

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 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.

ACCIDENT STATEMENT

Date Of Report	02/12/2017 15:51
Date Of Accident	27/11/2017 16:30
Exact Location Of Accident	ANG MO KIO AVE 5 GOING FILTER LEFT TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1663G
Insured/Policyholder	
Name Of Registered Owner	HO TING WEI
NRIC No	S9204518H
Email Address	HTWTINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96704298
Alternative Phone No	OTHERS-96704298

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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	5086219557-01
Cover Note Number	

Driver

Name of Driver	HO SIEW MUN
NRIC No	S0130200J
Date Of Birth	13/01/1952
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96704298
Fax Number	
Contact Number	OTHERS-96704298
Email Address	HTWTINGWEI@HOTMAIL.COM

Address	BLK 259 BOON LAY DRIVE #05-519
Postcode	640259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SHA7083P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SYED HASSAN BIN AHMAD ALKAFF
NRIC/Passport Number	S0056594F
Contact Number	97749064
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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) 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.
- (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:
 - (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.

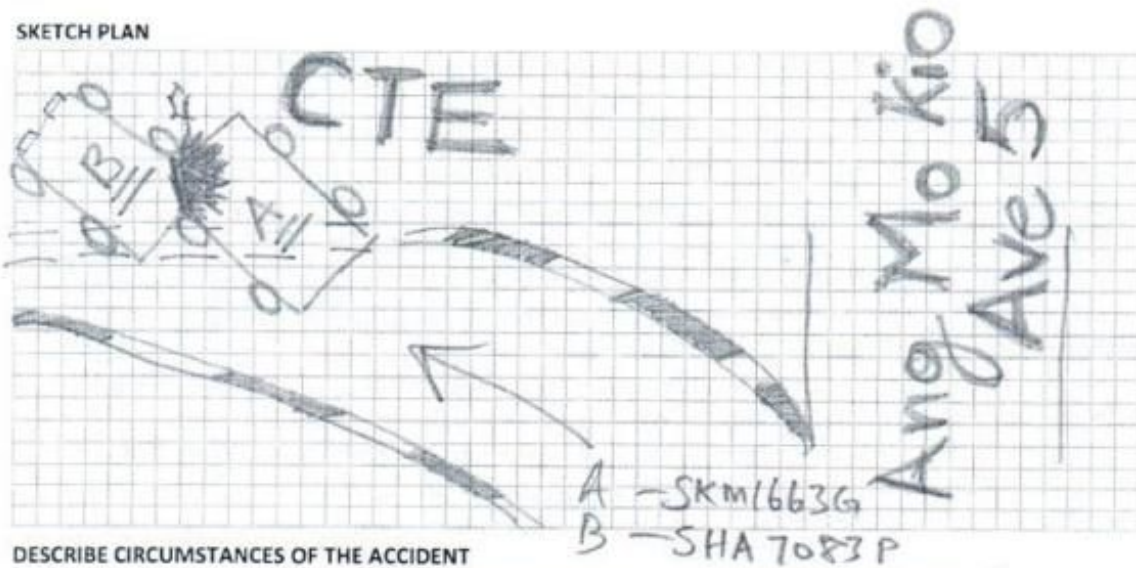

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Attached

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CRS-ACC Sketch Plan Form V2

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Sketch Plan #3

Lkk Paya Ubi

From: Ting Wei <htwttingwei@hotmail.com>
Sent: Saturday, 2 December, 2017 3:21 PM
To: RSPU@LKKAUTO.com
Subject: Incident report SKM1663G

On the 27/11/2017 at 1630hours, I was Travelling Ang Mo Kio Ave 5 going filter left to CTE. At that point of time, incoming vehicle was far away, Vehicle B (SHA7083P) was out of the give way line and apply sudden brake, causing me vehicle A (SKM1663G) to swerve right to avoid the collision. Unfortunately my vehicle A left side hit the rear right of vehicle B.

Sent from my iPhone

Sketch Plan #4

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Annex D

NOTICE OF REPORTING

Informant Name : Ho Siew Mun
Identity Card No : S0130200J
Age / Sex : 52 years / Male
Address : Blk 259 Boon Lay Drive #05-519
Nationality and Race : Singaporean/ Chinese
Occupation : Driver
Telephone No : 97827269

This is to confirm that the above informant, driver of vehicle registration number, SKM1663G, has reported to the Police a non-injury traffic accident which occurred on the 27/11/2017 at 1630hrs along Ang Mo Kio Ave 5 towards CTE, involving the following vehicle/s:

V1 : SKM1663G

V2 : SHA7083P

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	: Sgt Seng Sze
Date / Time	: 28/11/2017 / hrs 1444 hrs
Station Diary No	: 74
Police Post	: Jurong West NPC

JURONG WEST NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438

Signature of Informant	:
Signature of Issuing Officer	:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA117159112 Vehicle Registration No: SKM 1663G
 Name (as shown in NRIC) : HO SIEW MUN NRIC/FIN/Passport No : S0130200J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 259 BOON LAY DRIVE #05-519 Singapore (640259)
 Contact (Tel) : — Mobile No. : 96704298
 Email Address : HTWTINGWEI@HOTMAIL.COM
 Date of Accident : 27/11/2017 Time of Accident : 16:30
 Place of Accident : ANG MO KIO AVES GOING FILTER LEFT TO CTE
 Insurance Company : NTUC Income Insurance Co-operative Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from OD to Reporting only.

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: