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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/11/2017 17:54
Date Of Accident	22/11/2017 11:40
Exact Location Of Accident	JUNC TURF CLUB RD & VANDA LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP7101T
Insured/Policyholder	
Name Of Registered Owner	SOO YUET MOY
NRIC No	S7471010G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97657087
Alternative Phone No	OFFICE-97657087
Vehicle Particulars	

Manufacturer **HONDA**

CIVIC 1.6L 5AT Model

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

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 5094495767

Cover Note Number

Driver

Name of Driver HOE WAN YONG

NRIC No S1711209J Date Of Birth 11/07/1965 **INDOOR** Occupation Date Of Driving Pass 23/10/1998

19 YEARS AND 0 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-90028114

Fax Number

Contact Number OFFICE-90028114

EMail Address NOEMAIL Address 22 INGGU ROAD

Postcode 757364

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

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 this accident? NO Was any body injured in the Accident? NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE:

470629, **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-4439999 - **FAX NO**: 62444376

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171122/2134.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP4398X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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- 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)
 - (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.
- 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:

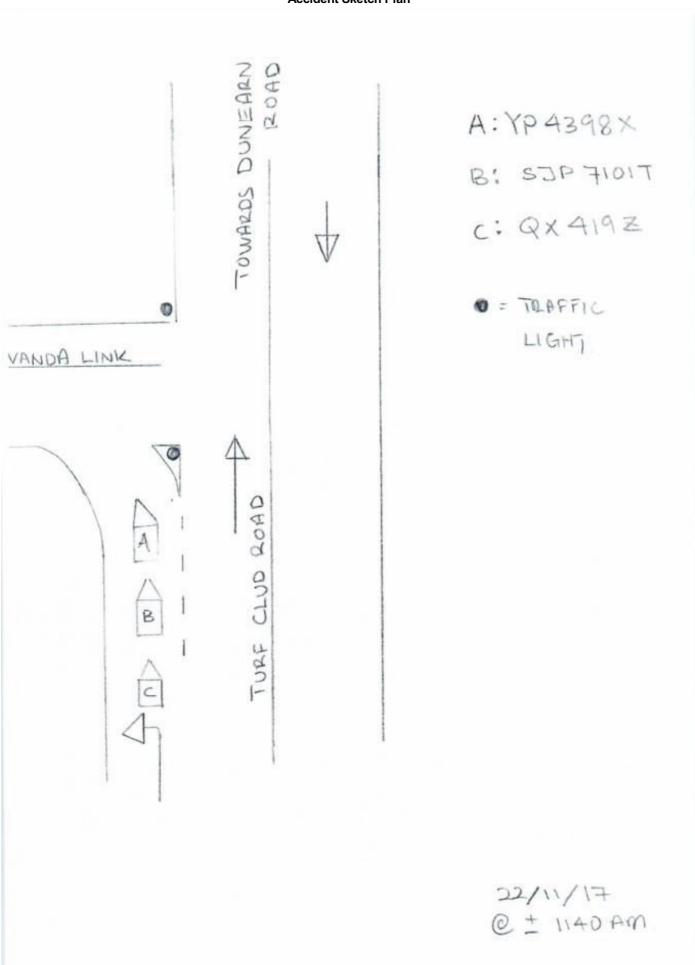
Reporting Centre Person

Name

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN				
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ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
Refer to police	1 repor - 1/21711	12/2/17		
		1		
ECLARATION	AND YOUR STORY OF TAKEN OF WARRINGS			
We declare the foregoing part	ticulars are true in every respect.			740
	10	·		IK
			Boundary Co. 1. B	MIN SINGE
folicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy	yholder)	Reporting Centre Perso Name:	nner's Signature
Market and Addition	Date & Time:		NRIC/FIN No.:	







Police Station Of Origin: Euros NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 1 of 3 Report No. T/20171122/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 17:29		lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars	用型型的公司基础 包括,他为19 00年。	THE THE WASHINGTON
Name of	Informant: AN YONG		Address: 22 INGGU ROAD SINGAPOR	E 757364
ID Type / ID No.: NRIC NO / S1711209J		09J	Contact No.: Home/Office:	Mobile: 90028114
National			Email:	
Sex: Male	Age: 52	Date of Birth: 11/07/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B.2A.3	Date of Expiry:

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 22/11/2017 11:40	Type of Location Straight Road	
Location: Along Road 1 TURF CLUB Along Turf Cl Weather:		da Link Road Surface:	F	Road Speed Limit:	
Clear		Dry		- # M 1/1	
	Traffic Control: Not Controlled		L. Long	Traffic Volume: No Traffic	
Traffic Flow: Two Way			1	No Traffic	

Details of V	ehicle Invo	CONTRACTOR OF THE PARTY OF THE		0-1	Candition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJP7101T	,,	HONDA	Civic ·	White	Slightly Damaged	0
YP4398X		MAN	TGM 13.250	Blue	Slightly Damaged	2

Details of Person Involved	以上的原则是特殊的。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Report No. T/20171122/2134

2 of 3

Police Station Of Origin: **Eunos NPP**

629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver		THE HARD		1 3 598	STREET	CITED IN SECOND
Name	HOE WAN YONG			ID No		S1711209J
Related Vehicle	SJP7101T			Conta	ct No.	90028114
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL '			Degree of	Degree of Injury NIL		
Driver		100 to 1	- NOTE THE			
Name	Unknown Driver			ID No		NIL
Related Vehicle	YP4398X			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	unneu co	Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	

Brief Details.

On 22/11/2017, at 1140hrs, I was driving along Turf Club Road turning left to Vanda Link. There was a police truck registration number YP4398X in-front of me and a police car registration number QX419Z behind me. While I was approaching the left turn, the police truck in front of me suddenly stopped. I then stopped my vehicle. The police truck start to reverse, I pressed on the horn, However he did not stop and continue to reverse, thus hitting on to my vehicle. The truck then drove off. The police car behind me then instructed me to stop my vehicle and they will inform the TP officer. Around 10 to 15 minutes later, the police truck driver came and he informed that he couldn't hear the horn. I wish to state that this is the first time such an incident happen to me and I have an in-car camera. I also like to further state that at that point of time, I did not reverse my vehicle as there is another vehicle behind me and it might cause danger to the rear vehicle.





3 of 3

Report No. T/20171122/2134

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

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: G / Sgt 2 CHUA CHANG YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2017 17:29
Officer In Charge Of Case: TP / DDGVT / Sgt 3 MUHAMMAD FIRDAUS BIN SULEIMAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp	





















