

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 08/03/2021 15:50 (SGT)
Date of Accident 06/03/2021 22:40 (SGT)
Exact Location of Accident Punggol Field, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX7777P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN DE LIN
NRIC No SXXXX259F
Email Address RANIBOI@ICLOUD.COM
Mobile Phone No (Phone) +65-96081487
Alternative Phone No +65-96081487

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Scirocco
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119513464
Cover Note Number -

DRIVER

Name of Driver CHEN DEYUAN
NRIC No SXXXX862A
Date Of Birth 22/10/1989
Occupation Outdoor

Date Of Driving Pass	05/07/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85223523
Alt. Phone Number	-
Email Address	RANIBOI@ICLOUD.COM
Address	BLK 115 EDGEFIELD PLAINS #03-352
Address complement	-
Postcode	820115
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 - Cross Junction
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?	Yes
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210308/2036

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	SJQ1998G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY CHOON LENG
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	CHEN DEYUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKX7777P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

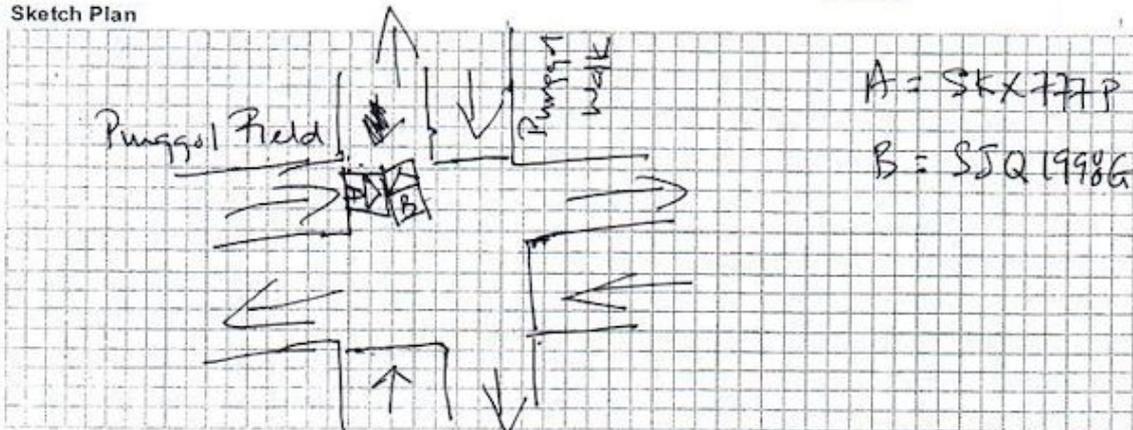
(collectively the "Purposes")

(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.

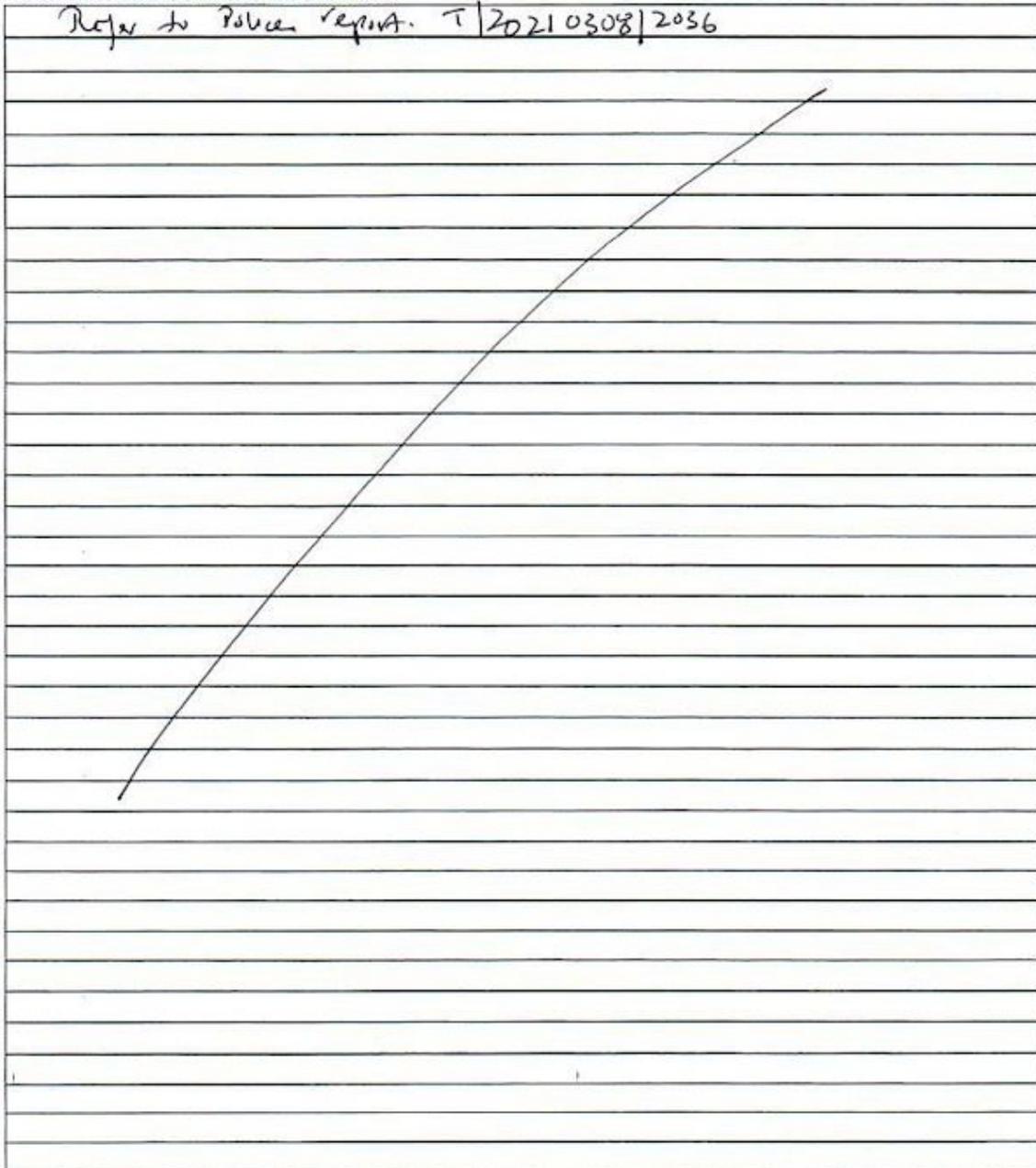
 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (if driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

Refer to Police report T/20210308/2036



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



Witnessed by Reporting Centre Personnel































**SINGAPORE
POLICE FORCE**



T/20210308/2036

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20210308/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 12:18		Vide Report No.: F/20210306/0269		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: CHEN DEYUAN			Address: APT BLK 115 EDGEFIELD PLAINS #03-352 SINGAPORE 820115		
ID Type / ID No.: NRIC NO / S8937862A			Contact No.: Home/Office: Mobile: 85223523		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/10/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LANDSCAPE			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2021 22:40	Type of Location: X-Junction
Location: PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ1998G	Car				Slightly Damaged	1
SKX7777P	Car				Slightly Damaged	1

Details of Person Involved

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



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T/20210308/2036

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210308/2036

CONTINUATION OF REPORT

Driver			
Name	TAY CHOON LENG		ID No. S1021505F
Related Vehicle	SJQ1998G (Car)		Contact No. 92396535
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
Driver			
Name	CHEN DEYUAN		ID No. S8937862A
Related Vehicle	SKX7777P (Car)		Contact No. 85223523
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/03/2021	Date Discharge	07/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 06/03/2021 at about 2240hrs, I was driving my sister vehicle bearing SKX7777P. I was driving along Punggol Field toward Punggol Walk. I was driving on the second lane, I have the right of way and the traffic light was green. Suddenly, an oncoming vehicle bearing SJQ1998G wanted to turn right towards Punggol Walk and collided onto my right front bumper. I then suffered pain on right and left shoulder, back pain, chest pain and abrasion on right arms. Ambulance came and conveyed me to Sengkang General Hospital.

I wish to state that I have an in-car camera, but Traffic Police had took from me.



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T/20210308/2036

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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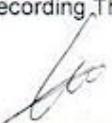
Report No. T/20210308/2036

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: F / Sgt 2 WU MING HAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 12:18
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE SIGNED AND DATED EVERY DAY  SN 158 SIGNATURE	