

## 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	15/01/2018 14:14
Date Of Accident	13/01/2018 18:00
Exact Location Of Accident	TAMPINES AVE 12 TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBK1363P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SNG CHOON BENG
NRIC No	S1175421Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81197856
Alternative Phone No	OTHERS-81197856

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5059762823-04
Cover Note Number	

### Driver

Name of Driver	SOON ENG SENG
NRIC No	S0832367D
Date Of Birth	01/01/1929
Occupation	INDOOR
Date Of Driving Pass	01/02/1951
Driving Experience	66 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81197856
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	112 PASIR RIS ST 11 #07-657
Postcode	510112
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180113/2162

#### 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	FBH7342B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBH7342B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

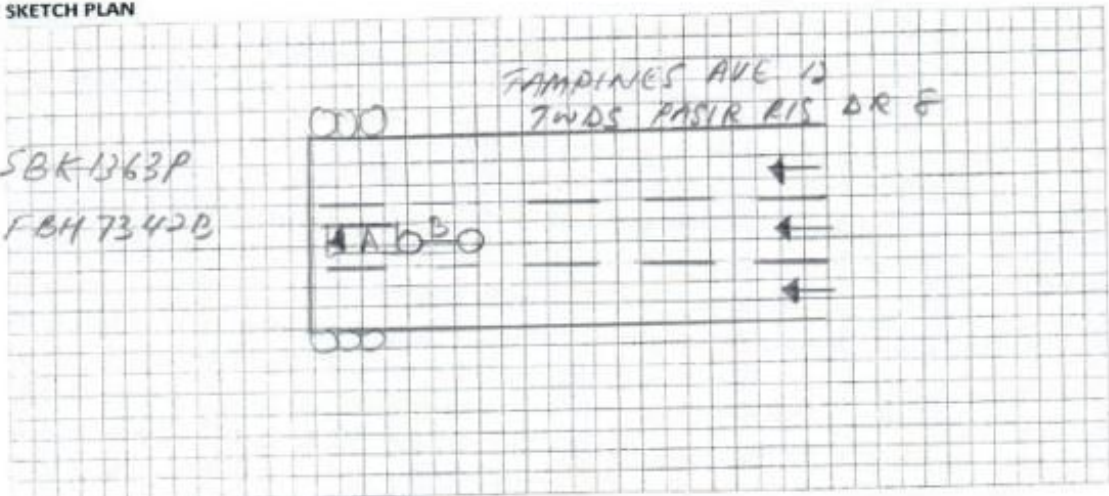
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

A - SBK1363P

B - FBH73420



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180113/2162

## 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.:

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180113/2162

2 of 3

Report No. T/20180113/2162

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

#### CONTINUATION OF REPORT

#### **Brief Details.**

On 13/01/2018 at about 1800hrs, I was driving my vehicle, blue colored Mercedes Benz, bearing the registration number of SBK1363P, along Tampines Ave 12 towards Pasir Ris Dr 8. There were a total of 2 lanes and I was on the extreme right lane. As the traffic light turned red, I came to a stop. Suddenly, I felt a bump from the rear of my vehicle. I then alighted from the vehicle and went to make a check. There was a man who was sitting on the road and had sustained some abrasion on both of his legs. His motorcycle, bearing the registration number of FBH7342B, had collided onto the rear of my vehicle. I then helped the cyclist to the side of the road and not long after, Traffic Police arrived, and I was given a report number G/20180113/0233. The man was then conveyed to the hospital. The left side of the rear bumper of my vehicle had fallen off.



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180113/2162

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180113/2162

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2018 21:26	Vide Report No.:	Station Diary No.: 139
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### Informant's Particulars

Name of Informant: SOON ENG SENG			Address: APT BLK 16 MARINE TERRACE #06-54 SINGAPORE 440016		
ID Type / ID No.: NRIC NO / S0832367D			Contact No.: Home/Office: Mobile: 81197856		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 89	Date of Birth: 01/01/1929	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2018 18:00	Type of Location: T-Junction
Location: Along Road 1 TAMPINES AVENUE 12  ALONG TAMPINES AVE 12 TOWARDS PASIR RIS DR 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7342B	Motorcycle					0
SBK1363P	Car					0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180113/2162

2 of 3

Report No. T/20180113/2162

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

### CONTINUATION OF REPORT

#### **Brief Details.**

On 13/01/2018 at about 1800hrs, I was driving my vehicle, blue colored Mercedes Benz, bearing the registration number of SBK1363P, along Tampines Ave 12 towards Pasir Ris Dr 8. There were a total of 2 lanes and I was on the extreme right lane. As the traffic light turned red, I came to a stop. Suddenly, I felt a bump from the rear of my vehicle. I then alighted from the vehicle and went to make a check. There was a man who was sitting on the road and had sustained some abrasion on both of his legs. His motorcycle, bearing the registration number of FBH7342B, had collided onto the rear of my vehicle. I then helped the cyclist to the side of the road and not long after, Traffic Police arrived, and I was given a report number G/20180113/0233. The man was then conveyed to the hospital. The left side of the rear bumper of my vehicle had fallen off.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180113/2162

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Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20180113/2162

### 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:

G /

Sgt 2 PHYLLIS TAN SI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/01/2018 21:26

Officer In Charge Of Case:

TP / GIT /

Insp NORHIDAWATI BINTE AHMAD

Contact No.: 65476310

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE