

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 23/07/2021 17:28 (SGT)
Date of Accident 22/07/2021 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHANGI NORTH STREET 1 OPEN CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE7310C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HEALTHY WHEELZ PTE LTD
Company Reg No 2XXXXX744K
Email Address den.goldencharter@gmail.com
Mobile Phone No (Phone) +65-97736360
Alternative Phone No +65-97736360

VEHICLE PARTICULARS

Manufacturer Toyota
Model WISH 1.8 CVT
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5116571231-01
Cover Note Number -

DRIVER

Name of Driver CHEW WEE SOON
NRIC No SXXXX126H

Date Of Birth	07/08/1978
Occupation	Outdoor
Date Of Driving Pass	21/01/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94517840
Alt. Phone Number	-
Email Address	mak.auburnauto@gmail.com
Address	BLK 608 CLEMENTI WEST ST 1 #09-72
Address complement	-
Postcode	120608
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

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 POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUBURN AUTO

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	GBJ1383L
Vehicle Manufacturer	Mercedes
Vehicle Model	Vito
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

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. The 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 lodgment 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:

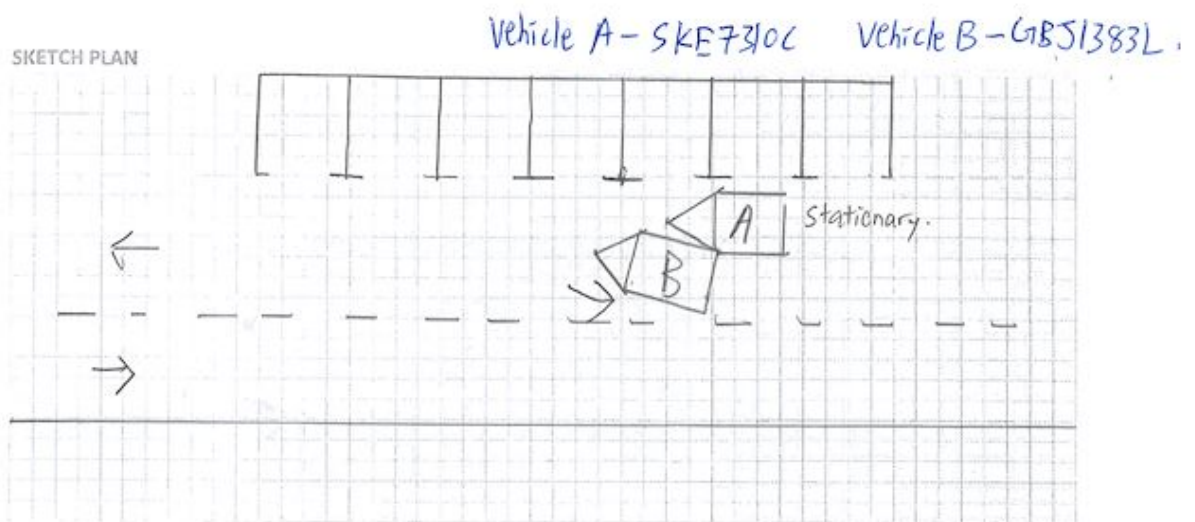
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HEALTHY WHEELZ PTE LTD

176 SIN MING DRIVE #04-18 SIN MING AUTOCARE S(575721)
 UEN: 202004734K

ANNEX A

CAR RENTAL TERMS AGREEMENT

Car Registration Number : SKE 7310C
 Make & Model : TOYOTA WISH 1.8A
 Rental Rate : \$400/-
 Deposit : \$200 + \$200 = \$400/- Cash / transfer
 iPlus+ : Silver/Gold
 Excess : \$4,500/-

Date of Collection : 03 JULY 2021
 Date to Return : 03 OCT 2021
 Duration Term : 0 year(s) 3 month(s)

Hirer Details : (MAIN / RELIEF)
 Name (as per NRIC) : CHEW WEE SOON
 NRIC/License No. : S7824126H
 Address : APT BLK 608 CLEMENTI WEST STREET 1, # 09-72, SG 12060
 Date of Birth : 07-08-1978
 Contact Number : 94517840
 E-Mail : calvinweeSoon@gmail.com
 Bank A/C : _____

Next of Kin Details :
 Name (as per NRIC) : NGUYEN THI HON
 Relationship : wife
 NRIC/License No. : S7368388B
 Address : A3 above
 Date of Birth : 06-08-73
 Contact Number : 8338 6616

Refer to ANNEX B – Hirer's Obligations & Use of Vehicle


 Signature of Hirer

Date: 3-7-21


 Company Representative

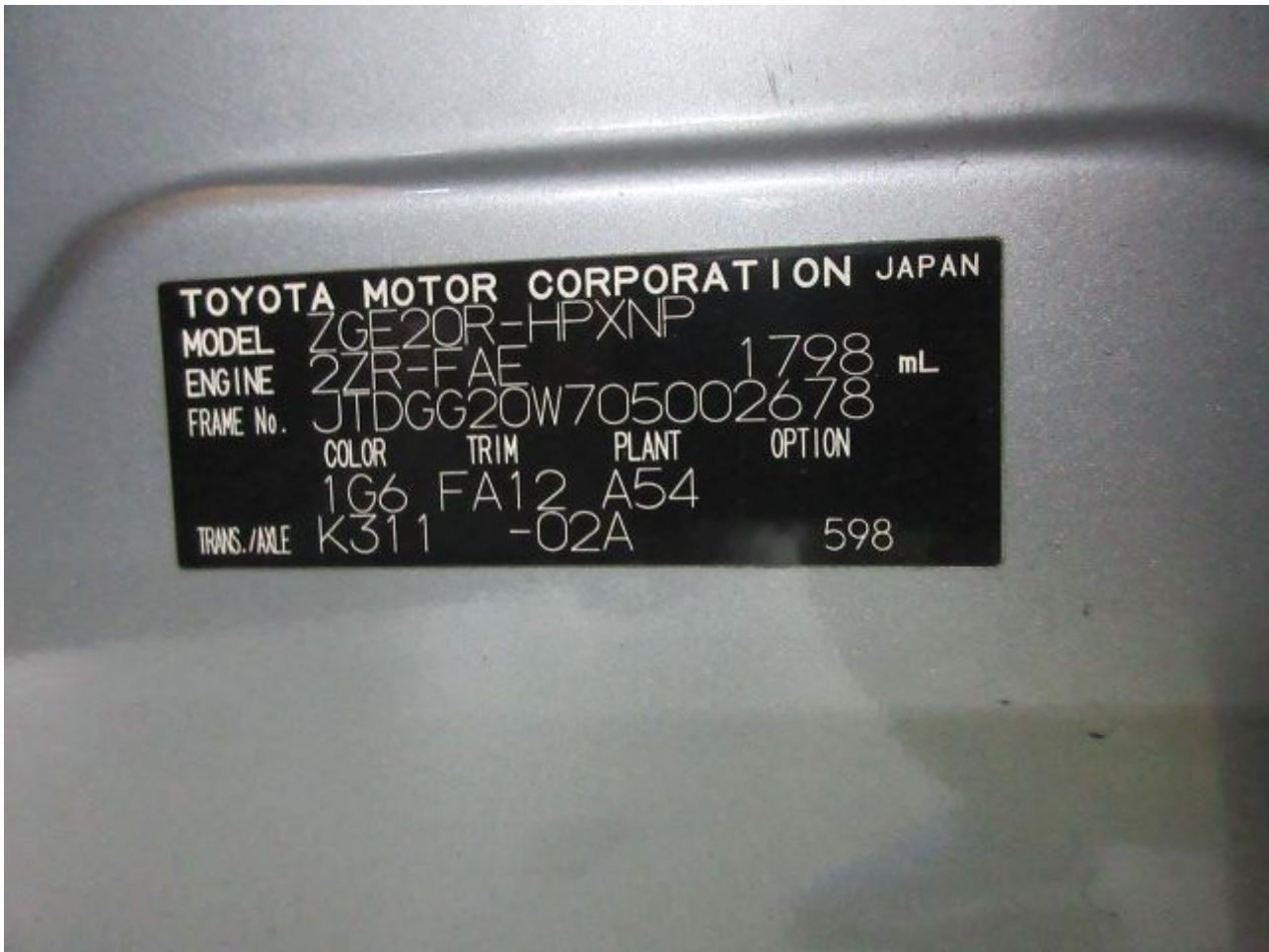
Updated as at 07 August 2020.













T/20210723/2058

1 of 3

Report No. T/20210723/2058

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 2

Report Number T/20210723/2058

Vide Report Number T/20210723/7018

Date/Time of Report Made 23/07/2021 15:55

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Chew Wee Soon

ID Type / ID No. NRIC NO / S7824126H

Home/Office

Mobile 94517840

Email

Type of Accident Non-Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 22/07/2021 08:30

Accident Location CHANGI NORTH STREET 1

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1383L	Van				Slightly Damaged	0
SKE7310C	Car				Slightly Damaged	0

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



T/20210723/2058

2 of 3

Report No. T/20210723/2058

Continuation of CSF For NP168

Driver			
Name	Chew Wee Soon	ID No.	S7824126H
Related Vehicle	NIL	Contact No.	94517840
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

Brief Facts.

I wish to amend my report as NON-INJURY instead of INJURY report.



T/20210723/2058

3 of 3

Report No. T/20210723/2058

Continuation of CSF For NP168**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / TAN JEOK LENG
Classification of Case	1) NON-INJURY / OTHERS

BISHAN N.P.C.
70 BISHAN STREET 2,
SINGAPORE 579757
TEL: 1800-5529997



**SINGAPORE
POLICE FORCE**



T/20210723/7018

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

1 of 3

Report No. T/20210723/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 14:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW WEE SOON			Address: 608 CLEMENTI WEST STREET 1 #09-72 SINGAPORE 120608		
ID Type / ID No.: NRIC NO / S7824126H			Contact No.: Home/Office: Mobile: 94517840		
Nationality: SINGAPORE CITIZEN			Email: mak.auburnauto@gmail.com		
Sex: Male	Age: 42	Date of Birth: 07/08/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2021 08:30	Type of Location: Car Park
Location: CHANGI NORTH STREET 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKE7310C	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210723/7018

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

2 of 3

Report No. T/20210723/7018

CONTINUATION OF REPORT

Driver			
Name	CHEW WEE SOON	ID No.	S7824126H
Related Vehicle	SKE7310C (Car)	Contact No.	94517840
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 22 July 2021 around 0830Hrs, I was driving my rental car bearing SKE7310C around 15 Changi North Street 1. I had parked my car at the open area carpark. I went out of the car and was smoking nearby when suddenly someone ran over and told me that someone had hit the front of my car. I went over to take a look, my car sustained damages. A van bearing GBJ1383L had hit the front of my car. The driver of the van came down and we exchange contacts. He admitted it was his fault and asked to private settle for \$100 but I decline as it is a rental vehicle so it was for the rental company to decide. Before we left he agreed to settle this through insurance.



**SINGAPORE
POLICE FORCE**

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



T/20210723/7018

3 of 3

Report No. T/20210723/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2021 14:26
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

