23/09/2020 at about 1.40pm, I was driving my company's Toyota Hiace Van (Vehicle No: GBD8959L) along Little Road towards Upper Paya Lebar Road. Suddenly, a blue Honda Ioniq ComfortDelgro taxi (Vehicle no: SHD4979J) hit me on the front-right side of the van I was driving. It had came out from 3 Little Road and was turning right into the lane I was on.

My van suffered a dent to the front-right side of the driver side door. The taxi driver suffered serious damage to the front-left side of his vehicle and the front-left headlight. I came out of the van and exchanged particulars with the taxi driver, however he did not want to give me his phone number and told me to lodge a police report.

No TP was at scene and no ambulance was called. I felt pain on the back of my neck a few hours later and went to Accord Medical Clinic to get it checked. I was given medication and 3 days MC from 24/09/2020 to 26/09/2020.

I wish to state that the van I was driving belongs to my employer, Jessie Catering Pte Ltd. I will be calling my company's insurance agent, NTUC Income.



**SINGAPORE
POLICE FORCE**



T/20200924/2043

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Report No. T/20200924/2043

Police Station Of Origin:
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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200924/2043

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20200924/2043

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 2 MIMI NURDALILAH SARI BINTE
SAMSURI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/09/2020 13:11

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE POLICE FORCE