

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	12/04/2021 13:27 (SGT)
Date of Accident	10/04/2021 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	483A CHOA CHU KANG MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM700B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KUON MOTORS PTE. LTD.
Company Reg No	2XXXXX599R
Email Address	LIANLEE@MYCAR.COM.SG
Mobile Phone No	(Phone) +65-91510072
Alternative Phone No	+65-91510072

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / VELLFIRE 2.5Z G EDITION A
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
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5095943726-03
Cover Note Number	-

DRIVER

Name of Driver	JAMES CHEONG SIONG PEAK
NRIC No	SXXXX161J

Date Of Birth	28/10/2014
Occupation	Outdoor
Date Of Driving Pass	22/06/1985
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96834747
Alt. Phone Number	-
Email Address	integrityjames@gmail.com
Address	BLK 484 CHOA CHU KANG AVENUE 05 #11-10
Address complement	-
Postcode	680484
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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

AS PER POLICE REPORT No.T/20210410/7026;

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	SFQ777G
Vehicle Manufacturer	Subaru
Vehicle Model	SUBARU / FORESTER 2.0I-L CVT AWD SR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LEE SEBASTIAN
NRIC No	SXXXX018C
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	JAMES CHEONG SIONG PEAK
Address	BLK 484 CHOA CHU KANG AVENUE 05 #11-10
Address Complement	-
Post Code	680484
Approximate Age Years Old	35
Injuries Sustained	-
Injured person in which vehicle?	SJM700B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



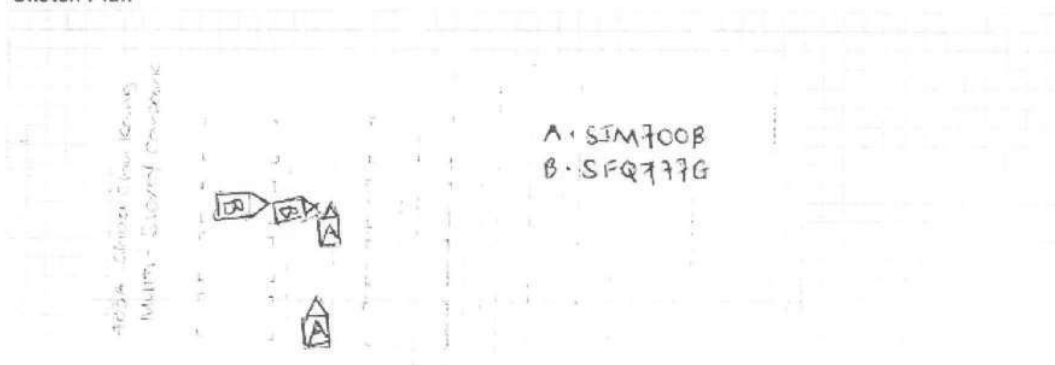
Policyholder's Signature / Date & Time

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

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

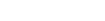
Witnessed by Reporting Centre Personnel

Sketch Plan

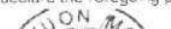



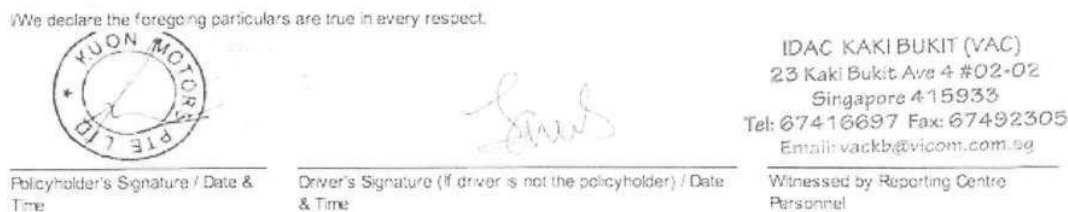
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Refer to Police Report No. T/20210410/7026

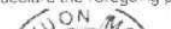

Declaration We declare the foregoing particulars are true in every respect.		IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg
		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

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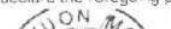

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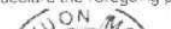

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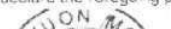

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**SINGAPORE
POLICE FORCE**



T/20210410/7026

1 of 3

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

Report No: T/20210410/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2021 17:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JAMES CHEONG SIONG PEAK			Address: 484 CHOA CHU KANG AVENUE 5 #11-10 SINGAPORE 680484		
ID Type / ID No.: NRIC NO / S8518161J			Contact No.: Home/Office: Mobile: 96834747		
Nationality: SINGAPORE CITIZEN			Email: integrityjames@gmail.com		
Sex: Male	Age: 35	Date of Birth: 22/06/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab			Driving Licence Information: Class: 3.4 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2021 02:25	Type of Location: Carpark
Location: CHOA CHU KANG AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SFQ777G	Car					0
SJM700B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210410/7025

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

2 of 3
Report No: T/20210410/7025

CONTINUATION OF REPORT

Driver			
Name	JAMES CHEONG SIONG PEAK	ID No.	S8518161J
Related Vehicle	SJM700B (Car)	Contact No.	96834747
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3.4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving my vehicle (SJM700B) inside 483A carpark wanting to exit. Out of a sudden, a car (SFQ777G) inside a parking spot just dash out and hit onto my car. I went down to check and understand that the third party driver did not check for its blind spot before turning out as a van was blocking his view. I felt some discomfort and seek for medical attention after the accident and was granted 5days MC.



**SINGAPORE
POLICE FORCE**



T/20210410/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 3

Report No: T/20210410/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
10/04/2021 17:21

Classification Of Case: