

## 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	02/01/2018 14:20
Date Of Accident	29/12/2017 13:15
Exact Location Of Accident	KAKI BUKIT ROAD 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1830Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM YIT SIEW
NRIC No	S1109819C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92339689
Alternative Phone No	OTHERS-92339689

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT

Exact Purpose for which vehicle was being used at time of accident

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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077009909-01 PREMIUM

Cover Note Number

### Driver

Name of Driver	LAM HAN HUI, ALVIN
NRIC No	S8852308C
Date Of Birth	11/12/1988
Occupation	INDOOR
Date Of Driving Pass	30/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83535858
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 157 BISHAN ST 13 #08-104  
 Postcode 570157  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 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  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? 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) 2  
 Passenger 1  
 NAME: : TAY LE XIANG ESMOND  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)  
 Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

#### 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 SLK4941H  
 Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS 1.6 CVT  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1


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: - 2 JAN 2013

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

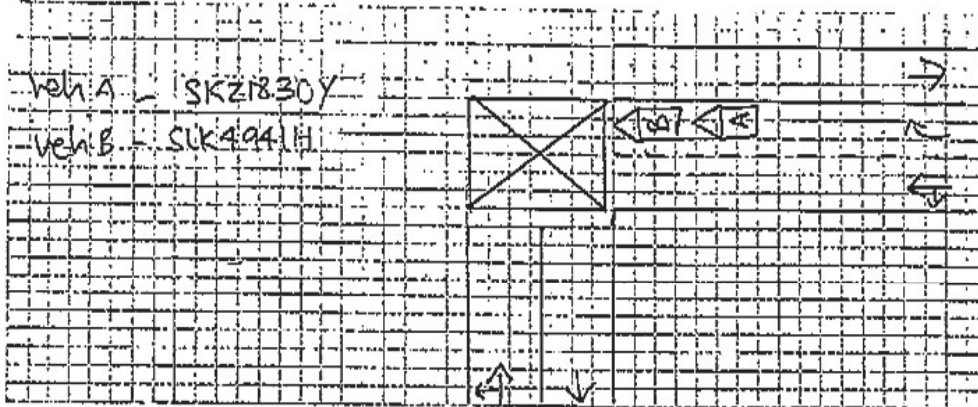
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [yackh@sinanet.com.sg](mailto:yackh@sinanet.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #2 Pg. 1

SKETCH PLAN

Kaki Bukit Road 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police Report: F/2017/229/7045

## DECLARATION

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

Policyholder's Signature

Date &amp; Time: - 2 JAN 2018

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



F/20171229/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171229/7045

Hospital and was both given 5days of MC to recover.

<b>Person Involved</b>			
<b>Victim</b>			
Person Name	LAM HAN HUI, ALVIN		
ID Type	NRIC NO	ID No	S8852308C
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Other commercial and marketing sales representatives	Address Type	
Address	APT BLK 157 BISHAN STREET 13 #08-104 SINGAPORE 570157	Mobile No	83535858
Is Informant A Victim?	Yes		
<b>Person Name</b> LAM HAN HUI, ALVIN (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

29/12/2017 18:12

Classification Of Case:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



F/20171229/7045

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20171229/7045

Police Station Of Origin  
Ang Mo Kio Police Divisional HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 29/12/2017 18:12	Vide Report No.	Station Diary No.
Name Of Informant LAM HAN HUI, ALVIN	Address APT BLK 157 BISHAN STREET 13 #08-104 SINGAPORE 570157	
ID Type / ID No. NRIC NO / S8852308C	Contact No. Home/Office: Mobile: 83535858	
Nationality SINGAPORE CITIZEN	Email Address Lamhh.alvin@gmail.com	
Occupation Other commercial and marketing sales representatives	Sex Male	Age 29
	Date of Birth 11/12/1988	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 29/12/2017 13:15 - 29/12/2017 13:30	Location Of Incident KAKI BUKIT ROAD 3 NIL, SINGAPORE 417819	

**Brief details.**

On the stated time and date, I(SKZ1830Y), was travelling along Kaki Bukit road 3. Upon arriving a yellow box before exiting to Bartley Viaduct, vehicle in front of me(SLK4941H) stopped so I followed suit. Suddenly, (SLK4941H) reversed and collided onto my stationary vehicle causing damages even though I pressed on the horn for about 2seconds. At the point of time I was with my friend in my car, (Tay Le Xiang, Esmond S8617688B). We felt pain on our neck area after the impact and visited Mount Alvernia

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: 29/12/2017 18:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp