

## 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 .....	27/04/2023 21:44 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/04/2023 12:18 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	EXIT GANTRY LEVEL 1 OF POLICE CANTONMENT COMPLEX
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGU1981T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	DESMOND CHUA WHEE LENG
NRIC No .....	S7613506A
Email Address .....	DESCHUA76@YAHOO.COM
Mobile Phone No .....	(Phone) +65-93377356
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 car
Transmission .....	Auto
CC .....	1595

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5086324286-06

#### DRIVER

Name of Driver .....	DESMOND CHUA WHEE LENG
NRIC No .....	S7613506A
Date Of Birth .....	14/05/1976
Occupation .....	Indoor

Date Of Driving Pass .....	08/07/1997
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93377356
Alt. Phone Number .....	-
Email Address .....	DESCHUA76@YAHOO.COM
Address .....	9 BISHAN STREET 15 #15-15
Address complement .....	-
Postcode .....	573909
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 .....	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) .....	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 .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

#### 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 .....	email Income

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	QX2061H
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHIA WAI YUEN
Contact Number .....	(Phone) +65-91148541
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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")

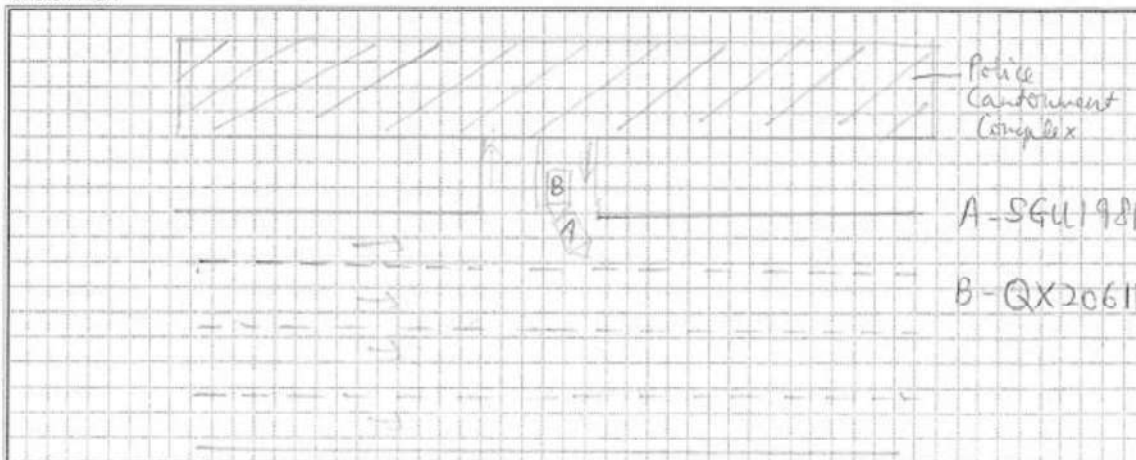
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**


Handwritten details on the sketch plan grid:

- Police Cantonment Complex
- A-SG41981T
- B-QX2061H
- 8
- 1

vJun2022

**Describe Circumstance of the Accident**

Refer attached Police report.

TP claim at Clither Workshop.

**Declaration**

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



E/20230427/7033

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20230427/7033

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 27/04/2023 16:29	Vide Report No.	Station Diary No.
Name Of Informant DESMOND CHUA WHEE LENG	Address 9 BISHAN STREET 15 #15-15 SINGAPORE 573909	
ID Type / ID No. NRIC NO / S7613506A	Contact No. Home/Office:	Mobile: 93377356
Nationality SINGAPORE CITIZEN	Email Address deschua76@yahoo.com	
Occupation Police officer	Sex Male	Age 46
Institution/School Name	Date of Birth 14/05/1976	Race Chinese
Date/Time Of Incident 27/04/2023 12:15 - 27/04/2023 12:20	Location Of Incident 9 BISHAN STREET 15 #15-15 SINGAPORE 573909	

**Brief details.**

When my car, SGU1981T was stationary just past the vehicle exit gantry barrier of Police Cantonment Complex preparing to turn left onto the main road, a police car, QX2061H hit the rear bumper of my car. Sgt Chia Wai Yuen from Kampong Java NPC was the driver of the QX2061H and his contact is 91148541. TP officer Muhammad Sarmani subsequently arrived to take my statement and gave me a TP case card with report number A/20230427/0073

<b>Subjects Involved</b>
<b>Suspect</b>

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: 27/04/2023 16:29
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



E/20230427/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230427/7033

Person Name	Sgt Chia Wai Yuen		
Gender	Male	Race	Chinese
Language	English	Occupation	Police officer
Mobile No	91148541		
<b>Victim</b>			
Person Name	DESMOND CHUA WHEE LENG		
ID Type	NRIC NO	ID No	S7613506A
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Police officer	Address	9 BISHAN STREET 15 #15-15 SINGAPORE 573909
Mobile No	93377356	Is Informant A Victim?	Yes
Person Name	DESMOND CHUA WHEE LENG (Informant)		

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: 27/04/2023 16:29
Officer In-Charge Of Case:	Classification Of Case: