

# 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	16/03/2021 16:11 (SGT)
Date of Accident	15/03/2021 10:55 (SGT)
Exact Location of Accident	Lor 8 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE8000A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA CHOON HIANG
NRIC No	SXXXX372I
Email Address	WILLIAMCHIA8000@GMAIL.COM
Mobile Phone No	(Phone) +65-86138000
Alternative Phone No	(Home) +65-86138000

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	5114321920-01
Cover Note Number	-

## DRIVER

Name of Driver	CHIA CHOON HIANG
NRIC No	SXXXX372I
Date Of Birth	18/02/1963
Occupation	Outdoor

Date Of Driving Pass	11/06/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86138000
Alt. Phone Number	(Home) +65-86138000
Email Address	WILLIAMCHIA8000@GMAIL.COM
Address	11A LORONG PISANG RAJA
Address complement	-
Postcode	597744
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 - 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?	Yes
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	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004689999
Alt. Police Station Phone No	(Fax) +65-64623782
Police Station Address	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	SLN4755M
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	PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN4755M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	CHIA CHOON HIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFE8000A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to Police Report

Police Report No : T/202/0315/2107

Declaration

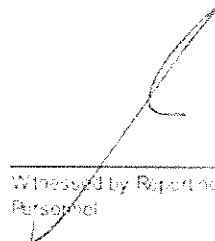
I/We declare the foregoing particulars are true in every respect



Policyholder's Signature - Date & Time



Driver's Signature (if driver is not the policyholder) - Date & Time



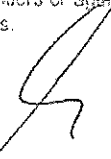


Witnessed by Reporting Centre Personnel

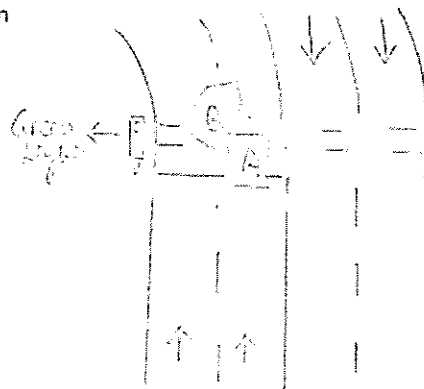
# SKETCH PLAN

## 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
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## Sketch Plan



A = JFE 8000A

B = SLA 4788A

Accident @ Teo Payoh  
 towards Lorong 6 Teo Payoh  
 (Near National Healthcare Group  
 Accident @ Teo Payoh, Police Station)



**SINGAPORE  
POLICE FORCE**



T/20210315/2107

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No T/20210315/2107

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 18:15		Vide Report No.: E/20210315/0056		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: CHIA CHOON HIANG			Address: 11A LORONG PISANG RAJA SINGAPORE 597744		
ID Type / ID No.: NRIC NO / S16153721			Contact No.: Home/Office: Mobile: 86138000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 18/02/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2021 10:55	Type of Location: Straight Road
Location:  LORONG 8 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFE8000A	Car	TOYOTA	ALPHARD HYBRID 7-SEATER 2.5X CVT	Grey	Seriously Damaged	1
SLN4755M	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Gold		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210315/2107

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No T/20210315/2107

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFE8000A	NTUC Income Insurance Co-Operative Limited	5114321920-01	02/12/2020	01/12/2021

**Brief Details.**

On 15/03/2021 at around 1055hrs, I was driving my vehicle SFE8000A along lorong 8 toa payoh towards 6 toa payoh (near national healthcare group toa payoh polyclinic). I was travelling straight on lane 1, traffic light was green in my favor. Suddenly, a vehicle SLN4755M from lane 2 on my left side made an illegal U-turn, hence collided onto the front and left side portion of my vehicle. After the collision, at that point of time I was feeling okay so as my passenger. I checked on the other vehicle and knowing that they are trapped inside the vehicle I called for ambulance assistance. The passenger was of the other vehicle was conveyed, traffic police attended to us and interviewed us. The traffic police seized my micro sd card with reference number E/20210315/0056 under investigation officer Syakin. After the incident, I went to the Mount Elizabeth hospital at orchard and was given 7 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210315/2107

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No T/20210315/2107

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:  
D /  
Sgt 1 HENG BOONCHAI

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/03/2021 18.15

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SITI NORHAFIDAH B NTF HANATI  
Contact No : 65476202

Classification Of Case

Authentication Stamp  
SINGAPORE POLICE