

## 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	10/11/2020 15:27
Date Of Accident	10/11/2020 12:00
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2847G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHUA CHENG LIANG
Work Permit No	SXXXX559B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98807799
Alternative Phone No	OFFICE-98807799

### Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 ABS AIRBAG 2WD XENON HEADLAMP (A)
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05021034
Cover Note Number	

### Driver

Name of Driver	PHUA JIA WEI
NRIC No	SXXXX732E
Date Of Birth	23/11/1991
Occupation	INDOOR
Date Of Driving Pass	25/11/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96815041
Fax Number	
Contact Number	
Email Address	JAZEPHUA@GMAIL.COM

Address	BLK 101 JALAN RAJAH #02-08
Postcode	321101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : LOI SHI JIE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE (UBI AVENUE 3)
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to Sketch Plan.

#### 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	SGR326H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUNICE TAN SOO PHING
NRIC/Passport Number	SXXXX502H
Contact Number	97988748
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	PHUA JIA WEI
Approximate Age	28
Injuries Sustain	NECK AND LOWER BACK
Injured person in which vehicle?	SJU2847G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	101 JALAN RAJAH #02-08
Postcode	321101

**DETAILS OF INJURED PERSON 2**

Name	DEBRA LOI
Approximate Age	28
Injuries Sustain	LEFT SHOULDER AND LOWER BACK
Injured person in which vehicle?	SJU2847G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 95 GEYLANG BAHRU #11-30
Postcode	330095

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: 11 NOV 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 NOV 2020

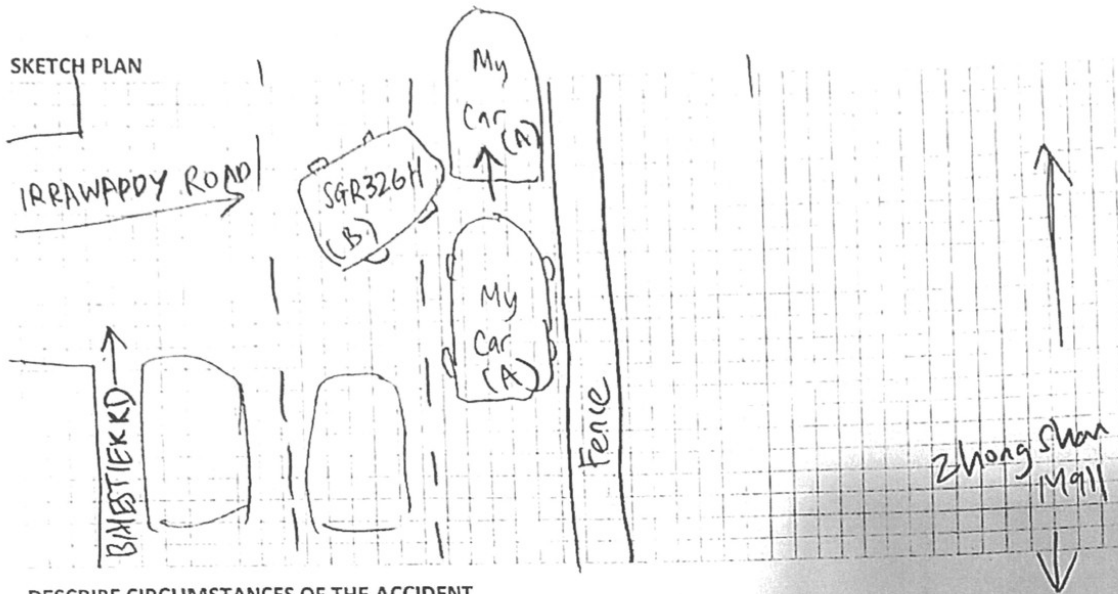
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10/11/20 @ 1200pm I was driving along Balestier Rd when another car drove towards me on the left and hit the side of my passenger door. I was driving within the speed limit and it was not at the traffic light. I had my right of way at that point.

Veh A - SJU 2847G

Veh B - SGR 326H

policy : 218VP05021034.

## DECLARATION

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



Policyholder's Signature

Date & Time: 11 NOV 2020

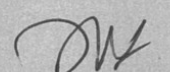


Driver's Signature

(If driver is not the policyholder)

Date & Time:

11 NOV 2020



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim



**SINGAPORE  
POLICE FORCE**



T/20201111/7010

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

1 of 4

Report No. T/20201111/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2020 11:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PHUA JIA WEI			Address: 101 JALAN RAJAH #02-08 SINGAPORE 321101		
ID Type / ID No.: NRIC NO / S9143732E			Contact No.: Home/Office: Mobile: 96815041		
Nationality: SINGAPORE CITIZEN			Email: JAZEPHUA@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 23/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2020 12:00	Type of Location: T-Junction
Location:  BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Conditio	No of
SGR326H	Car	TOYOTA		Gold	Seriously Damaged	0
SJU2847G	Car	BMW	520i	Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20201111/7010

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

2 of 4

Report No. T/20201111/7010

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EUNICE TAN SOO PHING	ID No.	S7482502H
Related Vehicle	SGR326H (Car)	Contact No.	97988748
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	NIL
Passenger			
Name	DEBRA LOI	ID No.	NIL
Related Vehicle	SJU2847G (Car)	Contact No.	87520701
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	NIL
Driver			
Name	PHUA JIA WEI	ID No.	S9143732E
Related Vehicle	SJU2847G (Car)	Contact No.	96815041
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/11/2020	Date	11/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 10/11/2020 at about 1200 Hrs i SJU2847G was traveling along Balestier Road towards Thomson Road with 1 passenger onboard. While i was driving near to the Junction of Balestier Road and Irrawaddy Road, suddenly a car SGR326H dash out from the side Road of Irrawaddy Road with out checking for the oncoming vehicle from the main Road (Balestier Road) and collided onto my vehicle left side portion from the front door portion all the way to my vehicle left rear portion. After the accident we exchange particular and leave the scene.

Today i wake up i felt my right side body was in pain (neck and lower back) due to the sudden impact of the accident so i consult doctor and was given 3 days MC from 11/11/2020



**SINGAPORE  
POLICE FORCE**



T/20201111/7010

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

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Report No. T/20201111/7010

**CONTINUATION OF REPORT**

to 13/11/2020.





**SINGAPORE  
POLICE FORCE**



T/20201111/7010

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

4 of 4

Report No. T/20201111/7010

**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 /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

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:  
11/11/2020 11:30

Classification Of Case:



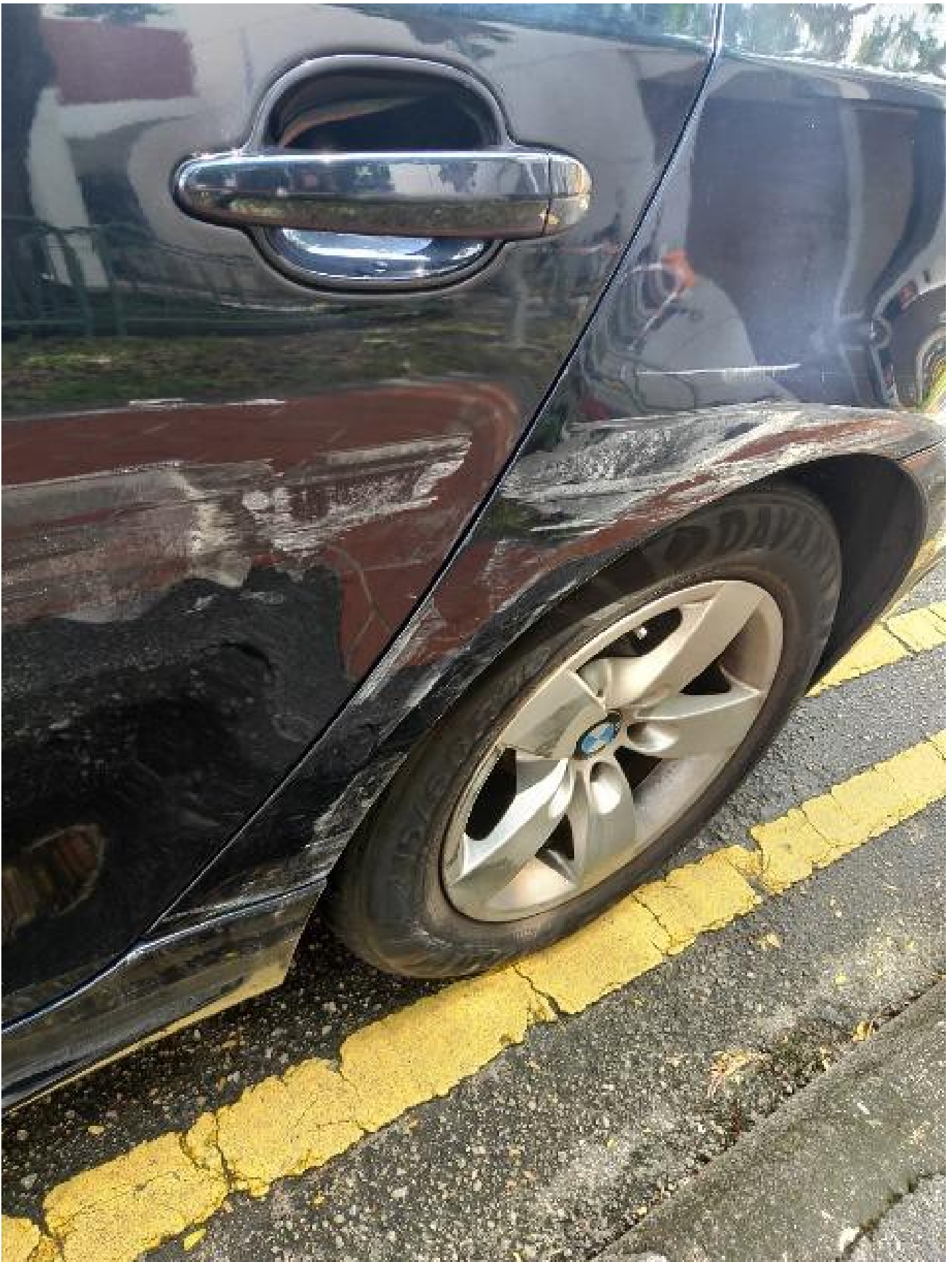
Third Party Car damage



### Third Party Car Damage

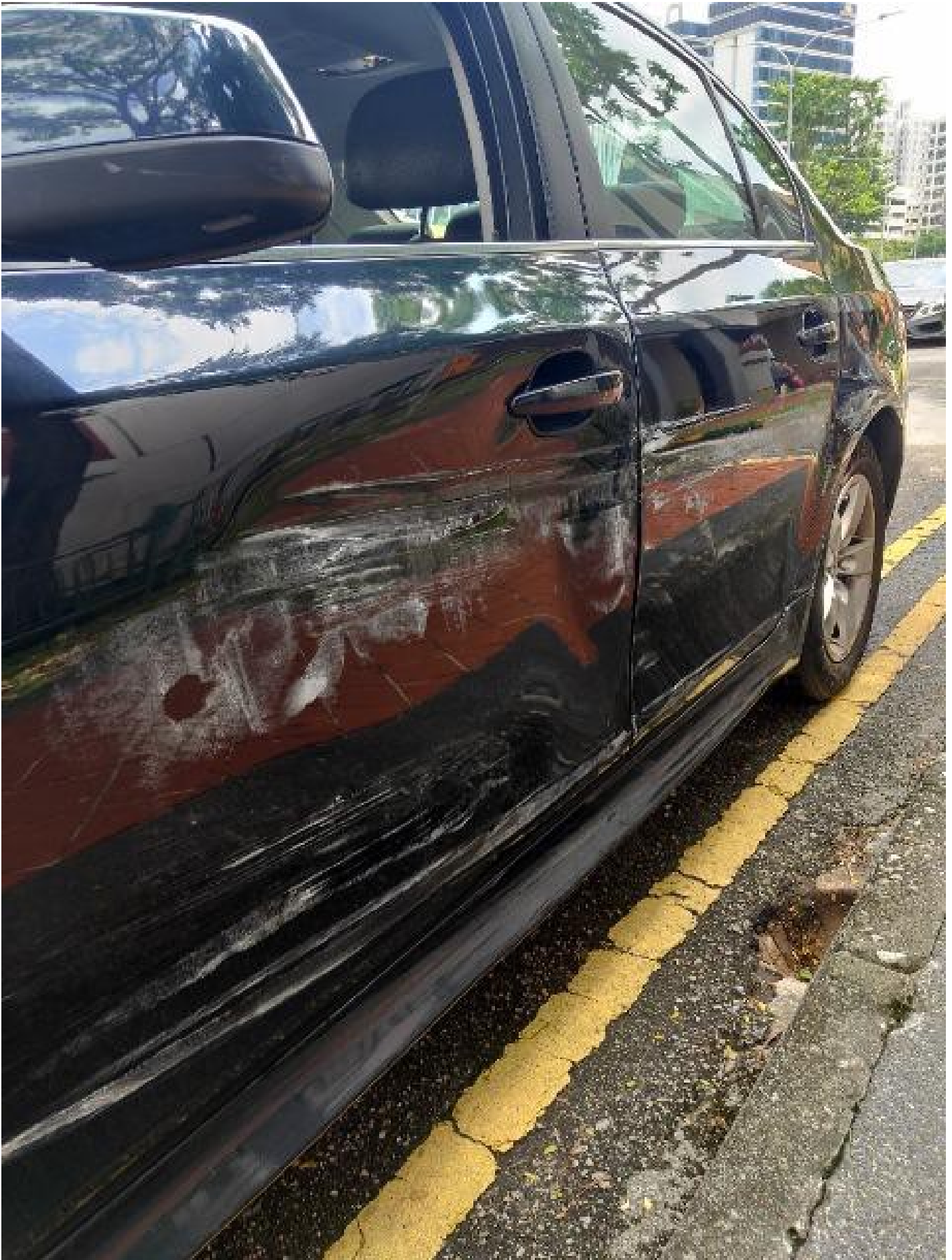


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Odometer Reading



Chassis Number



Accident Photo



Accident Photo





Accident Photo



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: S665S0020G / 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 : MLHM20099444 Vehicle Registration No: SJU 2847G  
Name (as shown in NRIC) : Phua Jia Wei NRIC/FIN/Passport No : SXXXX732E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 101 Jalan Rajah #02-08 Singapore (321101)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96815041  
Email Address : \_\_\_\_\_  
Date of Accident : 10/11/2020 Time of Accident : 12:00 hours  
Place of Accident : Balestier Road  
Insurance Company : Lonpac Insurance Bhd

**(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:

To upload Police Report No: T/20201111/7010 (Injured Person: Phua Jia Wei & Debra Loi).

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Jenny Lim  
NRIC/FIN No.: -  
Date: 11/11/2020