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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/12/2017 16:23
Date Of Accident	20/08/2017 20:45
Exact Location Of Accident	SLIP RD UPPER SERANGOON VIADUCT TWDS SERANGOON CTR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK4937U
Insured/Policyholder	
Name Of Registered Owner	HOW SIN CHEONG
NRIC No	S6908789B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90911780
Alternative Phone No	OFFICE-90911780
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
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
If No, Please state action to be taken	REPORTING ONLY
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	5075034075-01
Cover Note Number	
Driver	
Name of Driver	PONG YIN YEN KAREN
NRIC No	S6936967G
Date Of Birth	27/10/1969

 NRIC No
 \$69369676

 Date Of Birth
 27/10/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 17/11/1992

Driving Experience 24 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90911187

Fax Number

Contact Number OFFICE-90911187

EMail Address NOEMAIL

Address BLK 515A TAMPINES CENTRAL 7

#03-08

Postcode 521515

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRB3146 (MOTORCYCLE)

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

2

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20170904/7000.

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 JRB3146

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) 2

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 insurers) 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:
 - 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")
- 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.
- (d) 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:
 - 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 Signatute Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Name:

Reporting Centre Po

nel's Signature

SUMMING SkytchPlanForm_V3

Accident Sketch Plan

ETCH PLAN	yehicle A: Stoygow
S TOO	yeticle B. JRB3146
8	
8	
di d	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refor to police report T	20170904 17000.
DECLARATION	
/We declare the foregoing particulars are true in ever	y respect.
Will	Z,
Policyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature





1 of 3 Report No. T/20170904/7000

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF	A TRAFFIC	ACCIDENT	- Wes	Station Diary No.	
Date/Time Report Made: 04/09/2017 00:12		ade:	Vide Report No.:		
Informant	'e Particu	lars			
Name of Ir PONG YIN	nformant:		Address: APT BLK 515A TAMPINES CE 521515	ENTRAL 7 #03-08 SINGAPORE	
ID Type / ID No.: NRIC NO / S6936967G Nationality: SINGAPORE CITIZEN		37G	Contact No.: Home/Office: Mobile: 90911187		
			Email: pong.karen@gmail.com		
Sex: Female	Age:	Date of Birth: 27/10/1969	Type of Informant: Driver	Institution / School Name:	
Race:			Language: English	Institution / School Name.	
Occupation: Primary school teacher		cher	Driving Licence Information: Class:	Date of Expiry:	

Seneral Inform	mation of the Accident	Drink	Date/Time of	Type of Location	
Type of Accident:	Non-Injury Attended by Police	Assident		X-Junction	
	ANGOON ROAD oad near Serangoon MRT	Exit			
Weather:		Road Surface: Dry		Road Speed Limit: Traffic Volume:	
Traffic Flow:		Traffic Control: Traffic Light - W	orking	Moderate	
Two Way	ision: icle Against - Parked Vehi	1000		Ariyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	1.4 4.4	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color		1
SJK4937U	Car	HONDA	Stream	Grey	Slightly	

Details of Person Involved	THE RESERVE OF THE PROPERTY OF THE PARTY OF
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Ode of Foundation

Police Report



T/20170904/7000

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20170904/7000

CONTINUATION OF REPORT

Passenger				-		001117001
Name	How Xian Wei		ID No.		S9414722J	
Related Vehicle	SJK4937U (Car)		Conta	ct No.	83332700	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ys granted Medical Leave NIL Degree of			Injury	NIL	
Driver		The last	THE PERSON NAMED IN	Mark		
Name	PONG YIN YEN KAREN		ID No.		S6936967G	
Related Vehicle	SJK4937U (Car)		Conta	ct No.	90911187	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	and Company	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

I was driving my son to drop him off at Serangoon NEX as he had an appointment there. As we were approaching our destination, the traffic light had turned red and our vehicle had come to a halt. As he was in a hurry, my son requested to be let off by the side of the road. Since we were on the lane closest to the pavement, I agreed. I then turned on the hazard light and my son opened the car door closest to the side of the road.

However, as he opened the door, he did not notice a couple on a motorcycle that was riding between our car and the pavement. We were shocked to hear a loud noise as the motorcycle collided with our car door. My son got out of the car immediately to check on the couple, and saw that their bike had fallen on the pavement. Both of them seemed fine and my son did not notice any grave injuries. My son kept asking whether if any of them had been injured. However, the driver (a young Chinese male) ignored him, and instead got back on the motorcycle along with his rider and drove away without saying anything to him. I called out to them as well whether if they wished to exchange contact information, but I was puzzled when they did not reply me as well. We waited for them to reply, but they did not. Since they rode off first and did not attempt to communicate with us, we decided to move off too.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20170904/7000

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 04/09/2017 00:12
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:















