

# 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 .....	12/04/2022 14:04 (SGT)
Date of Accident .....	11/04/2022 15:15 (SGT)
Exact Location of Accident .....	10 Raeburn Park, Singapore 088702
Additional Location Information .....	RAEBURN PARK (NEAR TO BLK 107 SPOTTISWOODE PARK, BESIDE CCDC)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN1784Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GRACE AUTO LEASING
Company Reg No .....	5XXXX089E
Email Address .....	AOGANGEL3@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96985643
Alternative Phone No .....	(Home) +65-96985643

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	5112456019-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHUA WOON LAI
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NRIC No .....	SXXXX323Z
Date Of Birth .....	16/05/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	20/07/2009
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83896170
Alt. Phone Number .....	-
Email Address .....	AOGANGEL3@GMAIL.COM
Address .....	BLK 659A PUNGGOL EAST
Address complement .....	#11-779
Postcode .....	821659
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 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 SKETCH PLAN AND POLICE REPORT 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 .....	GBK3359P
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv350
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-93801405
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 .....	CHUA WOON LAI
Gender .....	Male
Phone No .....	(Phone) +65-83896170
Address .....	BLK 659A PUNGGOL EAST
Address Complement .....	#11-779
Post Code .....	821659
Approximate Age Years Old .....	55
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SJN1784Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.



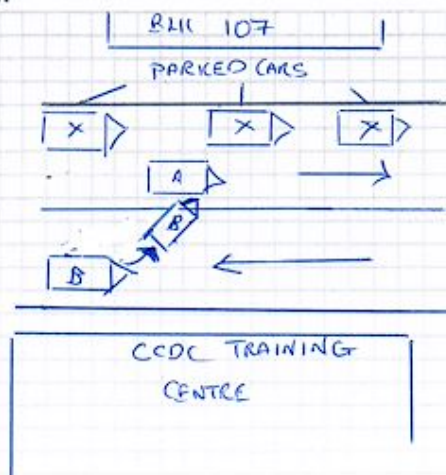
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

VEHICLE A - SJN 1784Y  
VEHICLE B - GBK 3359P



## Describe Circumstances of the Accident

ON 11 APR 2022 @ 1515 HRS, I WAS DRIVING ALONG RAEBURN PARK. I SAW A VAN (VEHICLE B) REVERSING TO THE RIGHT SIDE OF THE ROAD. I DO NOT KNOW IF THE VAN WAS GOING TO PARK THERE OR INTENDING TO MAKE A 3-POINT TURN. I SLOWED DOWN TO A STOP AND WAITED TO SEE IF THE VAN (VEHICLE B) IS INTENDING TO MOVE FORWARD. ON SEEING THE VAN STILL PARKED ON THE RIGHT SIDE, I DECIDED TO MOVE FORWARD. A FEW SECONDS, I HEARD A LOUD SOUND. I REALISED THE VAN (VEHICLE B) HAD MOVED FORWARD, HITTING THE RIGHT SIDE OF MY CAR (VEHICLE A). THE DRIVER OF THE VAN REFUSED TO EXCHANGE PARTICULARS WITH ME. I FELT PAIN IN MY NECK AND HAD GONE TO SEE A DOCTOR. I WAS GIVEN 3 DAYS' MEDICAL LEAVE.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time



Witnessed by Reporting Centre Personnel

































**SINGAPORE  
POLICE FORCE**



T/20220412/7008

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

1 of 3

Report No. T/20220412/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/04/2022 11:16	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHUA WOON LAI			Address: 659A PUNGGOL EAST #11-779 SINGAPORE 821659	
ID Type / ID No.: NRIC NO / S1782323Z			Contact No.: Home/Office: Mobile: 83896170	
Nationality: SINGAPORE CITIZEN			Email: janniecps@gmail.com	
Sex: Male	Age: 55	Date of Birth: 16/05/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 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: 11/04/2022 15:30	Type of Location: Straight Road
Location:  RAEBURN PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
GBK3359P	Van	NISSAN	NV350 PANEL VAN	Green	Seriously Damaged	1
SJN1784Y	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220412/7008

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

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Report No. T/20220412/7008

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN1784Y	NTUC Income Insurance Co-Operative Limited	5112456019-02000078	22/02/2022	21/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA WOON LAI		ID No. S1782323Z
Related Vehicle	SJN1784Y (Car)		Contact No. 83896170
Hospital/Clinic	MY FAMILY CLINIC (HOUGANG CENTRAL)		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	11/04/2022		Date NIL
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

ON 11/APR/2022@1515HRS, I WAS DRIVING ALONG RAEBURN PARK. I SAW A VAN (GBK3359P) REVERSING TO THE RIGHT SIDE OF THE ROAD. I DO NOT KNOW IF THE VAN WAS GOING TO PARK THERE OR INTENDING TO MAKE A 3-POINT TURN. I SLOWED DOWN TO A STOP AND WAITED TO SEE IF THE VAN (GBK3359P) IS INTENDING TO MOVE FORWARD. ON SEEING THE VAN STILL PARKED ON THE RIGHT SIDE, I DECIDED TO MOVE FOWARD. A FEW SECONTS LATER, I HEARD A LOUD SOUND. I REALISED THE VAN (GBK3359P) HAD MOVED FORWARD, HITTING THE RIGHT SIDE OF MY CAR (SJN1784Y), I TOLD THE DRIVER THAT THIS SPOT CANNOT DO A 3 POINT TURN, THE DRIVER OF THE VAN (GBK3359P) STARTED SHOUTING AT ME AND REFUSED TO EXHANGE PARTICULARS WITH ME. I FELT PAIN IN MY NECK AND HAD GONE TO SEE A DOCTOR. I WAS GIVEN 3 DAYS MEDICAL LEAVE



**SINGAPORE  
POLICE FORCE**



T/20220412/7008

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

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Report No. T/20220412/7008

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
12/04/2022 11:16

Classification Of Case:





**GRACE AUTO LEASING**

BLK 473 #05-746 ANG MO KIO AVE 10 S(560473)

Reg No. 53387089E

**VEHICLE RENTAL AGREEMENT**

UEN 2019 29402

Kindly fill up all of the details below

**CAR MODEL/CAR PLATE**

SJN1784Y Toyota Vios

HIRER'S NAME

ROYAL CUISINE GROUP PTE LTD

NRIC/PASSPORT NO.

UEN2019294022

DOB:

DRIVING LICENSE NO.

ADDRESS:

10 Raeburn Park S (088702)

01-08 Block A

CONTACT NO.

90439192

NEXT OF KIN CONTACT:

HOME NO.

Lance

RENTAL DEPOSIT:

\$500

UPFRONT RENTAL:

DATE OF COMMENCE:

29/7/2021

DATE RETURN:

TIME OF COMENCE:

2pm

TIME RETURN:

EMAIL:

RENTAL RATE:

\$1100 per month

FUEL LEVEL:

CONTRACT VAIDITY:

3 months

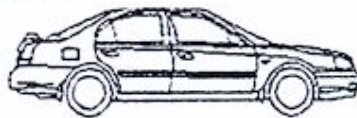
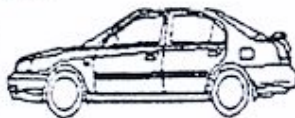
VEHICLE MILEAGE:

D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING

**REMARKS:**

Left Side

Right Side



Back



Front



Top

Signed by THE OWNER

Name: LIM YEONG SIN

For and behalf of

GRACE AUTO LEASING



Signed by THE HIRER