

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 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. 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	16/04/2021 16:10 (SGT)
Date of Accident	15/04/2021 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Marymount Road before Braddell Road Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5400D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AW WEE SENG, ZART (HU WEIXING)
NRIC No	SXXXX976D
Email Address	zartaw88@gmail.com
Mobile Phone No	(Phone) +65-97616761
Alternative Phone No	+65-97616761

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106379145-02 (Classic)
Cover Note Number	-

DRIVER

Name of Driver	AW WEE SENG, ZART (HU WEIXING)
NRIC No	SXXXX976D

Date Of Birth	27/11/1988
Occupation	Outdoor
Date Of Driving Pass	25/11/2011
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97616761
Alt. Phone Number	+65-97616761
Email Address	zartaw88@gmail.com
Address	Blk 694C Woodlands Drive 62 #11-50
Address complement	-
Postcode	733694
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	Raining
Road Surface	Wet

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	Chua Choon Hiang
Gender	Female

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

Refer to Sketch Plan

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	YP3199K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

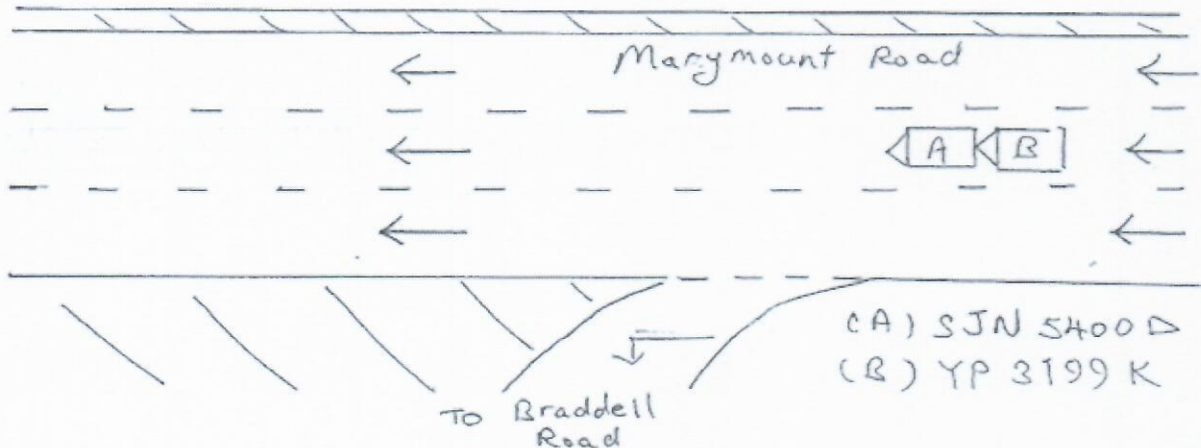
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report

Report No :-

T 20210416 / 7014

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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

Hi

Policyholder's Signature / Date &
Time

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

IDAC KAKI BUKIT (VICOM LTD)

23 KAKI BUKIT AVENUE 4 S(415933)

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210416/7014

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

1 of 3

Report No. T/20210416/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2021 12:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AW WEE SENG, ZART			Address: 694C WOODLANDS DRIVE 62 #11-50 SINGAPORE 733694		
ID Type / ID No.: NRIC NO / S8848976D			Contact No.: Home/Office: Mobile: 97616761		
Nationality: SINGAPORE CITIZEN			Email: ZARTAW88@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 27/11/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: private hirer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2021 15:30	Type of Location: Straight Road
Location: Marymount Road towards Marymount Flyover before Braddell Road exit				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJN5400D	Car	TOYOTA	ALLION 1.5 A	Black		1
YP3199K	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210416/7014

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

2 of 3

Report No. T/20210416/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN5400D	NTUC Income Insurance Co-Operative Limited	5106379145-02	19/02/2021	18/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHUA CHOON HIANG		ID No.	S9000595B
Related Vehicle	SJN5400D (Car)		Contact No.	87200440
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/04/2021		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	
Driver				
Name	AW WEE SENG, ZART		ID No.	S8848976D
Related Vehicle	SJN5400D (Car)		Contact No.	97616761
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/04/2021		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

On 15/04/2021 at about 1530hrs at along Marymount Road towards Marymount Flyover before Braddell Road exit. I was travelling on the centre lane and when my front vehicle slow down and stop hence I follow suit, suddenly I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle. I have 5 days MC from my injury.

Vehicle A: SJN5400D
Vehicle B: YP3199K



SINGAPORE
POLICE FORCE



T/20210416/7014

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

3 of 3

Report No. T/20210416/7014

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 / TP1B /
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:
16/04/2021 12:21

Classification Of Case: