

# 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 ..... 24/08/2021 18:12 (SGT)  
Date of Accident ..... 23/08/2021 16:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LENTOR AVE TWDS YISHUN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC8464J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN SAY CHEONG  
NRIC No ..... SXXXX511E  
Email Address ..... VIUBANNES85@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-91705751  
Alternative Phone No ..... (Home) +65-91705751

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 116i  
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 hire  
Transmission ..... Auto  
CC ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118067285-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAN SAY CHEONG  
NRIC No ..... SXXXX511E

Date Of Birth .....	21/06/1985
Occupation .....	Indoor
Date Of Driving Pass .....	13/11/2008
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91705751
Alt. Phone Number .....	(Home) +65-91705751
Email Address .....	VIUBANNES85@HOTMAIL.COM
Address .....	BLK 279C SENGKANG EAST AVE #13-541
Address complement .....	-
Postcode .....	543279
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 - Major/Minor Rd
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 vehicle 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

#### REFER TO ATTACHED

#### 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 .....	SJG5805G
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 .....	CHAN SAY CHEONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLC8464J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**Describe Circumstances of the Accident**

ON THE STATED VENUE, DATE AND TIME. I VEHICLE A  
BEARING CARPLATE SLC8464J WAS TRAVELLING STRAIGHT  
IN MY LANE ON LANE ONE. SUDDENLY VEHICLE B  
BEARING CARPLATE SJG5805G DASH OUT FROM THE U TURN  
CAUSING ME TO COLLUDED ON TO HIM.

### Declaration

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

10/15

Policyholder's Signature / Date &  
Time

Wain

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

SHUGA

Witnessed by Reporting Centre  
Personnel







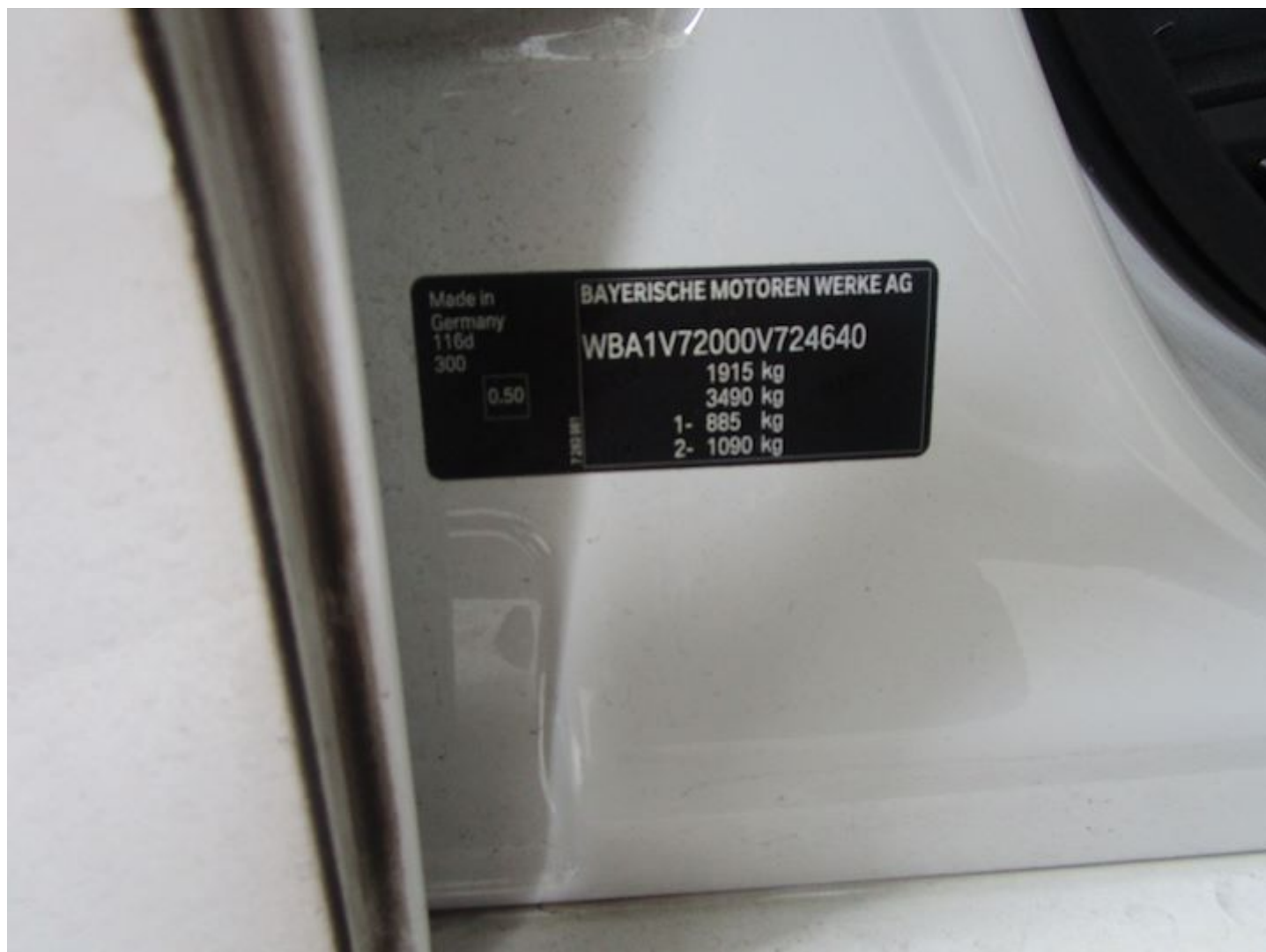
















**SINGAPORE  
POLICE FORCE**



T/20210823/7038

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

1 of 3

Report No. T/20210823/7038

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2021 19:14		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHAN SAY CHEONG			Address: 279C SENGKANG EAST AVENUE #13-541 SINGAPORE 543279		
ID Type / ID No.: NRIC NO / S8519511E			Contact No.: Home/Office: Mobile: 91705751		
Nationality: SINGAPORE CITIZEN			Email: VIUBANNES85@HOTMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 21/06/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2021 16:15	Type of Location: Straight Road
Location:  LENTOR AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJG5805G	Van					0
SLC8464J	Car	BMW	116D 5DR HATCHBAC K DSC LED	White	Seriously Damaged	0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210823/7038

3 of 3

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

Report No, T/20210823/7038

**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 /  
TAY CHUN KEEN  
Contact No.: 65476436

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:  
23/08/2021 19:14

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20210823/7038

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

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Report No. T/20210823/7038

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC8464J	NTUC Income Insurance Co-Operative Limited	5118067285-01	01/07/2021	30/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN SAY CHEONG	ID No.	S8519511E
Related Vehicle	SLC8464J (Car)	Contact No.	91705751
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	23/08/2021	Date	23/08/2021
No. of Days granted Medical Leave	03	Degree of	Serious

## Brief Details.

ON THE STATED VENUE , DATE AND TIME. I VEHICLE A BEARING CARPLATE ( SLC8464J ) WAS TRAVELLING STRAIGHT IN MY LANE ON LANE ONE. SUDDENLY VEHICLE B BEARING CARPLATE ( SJG5805G ) DASH OUT FROM THE UTURN CAUSING ME TO COLLUDED ON TO HIM.

AFTER THE ACCIDENT I FELT PAIN ON MY NECK, BACK AND SHOULDER. SO I PROCEED TO UNIHEALTH CLINIC BEDOK TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.

