

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	08/10/2020 11:41
Date Of Accident	07/10/2020 10:15
Exact Location Of Accident	MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7534E
Insured/Policyholder	
Name Of Registered Owner	CHUA GEK KWAN
NRIC No	SXXXX156D
Email Address	MAKECHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97978050
Alternative Phone No	OFFICE-97978050

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 A
Exact Purpose for which vehicle was being used at time of accident	PTE 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MS000380-R01
Cover Note Number	25/01/20 - 24/01/21

Driver

Name of Driver	CHUA GEK KWAN
NRIC No	SXXXX156D
Date Of Birth	24/10/1966
Occupation	INDOOR
Date Of Driving Pass	03/06/1993
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97978050
Fax Number	
Contact Number	OFFICE-97978050
Email Address	MAKECHUA@GMAIL.COM

Address	21 ANG MO KIO AVE 9 #01-01
Postcode	569786
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. *THIRD PARTY CLAIM BY TROPICAL SUCCESS*

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIRECT TO REPAIR WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8113U
Vehicle Make/Model/Colour	HYUNDAI CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN SENG HUAT
NRIC/Passport Number	SXXXX592C
Contact Number	98571142
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA GEK KWAN

Approximate Age

Injuries Sustain 3 DAYS MC

Injured person in which vehicle? SLK7534E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

08/10/20

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

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

Sketch Plan #2

SKETCH PLAN

Marymount Rd

A: SLK7534E
B: SHC81134

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report attached.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

08/10/20

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

08/10/20

Reporting Centre Personnel's Signature
Name:

(AMK)

NRIC/FIN No.:

GIARMC Sketch Plan Form V3

() Claim Own Policy () Claim Third Party () Reporting Only
(X) Claim OD/TP at other workshop (Impaired Success)



**SINGAPORE
POLICE FORCE**



T/20201007/2123

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20201007/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2020 21:52		Vide Report No.:		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: CHUA GEK KWAN			Address: 21 ANG MO KIO AVENUE 9 #01-01 SINGAPORE 569786		
ID Type / ID No.: NRIC NO / S1751156D			Contact No.: Home/Office: Mobile: 97978050		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 24/10/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Saleman			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: 07/10/2020 10:20	Type of Location: Straight Road
Location: MARYMOUNT ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHC8113U	Car				Slightly Damaged	0
SLK7534E	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK7534E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS000380	25/01/2019	24/01/2021



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T/20201007/2123

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20201007/2123

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SENG HUAT	ID No.	S0226592C
Related Vehicle	SHC8113U (Car)	Contact No.	98571142
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
Driver			
Name	CHUA GEK KWAN	ID No.	S1751156D
Related Vehicle	SLK7534E (Car)	Contact No.	97978050
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/10/2020	Date Discharge	07/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/10/2020 at about 1018hrs, I was driving my car SLK7534E along Marymount Road towards Thomson Road. When I was approaching the junction of Marymount Road and Marymount Lane, the traffic light turned red and I stopped my car. However, a taxi SHC8113U which was behind me did not stop and collided into my vehicle. After the collision we got down and exchanged particulars. My car suffered some scratches on the rear portion. I felt some back pain and went to seek medical attention at a clinic and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20201007/2123

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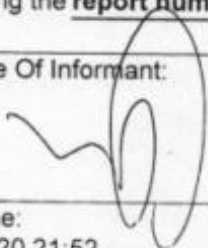
Report No. T/20201007/2123

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: F / Sgt 3 JAYZ TAN ZHANG JIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2020 21:52
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

Driving License

REPUBLIC OF SINGAPORE		IDENTITY CARD NO. S1751156D			
Name		CHUA GEK KWAN			
		蔡玉广		Race	
		CHINESE		Date of Birth	
		24-10-1966		Sex	
		Country of Birth		SINGAPORE	

REPUBLIC OF SINGAPORE		DRIVING LICENCE	
Licence Number		S1751156D	
Name		CHUA GEK KWAN	
		Birth Date: 24 Oct 1966	
		Issue Date: 23 Apr 2003	
			

A8828057	
	
NRIC No. S1751156D	
	
Blood Group	Date of Issue
B+	02-05-2001
21 ANG MO KIO AVENUE 9 #01-01	
SINGAPORE 569786	
NRIC No. S1751156D	Date: 10-06-2005 No. 8225316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Jun 1993
		
Licence No: S1751156D		
P 428A		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

