# **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 witholding 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.

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   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 19/12/2020 13:51 (SGT) Date of Accident 18/12/2020 13:05 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information twds ave Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMS7035A

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CARZ WORLD PTE LTD Company Reg No 2XXXXX222Z **Email Address** info@carzworld.com.sq Mobile Phone No (Phone) +65-96437773 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire

#### INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5112384358-01 Cover Note Number

#### DRIVER

Name of Driver YUEN PENG KEEN NRIC No SXXXX588C Date Of Birth 02/11/1968 Occupation Outdoor

Date Of Driving Pass 10/11/1994 Driving experience 26 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98482249 Alt. Phone Number Email Address info@carzworld.com.sg Address BLK 113 SERANGOON NORTH AVENUE 1 Address complement #02-577 Postcode 550113 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female PASSENGER 2 Gender **Female 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 - T/20201218/2070.

#### 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	GBG4824C
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
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 Address	YUEN PENG KEEN
Address Complement	_
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	BODY
Injured person in which vehicle?	SMS7035A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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, acknow ledge, 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' law yers/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")

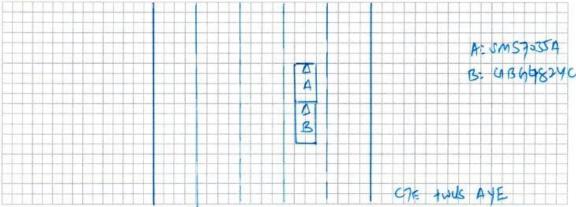
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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1201	Sinn	ature / Date	. 8	Driver's	Signature	(If driver	is not the	e policyho	older) / D	ate	Witness	sed by R	enorting	Contro





























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

1 of 3 Report No. T/20201218/2070

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2020 14:52			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	The state of the s	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
Name o	f Informant PENG KEEN		Address: APT BLK 113 SERANGOON	NORTH AVENUE 1 #02-577 HWI		
ID Type NRIC N	/ ID No.: O / S68425	88C	YOH VILLE SINGAPORE 55 Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 98482249 Email:			
Sex: Male	Age: 52	Date of Birth: 02/11/1968	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: OTHERS			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 13:05	Type of Location Straight Road
Location:  CENTRAL EX  Weather: Clear	(PRESSWAY	Road Surface: Dry	R	oad Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		raffic Volume:
One Way  Type of Collisi		I M	oderate	

Details of V	ehicle Invo	lved				
Vehicle No.		Make	Model	Color	Condition	No of Passenger
GBG4824C	Lorry				Condition	0
SMS7035A	Car					2

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201218/2070

#### CONTINUATION OF REPORT

Driver			TO SECURE OF SECURE		n 201	
Name	CHIA NGAK KWAN	IG	ID No.		S1155961A	
Related Vehicle	GBG4824C (Lorry)		Contact No.		91175769	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of	ree of Injury NIL		
Driver					TO THE	SECTION AND DESIGNATION OF THE PERSON OF THE
Name	YUEN PENG KEEN			ID No.		S6842588C
Related Vehicle	SMS7035A (Car)		Contact No.		98482249	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### **Brief Details**

ON 18/12/2020 AT AROUND 1300HRS, I WAS DRIVING ALONG CTE TOWARDS AYE. I WAS AT THE RIGHT SECOND LANE OF 5 LANE. THE FRONT VEHICLES WERE SLOWING DOWN AND SO DID I. THEN I SAW MY REAR MIRROR THE LORRY BEHIND ME WAS DRIVING VERY FAST AND WAS NOT SLOWING DOWN. THE LORRY THEN HIT THE REAR OF MY CAR. MY PASSENGERS ON BOARD GOT INJURED AND SCARED. 1 OUT OF 2 PASSENGER HAD A BLUEBLACK BRUISE ON HER RIGHT KNEE. THE REAR GLASSES ALL SCATTERED ON THE PASSENGER SEAT AND THE FLOOR MAT. THEN WE WENT OUT TO EXCHANGE PARTICULARS. LTA (MOTORBIKE) OFFICER THEN CAME AND TOLD US TO MAKE A POLICE REPORT. THEN I WENT OFF TO DROP OFF MY PASSENGER BEFORE COMING TO TRAFFIC POLICE HQ TO LODGE A TRAFFIC ACCIDENT REPORT. I HAVE AN IN-CAR FOOTAGE AND TOOK SOME PICTURES OF THE ACCIDENT AT SCENE. I AM NOT PRESENTLY INJURED BUT MY NECK FEELS STIFF ON THE RIGHT SIDE. I AM A "GRAB" DRIVER. THAT IS ALL.





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

3 of 3 Report No. T/20201218/2070

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:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI
Signature Of Interpreter:

Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172

Authentication Stamp NP168

Not applicable

Date/Time:
18/12/2020 14:52

Classification Of Case:

Signature:

