

## 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 16:52
Date Of Accident	02/12/2017 11:15
Exact Location Of Accident	SENTOSA GATEWAY INSIDE SENTOSA ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1158R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARIS CAR LEASING PTE LTD
Co Reg No	201612643G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91502266
Alternative Phone No	OFFICE-91502266

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5081692270-01
Cover Note Number	

### Driver

Name of Driver	CHOE YONG YEN(ZHOU YONGYAN)
NRIC No	S8397037E
Date Of Birth	05/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81278854
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 170 HOUGANG AVE 1 #13-1485
Postcode	530170
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171202/2066

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH9201L
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)	

#### Details of Witness

Name

Phone Number

Email Address

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.
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.



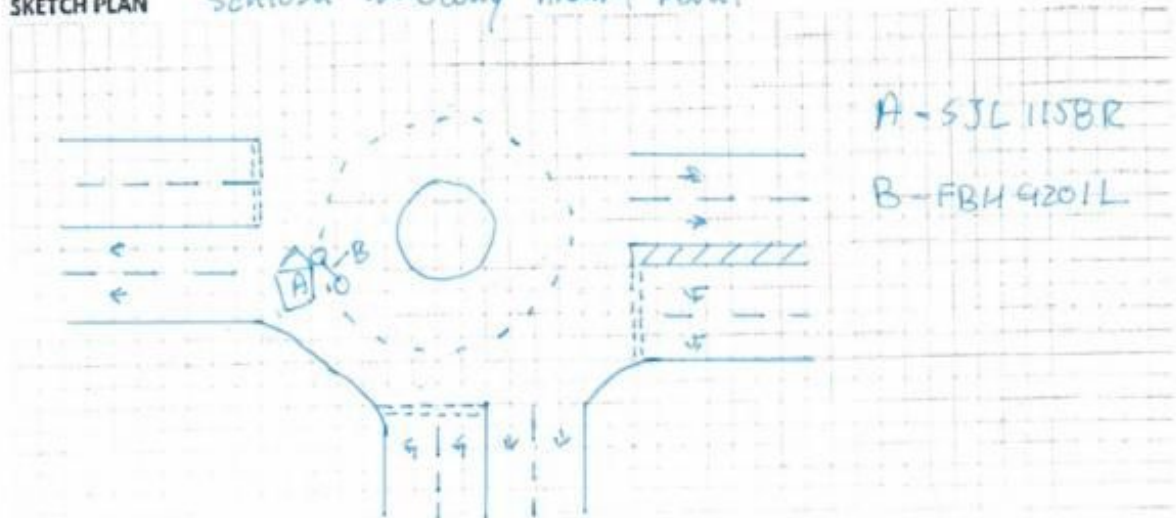
Policyholder's Signature  
Date & Time:

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 Sentosa Gateway Around About



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20171202/2066

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:

Report Centre Personnel's Signature  
Name: *02/11/17*  
NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171202/2066

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171202/2066

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHOE YONG YEN	ID No.	S8397037E
Related Vehicle	NIL	Contact No.	81278854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	WONG CHUNG PAO WILLSON	ID No.	S8508295G
Related Vehicle	NIL	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	NIL

**Brief Details.**

2/11/2017 @1100 (SENTOSA GATEWAYS)

I WAS ENTERING SENTOSA TOWARDS BEACH STATION. I STOP AT THE ROUNDABOUT TO CHECK FOR ANY ONCOMING VEHICLE, IT WAS CLEAR TO MOVE FORWARD. HALFWAY THROUGHT THE ROUNDABOUT AROUND THE MIDDLE POINT. THE RIDER COLIDED INTO MY RIGHT FRONT BUMPER JUST BEHIND THE HEAD LIGHTS. I STOP TO HELP THEM AS WELL I CALLED 995 FOR HELP.

Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171202/2066

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171202/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 14:07	Vide Report No.: D/20171202/0077	Station Diary No.:
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### Informant's Particulars

Name of Informant: CHOE YONG YEN			Address: APT BLK 170 HOUGANG AVE 1 #13-1485 HDB-HOUGANG SINGAPORE 530170	
ID Type / ID No.: NRIC NO / S8397037E			Contact No.: Home/Office:	Mobile: 81278854
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 05/02/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Other insurance representatives			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/12/2017 11:15	Type of Location:
Location: Along Road 1 SENTOSA GATEWAY				
INSIDE SENTOSA ROUND ABOUT				
Weather:	Road Surface:		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9201L	Motorcycle				Slightly Damaged	1
SJL1158R	Car				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171202/2066

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171202/2066

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHOE YONG YEN	ID No.	S8397037E
Related Vehicle	NIL	Contact No.	81278854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	WONG CHUNG PAO WILLSON	ID No.	S8508295G
Related Vehicle	NIL	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	NIL

### Brief Details.

2/11/2017 @1100 (SENTOSA GATEWAYS)

I WAS ENTERING SENTOSA TOWARDS BEACH STATION. I STOP AT THE ROUNDABOUT TO CHECK FOR ANY ONCOMING VEHICLE, IT WAS CLEAR TO MOVE FORWARD. HALFWAY THROUGHT THE ROUNDABOUT AROUND THE MIDDLE POINT. THE RIDER COLIDED INTO MY RIGHT FRONT BUMPER JUST BEHIND THE HEAD LIGHTS. I STOP TO HELP THEM AS WELL I CALLED 995 FOR HELP.

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20171202/2066

3 of 3

Report No. T/20171202/2066

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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/12/2017 14:07

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 