

## 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	28/01/2021 17:54 (SGT)
Date of Accident	27/01/2021 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE/TPE TOWARDS SERANGOON(AFTER WOODLANDS AVE 12)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM2097G
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA YONG CHOON
NRIC No	SXXXX349B
Email Address	raychua125@gmail.com
Mobile Phone No	(Phone) +65-96795601
Alternative Phone No	+65-96795601

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / COROLLA ALTIS 1.6 AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	No
Policy Number	5112464959-01
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA YONG CHOON
NRIC No	SXXXX349B
Date Of Birth	28/05/1966

Occupation .....	Outdoor
Date Of Driving Pass .....	23/09/1996
Driving experience .....	24 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96795601
Alt. Phone Number .....	+65-96795601
Email Address .....	raychua125@gmail.com
Address .....	BLK 818 #02-246 JURONG WEST STREET 81
Address complement .....	-
Postcode .....	640818
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - 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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	GRAB PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO.T/20210128/2069;

#### 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 .....	SLR4468X
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	MITSUBISHI / ATTRAGE 1.2 CVT



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 .....	CHUA YONG CHOON
Address .....	BLK 818 #02-246 JURONG WEST STREET 81
Address Complement .....	-
Post Code .....	640818
Approximate Age Years Old .....	54
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGM2097G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## SKETCH PLAN

### 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 willful 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. 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.
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.

IDAC KAKI BUKIT (YAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vacb@vaccim.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 28 JAN 2021

### Sketch Plan



## Describe Circumstances of the Accident

\* Refer to the attached Police Report No. T/20210128/2069

### Declaration

We declare the foregoing particulars are true in every respect.

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415935  
Tel: 67416697 Fax: 67492305  
Email: [vackh@vicom.com.sg](mailto:vackh@vicom.com.sg)

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel 28 JAN 2021



## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20210126/2069

1 of 4

Report No. T/20210126/2069

Police Station Of Origin:  
Nanyang N.P.C.  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No. 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 13:53	Vide Report No.	Station Diary No. 60
<b>Informant's Particulars</b>		
Name of Informant: CHUA YONG CHOON	Address: APT BLK 818 JURONG WEST STREET 81 #02-246 SINGAPORE 640818	
ID Type / ID No. NRIC NO / S1747349B	Contact No.	Mobile: 96795601
Nationality: SINGAPORE CITIZEN	Home/Office: Email:	
Sex: Male	Age: 54	Date of Birth: 28/05/1966
Race: Chinese	Type of Informant: Driver	Language:
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class:	Institution / School Name: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2021 17:25	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM2097G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	1
SLR4468X	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
-------------	-------------------	---------------	-----------	-------------


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No. 1800-7929999



T/20210128/2069

2 of 4

Report No. T/20210128/2069

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SGM2097G	NTUC Income Insurance Co-Operative Limited	5112464959-01	11/10/2020	10/10/2021


Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Use of Pedestrian Crossing: NA				
Driver				
Name	CHUA YONG CHOON		ID No.	S1747349B
Related Vehicle	SGM2097G (Car)		Contact No.	96795601
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/01/2021		Date Discharge	25/01/2021
No. of Days granted Medical Leave	05	Degree of Injury : Slight		
Driver				
Name	Chia Kian Wei, Alvin		ID No.	S8713682E
Related Vehicle	NIL		Contact No.	91899214
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		

**Brief Details.**


On the 27/01/2021 at about 1720hrs, I was travelling along SLE towards CTE. I was heading to Ang Mo Kio to drop of my passenger. It was a 3 lane road and I was travelling on the first lane. As I was driving, I saw the vehicle in front of me slowing down so I gradually applied my break. Out of a sudden, I felt an impact on my vehicle. I stopped my vehicle to make a check and realized that the vehicle SLR4468X had collided into me. I made a check on the driver and my passenger to see if they are fine. I proceeded to look at the damages of my car. The back bumper, fender and tail light of my car was badly dented due to the impact. The right side of the other car was badly damaged and had to be towed away. I exchanged contact with the driver namely Chia Kian Wei, Alvin S8713682E HP 91899214. I did not called for any ambulance as no one was injured. Today, I went to the doctor to make a check on my back and neck as it was sore. I received a 5 days MC from the doctor.

I wish to state that I have both front and back in-build car camera.



 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Banjong N.P.C.  
2 Jurong West Avenue 5 SINGAPORE  
649481  
Tel No: 1800-7929559

  
120210080901

Page No: 140210080901

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C.  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20210128/2069

Report No. T/20210128/2069

**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:  
J/  
SC2 SUHERMANTO BIN SUNARYO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2021 13:53

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Classification Of Case:

Stamp No. 85476204  
SINGAPORE POLICE FORCE  
Authentication Stamp  
NP168

SIGNATURE