

## 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	15/12/2017 12:03
Date Of Accident	06/12/2017 21:30
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD AFTER SIXTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC441X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SWIM CENTRE VERHOEF
Co Reg No	51713700C
Email Address	HENDRIKUS82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91028794
Alternative Phone No	OFFICE-64635554

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087238225
Cover Note Number	

### Driver

Name of Driver	MELIS HENDRIKUS DIRK MARIA
Passport No/FIN	G1552577R
Date Of Birth	25/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91028794
Fax Number	
Contact Number	OFFICE-64635554
Email Address	HENDRIKUS82@GMAIL.COM

Address	BLK 128 ANG MO KIO AVENUE 10 #10-1865
Postcode	560128
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	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?	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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20171214/2080

#### 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	SLM6255G
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)	1

#### Details of Witness

Name	
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Phone Number  
Email Address

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodging 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

15/12/17

Report Centre Personnel's Signature  
Name  
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

ALONG A17 JIMAR  
at SIXTH AVENUE



15/12/2017

15/12/2017

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
1/2017/214/2060

DECLARATION

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

Policyholder  
Date & Time



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

15/12/2017

Reporting Centre Personnel's Signature  
Name  
NRIC/IN No

15/12/2017

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171214/2060

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

1 of 3

Report No. T/20171214/2060

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 12:11	Vide Report No.:	Station Diary No.:
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#### Informant's Particulars

Name of Informant: MELIS HENDRIKUS DIRK	Address: APT BLK 128 ANG MO KIO AVE 3 #10-1865 SINGAPORE 560128		
ID Type / ID No.: FIN NO / G1552577R	Contact No.:	Mobile: 90225382	
Nationality: NETHERLANDS	Home/Office:	Email:	
Sex: Male	Age: 35	Date of Birth: 25/03/1982	Type of Informant: Driver
Race: Netherlander	Language:	Institution / School Name:	
Occupation: Other services managers nec	Driving Licence Information: Class: 3	Date of Expiry:	

#### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2017 21:30	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD  ALONG SIXTH AVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC441X	Van				Slightly Damaged	0
SLM6255G	Car				Slightly Damaged	0

#### Details of Person Involved

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



# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171214/2060

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

2 of 3

Report No. T/20171214/2060

## CONTINUATION OF REPORT

Driver			
Name	MELIS HENDRIKUS DIRK	ID No.	G1552577R
Related Vehicle	NIL	Contact No.	90225382
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

### **Brief Details.**

06/12/2017 @ 2130HRS (ALONG SIXTH AVE)

I WAS TRAVELLING BUKIT TIMAH ROAD ALONG SIXTH AVE PLANNING TO MAKE A U-TURN TO DUNEARN ROAD. I WAS ENTERING IN THE FILTER LANE WHEN THE CAR BEHIND ME COLIDED INTO MY RIGHT REAR LIGHTS AND IT WAS DAMAGED. I WAS TURNING RIGHT TO THE FILTER LANE I THINK NEVER SEE HER VEHICLE.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20171214/2060

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

3 of 3

Report No. T/20171214/2060

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 / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 14/12/2017 12:11
Classification Of Case: 
Signature: 



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**







Accident Photo

CHASSIS NO : JTFHT02P40-0069365  
U.L.W. : 1800 KG  
M.L.W. : 2800 KG  
PASS.CAP : 02  
TYRE SIZE : F 195R15C 8PR LT  
: R 195R15C 8PR LT (S)