

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 06/04/2021 09:41 (SGT)
Date of Accident 05/04/2021 10:50 (SGT)
Exact Location of Accident Ang Mo Kio Ave 5, Singapore
Additional Location Information Slip road to CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBK267R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOO CHIANG CHENG
NRIC No SXXXX925G
Email Address rybb13@hotmail.com
Mobile Phone No (Phone) +65-93668622
Alternative Phone No (Home) +65-93668622

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5036673627-11
Cover Note Number -

DRIVER

Name of Driver CHOO CHIANG CHENG
NRIC No SXXXX925G

| | |
|--|------------------------|
| Date Of Birth | 27/11/1934 |
| Occupation | Indoor |
| Date Of Driving Pass | 24/06/1958 |
| Driving experience | 62 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93668622 |
| Alt. Phone Number | (Home) +65-93668622 |
| Email Address | rybb13@hotmail.com |
| Address | 46 JALAN PARI BURONG |
| Address complement | - |
| Postcode | 488707 |
| 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 | Side Swipe |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | NITHAYA SAE CHOO |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I wanted to enter the slip road towards CTE. I stopped at the junction to allow vehicles to pass me. Vehicle B on my left was close to me and hit my vehicle.

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 | SMH5007C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Blue |

| | |
|---|-------------|
| 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) | - |

SKETCH PLAN

IMPORTANT NOTICE

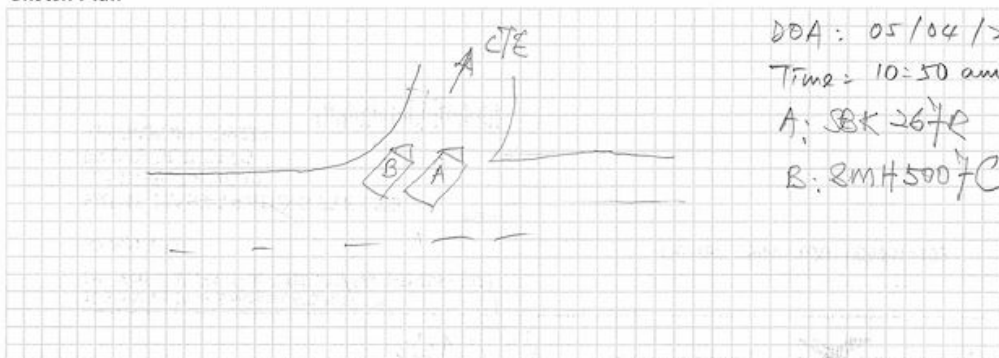
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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



Describe Circumstances of the Accident

I WANTED TO ENTER THE SLIP ROAD TOWARDS C/E.

I STOPPED AT THE JUNCTION TO ALLOW VEHICLES TO PASS ME.

VEHICLE B ON MY LEFT WAS CLOSE TO ME & HIT MY VEHICLE.

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















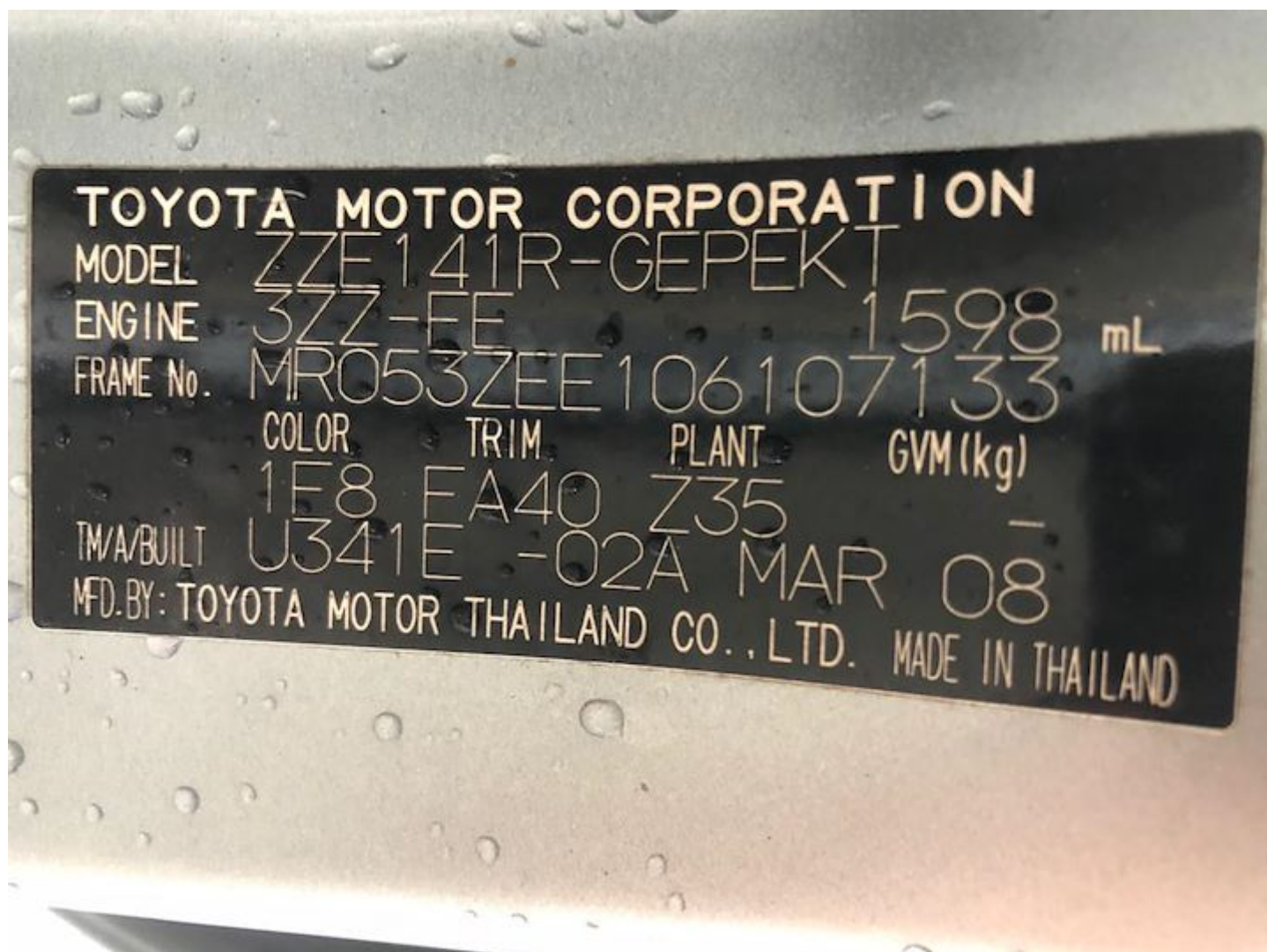


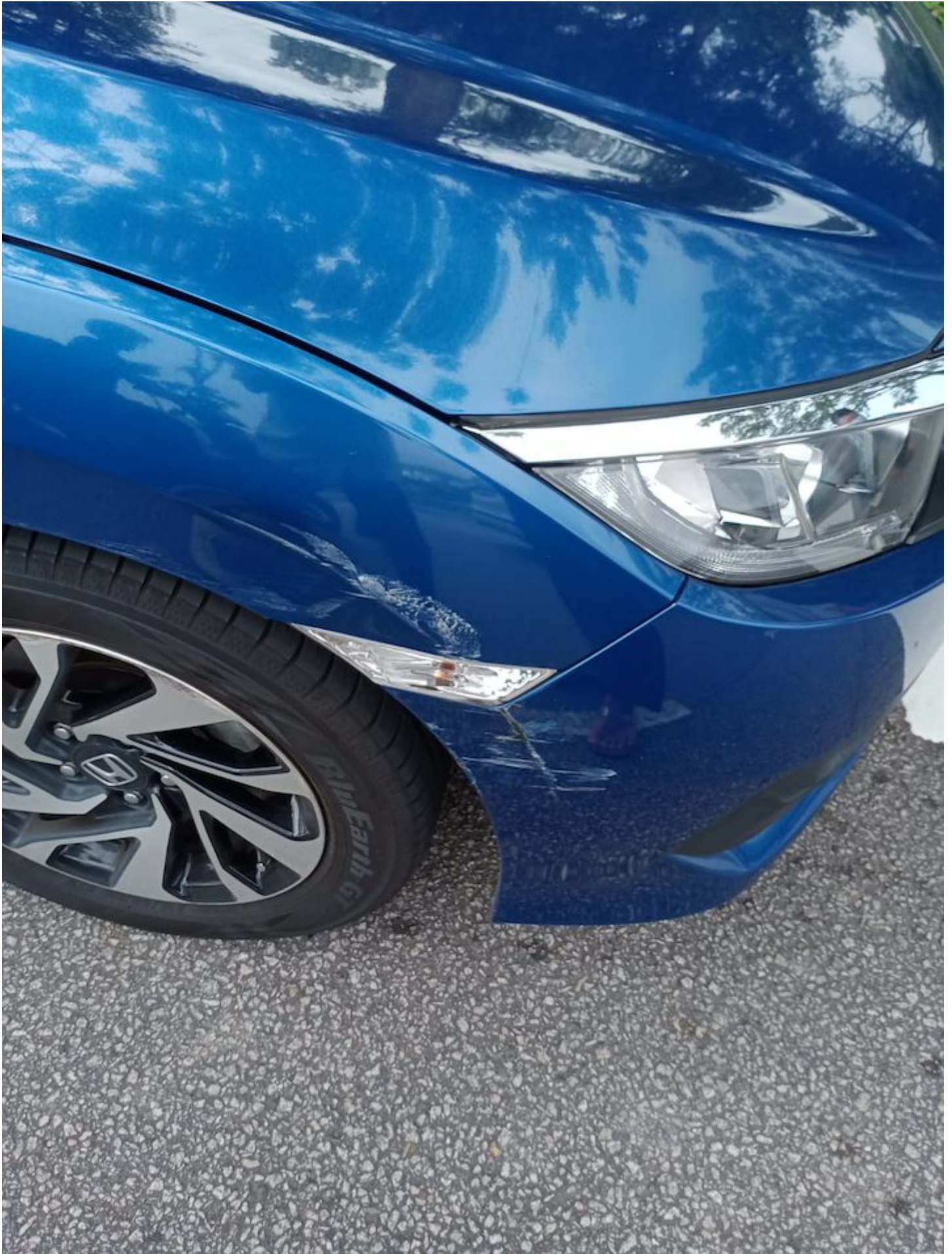


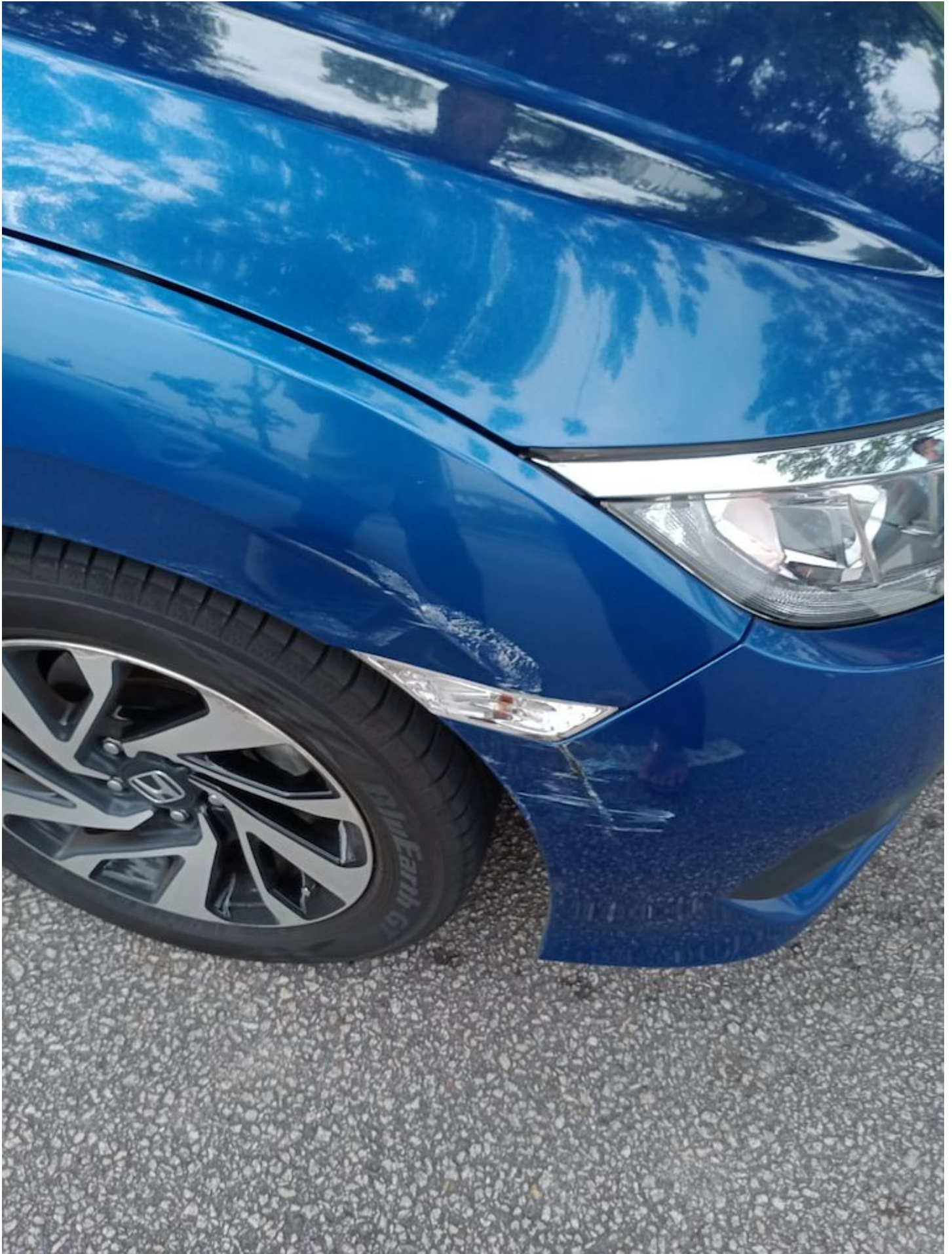




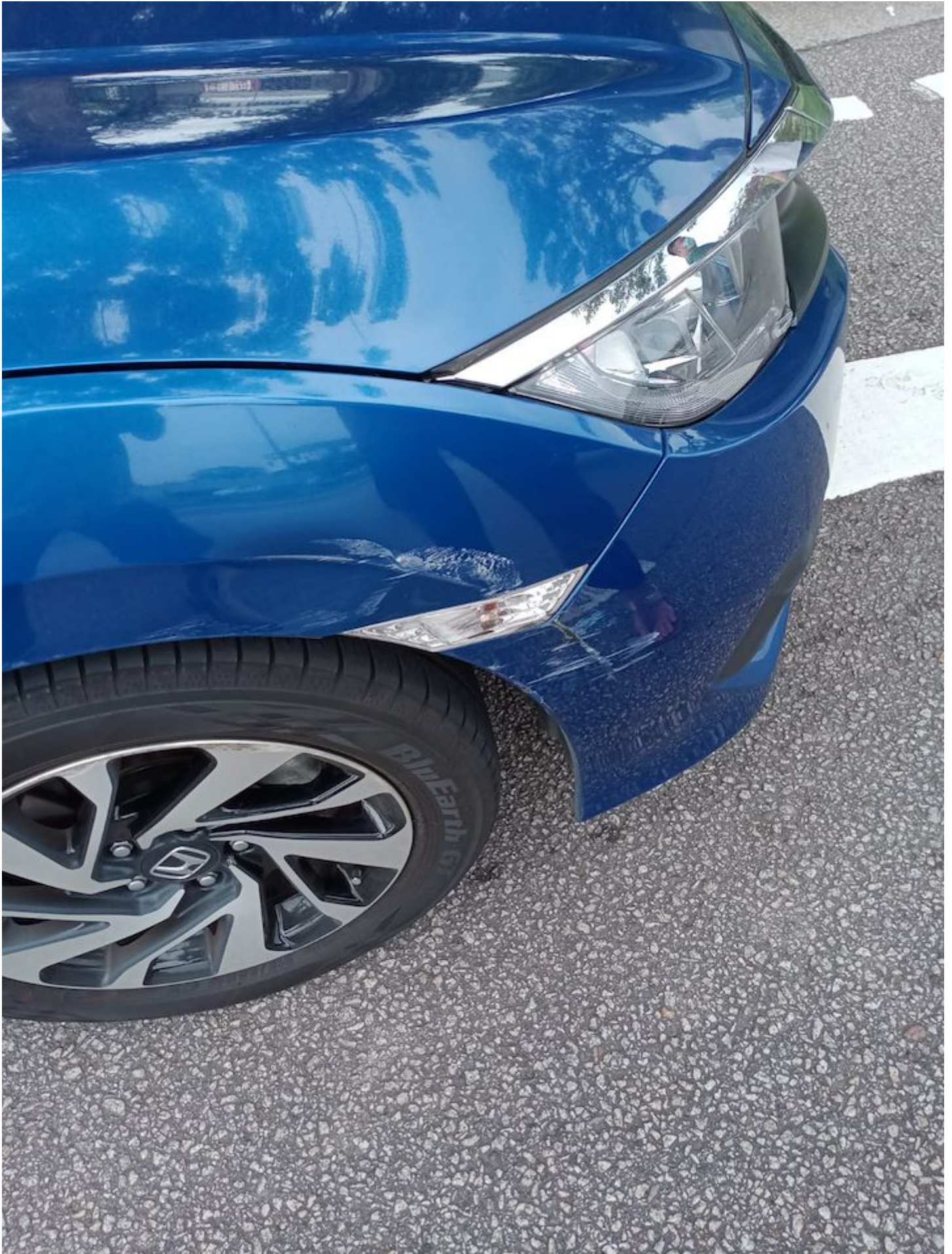














**SINGAPORE
POLICE FORCE**

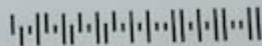
Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
www.police.gov.sg

Date: 30 SEP 2020

Our Ref: S0280925G

00521

CHOO CHIANG CHENG
46 JALAN PARI BURONG
SINGAPORE 488707



Dear Sir / Madam

RECEIPT OF MEDICAL EXAMINATION REPORT

Thank you for submitting your medical report on 30 Sep 2020.

- 2 As you have been certified medically fit to drive, you may continue to drive until your next medical examination. We will notify you of the need to attend your next medical examination when you are approaching your next age limit under the law.
- 3 If you are a foreigner, you may continue to drive until your driving licence expires or until your next medical examination, whichever is earlier.
- 4 Should you at any time be diagnosed to be unfit to drive by a medical practitioner, you are required to return your driving licence to the Traffic Police.

Yours faithfully

**HEAD TESTING AND LICENSING BRANCH
TRAFFIC POLICE**

This is computer generated and does not require a signature.