

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 Submission 17/12/2020 17:21 (SGT)
Date of Accident 16/12/2020 17:25 (SGT)
Exact Location of Accident Ang Mo Kio, Singapore
Additional Location Information AMK Hub Basement Carpark Gantry
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS3233X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW ZI XIANG
NRIC No SXXXX470Z
Email Address anggordon.x@gmail.com
Mobile Phone No (Phone) +65-94890336
Alternative Phone No +65-94890336

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117479665 (CLASSIC)
Cover Note Number -

DRIVER

Name of Driver CHEW YU SHENG
NRIC No SXXXX151J
Date Of Birth 25/09/1994
Occupation Indoor

Date Of Driving Pass	08/06/2015
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92389179
Alt. Phone Number	-
Email Address	ys.chew@outlook.sg
Address	Blk 225 Ang Mo Kio Avenue 1 #06-567
Address complement	-
Postcode	560225
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL848C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHEW YU SHENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old 26
Injuries Sustained Neck and back pain, 5 days medical leave from Mount Alvernia
A&E
Injured person in which vehicle? SMS3233X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.


Policyholder's Signature / Date & Time

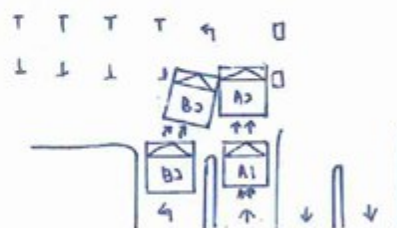

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

AMK Hub Basement Carpark Cranny

Vehicle 1: SM 13233X
Vehicle 2: SKL 848C



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMS 3233X) was travelling along at the stated location. As I was going straight, suddenly, vehicle B (SKC 6480C) cut into my lane and onto my left portion of my vehicle causing damages.

Declaration

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

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20201217/7008

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

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Report No. T/20201217/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 12:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW YU SHENG			Address: 225 ANG MO KIO AVENUE 1 #06-567 SINGAPORE 560225		
ID Type / ID No.: NRIC NO / S9435151J			Contact No.: Home/Office: Mobile: 92389179		
Nationality: SINGAPORE CITIZEN			Email: YS.CHEW@OUTLOOK.SG		
Sex: Male	Age: 26	Date of Birth: 25/09/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Market research analyst			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2020 17:20	Type of Location: Car Park
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKL848C	Car		volvo	Red		0
SMS3233X	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201217/7008

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

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Report No. T/20201217/7008

CONTINUATION OF REPORT

Driver			
Name	TANG LIM GUAN		ID No. S7676589H
Related Vehicle	SKL848C (Car)		Contact No. 96779817
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHEW YU SHENG		ID No. S9435151J
Related Vehicle	SMS3233X (Car)		Contact No. 92389179
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	17/12/2020		Date 17/12/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time, I, vehicle A bearing car plate (SMS3233X) was traveling into the carpark of Amk Hub. There were two entrances where 1) located on the left and 2) located on the right. I entered via entrance 2 with the road directions says to go straight upon entering. Meanwhile, vehicle B bearing carplate (SKL848C) entered via entrance 2 and the road directions was indicated to turn left upon entering.

However, as I go straight in my favor (as accordance to the indicated direction), I felt a strong impact coming from the left of my vehicle. Vehicle B instead of turning left (as indicated by the road direction), it drove into my lane and collided into my vehicle. I got down the vehicle and saw damages to my left hand door.

I felt pain on my neck and back pain through the night and eventually went to A&E at Mount Alvernia in the morning to seek for medical attention. I was given 5 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20201217/7008

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Report No. T/20201217/7008

CONTINUATION OF REPORTSketch 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:
17/12/2020 12:18

Classification Of Case: