

## 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	27/10/2020 14:49
Date Of Accident	26/10/2020 18:30
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5891B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA WEI KIAT, KELVIN (CAI WEIJI)
NRIC No	SXXXX880H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92279663
Alternative Phone No	OFFICE-92279663

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108054098-01
Cover Note Number	

### Driver

Name of Driver	CHUA WEI KIAT, KELVIN (CAI WEIJI)
NRIC No	SXXXX880H
Date Of Birth	16/06/1987
Occupation	INDOOR
Date Of Driving Pass	19/10/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92279663
Fax Number	
Contact Number	OFFICE-92279663
Email Address	NOEMAIL

Address	BLK 293C COMPASSVALE CRESCENT #09-47
Postcode	543293
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

#### 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 POLICE REPORT - T/20201027/7028.

#### 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	FBN6556B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver	MUHAMMAD IZZUL ZIKRY BIN ISHAK
NRIC/Passport Number	TXXXX934C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## Accident Sketch Plan


### SKETCH PLAN

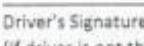
#### IMPORTANT NOTICE

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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.

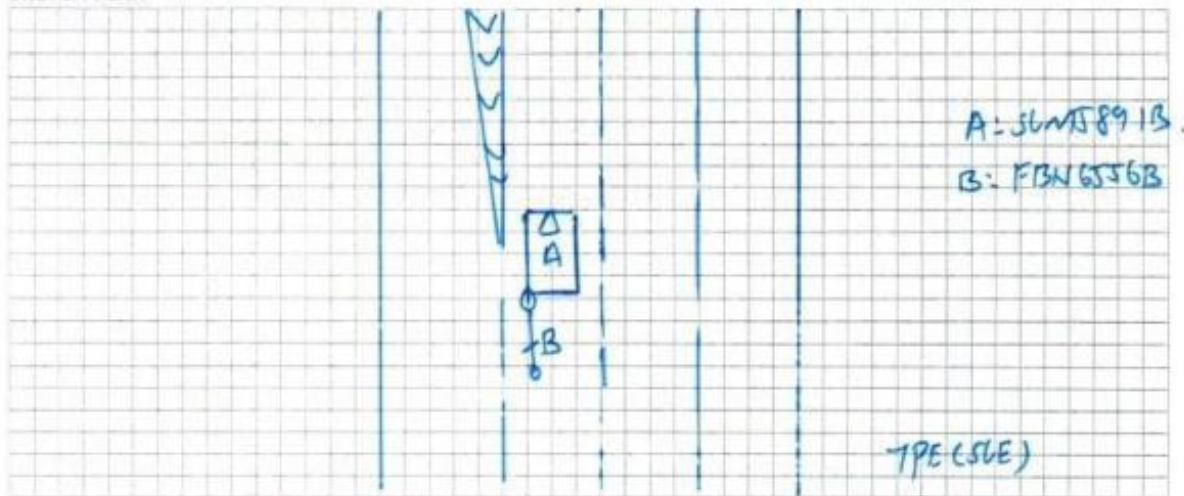
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TPE (SVE) on 3rd lane. Front vehicle stopped. I stopped my vehicle as well. Suddenly I felt an impact of my vehicle and realised that vehicle B hit onto my stationary 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201027/7028

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

1 of 4

Report No. T/20201027/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2020 23:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA WEI KIAT, KELVIN			Address: 293C COMPASSVALE CRESCENT #09-47 SINGAPORE 543293		
ID Type / ID No.: NRIC NO / S8716880H			Contact No.: Home/Office: Mobile: 92279663		
Nationality: SINGAPORE CITIZEN			Email: kelvinchuawk@gmail.com		
Sex: Male	Age: 33	Date of Birth: 16/06/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other associate professionals nec			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2020 18:30	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Stationary Vehicle and Moving Vehicle - Head to Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN6556B	Motorcycle			Blue		0
SLM5891B	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White		0

# Police Report



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POLICE FORCE**



T/20201027/7028

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

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Report No. T/20201027/7028

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM5891B	NTUC Income Insurance Co-Operative Limited	5108054098-01	31/03/2020	30/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD IZZUL ZIKRY BIN ISHAK		ID No.	T0102934C
Related Vehicle	FBN6556B (Motorcycle)		Contact No.	81237211
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	CHUA WEI KIAT, KELVIN		ID No.	S8716880H
Related Vehicle	SLM5891B (Car)		Contact No.	92279663
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Pillion				
Name	Unknown Pillion		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201027/7028

3 of 4

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

Report No. T/20201027/7028

### CONTINUATION OF REPORT

#### Brief Details.

The accident happened on 26 Oct 2020 at around 6.30pm on TPE towards SLE (8.8km). I was travelling on the third lane and the traffic was heavy and at a standstill. I have my wife and toddler son in the car. The front vehicle has stopped the car and i stopped mine as well due to the queue forming for Sengkang East Road exit.

A few seconds later, i felt an impact on the rear of my stationary car and saw a motorcyclist and his pillion falling onto the road chevron (Punggol Road Exit). The motorcycle plate no. is FBN6556B. I understood from the rider he wanted to exit through the Punggol Exit hence he made a last minute turn towards the chevron for exit.

I went down and attended to him and the pillion and noticed they were bleeding on their knees and shin with cuts and abrasions. I've assisted the pillion to rest in my car due to her age and called NTUC Orange Force to assist and requested for an ambulance to come onsite. The traffic police arrived on the scene as well.

The rider and pillion decided not to go to the hospital after the paramedics attended to them onsite and this was conveyed to me by the traffic police on the scene. Hence it was concluded then it will be a private settlement.

However, i've called up the rider today (27 Oct) afternoon and understood they went to the hospital after getting home on 26 Oct as they felt unwell and was given 12 days MC due to the injuries sustained during the accident.

I am making this report as the rider's MC exceeds 3 days as required by the law.

I have also reported the accident to IDAC.

I have videos and some pictures of the accident. I am unable to upload the video in this report. Please let me know how to do i send it across.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201027/7028

4 of 4

Report No. T/20201027/7028

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

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

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:  
27/10/2020 23:46

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





## Addendum Sheet



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: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: SLM5891B  
Name(as shown in NRIC) : Chua Wei Kiat Kelvin NRIC/FIN/Passport No : S8716880H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Block 293C Compassvale Crescent #09-47 Singapore( 543293 )  
Contact (Tel) : 92279663 Mobile No. : 92279663  
Email Address : kelvinchuawk@gmail.com  
Date of Accident : 26 Oct 2020 Time of Accident : 18:30  
Place of Accident : TPE towards SLE (8.8km)  
Insurance Company : NTUC Income

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I've made an additional police report due to 3 days and more MC issued to the rider.

Attached is the police report. Reference - T/20201027/7028

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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