

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 Actual 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	05/09/2022 11:31 (SGT)
Reported by	Both
Date of Accident	03/09/2022 10:10 (SGT)
Exact Location of Accident	Serangoon North Ave. 2, Singapore
Additional Location Information	SERANGOON NORTH AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8649G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW PENG GUAN
NRIC No	S1535998F
Email Address	CHEWPG62@GMAIL.COM
Mobile Phone No	(Phone) +65-81804468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5103917394-04

DRIVER

Name of Driver	CHEW PENG GUAN
NRIC No	S1535998F
Date Of Birth	22/12/1962
Occupation	Outdoor

Date Of Driving Pass	04/09/1980
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-81804468
Alt. Phone Number	-
Email Address	CHEWPG62@GMAIL.COM
Address	APT BLK 231B SUMANG LANE #03-257
Address complement	-
Postcode	822231
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	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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2697R
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	CHEW PENG GUAN
Gender	Male
Phone No	(Phone) +65-81804468
Address	APT BLK 231B SUMANG LANE #03-257
Address Complement	-
Post Code	822231
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJX8649G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident

Please refer police report T/20220903/2068

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

SKETCH PLAN**IMPORTANT NOTICE**

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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")

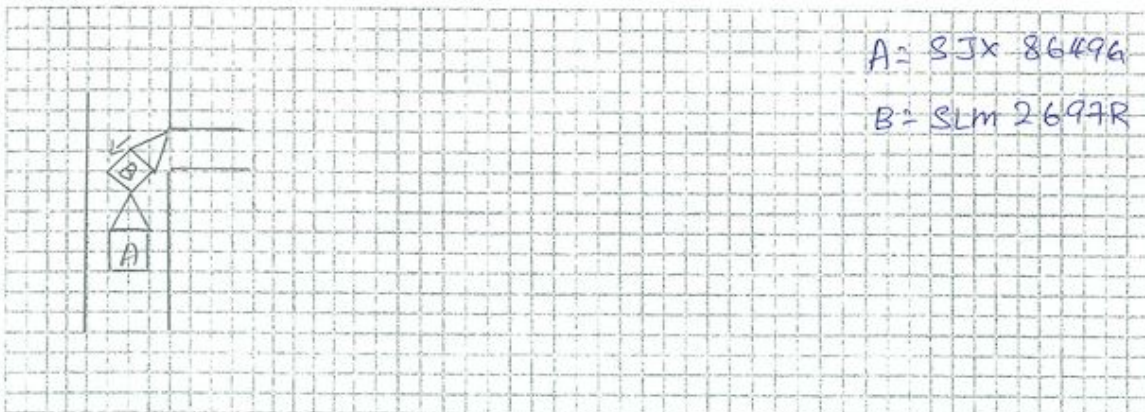
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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


Witnessed by Reporting Centre Personnel

Sketch Plan


A = SJX 86496
B = SLM 2697R





















**SINGAPORE
POLICE FORCE**



T/20220903/2068

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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T/20220903/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2022 14:58		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: CHEW PENG GUAN			Address: APT BLK 231B SUMANG LANE #03-257 SINGAPORE 822231		
ID Type / ID No.: NRIC NO / S1535998F			Contact No.: Home/Office: Mobile: 81804468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 22/12/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			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: 03/09/2022 10:10	Type of Location: Car Park
Location: SERANGOON NORTH AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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 Passenger
SJX8649G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Slightly Damaged	0
SLM2697R	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJX8649G	NTUC Income Insurance Co-Operative Limited	5103917394-04	02/09/2022	01/09/2023	



**SINGAPORE
POLICE FORCE**



T/20220903/2068

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20220903/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW PENG GUAN	ID No.	S1535998F
Related Vehicle	SJX8649G (Car)	Contact No.	81804468
Hospital/Clinic	Calrose medical family clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2022	Date Discharge	03/09/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Fong Kah Swee	ID No.	S0532286C
Related Vehicle	SLM2697R (Car)	Contact No.	NIL
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	Slight

Brief Details.

On the 3rd September 2022 at about 1010hrs, I was driving my vehicle SJX8649G along Serangoon North Ave 2. I was on the way to pick up a passenger. I turned into the open space carpark of Blk 136 Serangoon North Ave 2. As I was driving, there was another car bearing number plate SLM2697R which was driving in front of me. Suddenly driver stopped his car and then move off. I followed the vehicle behind. Suddenly he stopped again and started to reverse. He did not signal the hazard light. I pressed on the horn for a long time to warn him that I was behind his vehicle. However he still reversed and hit onto the front of my car. We came out to exchange particulars. The driver informed me that he did not hear my horn from the vehicle. As none of us were injured, we exchanged particulars and left. After which I felt some pain to my back and neck area. therefore visited the doctor and was given 5 days of MC. no fractures. The damage to my car was a dented front bumper. I am not sure on the repair cost of my vehicle. there is an in car camera in my vehicle which had captured the incident.



**SINGAPORE
POLICE FORCE**



T/20220903/2068

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220903/2068

CONTINUATION OF REPORT

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.

Signature of Officer Recording The Report:

J /
STAFF SGT TAMILMAARAN
S/O LETCHMANAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/09/2022 14:58

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168

