

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	05/01/2018 17:40
Date Of Accident	05/01/2018 10:00
Exact Location Of Accident	ALONG LOR MELAYU JUNCT OF JLN ISHAK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1155K
Insured/Policyholder	
Name Of Registered Owner	LANSYS PTE LTD
Co Reg No	200206448Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84684988

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN SWB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	5048061495-06
Cover Note Number	

Driver

Name of Driver	KONG YING NGAI
NRIC No	S8167748D
Date Of Birth	28/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2004
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84684988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2 JALAN LOKAM #03-16
Postcode	537846
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 - CHANGE/CROSS LANE
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?	
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

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

I WAS TRAVELLING STRAIGHT ON A SINGLE LANE ROAD ALONG LOR MELAYU WANTED TO MAKE A RIGHT TURN INTO JLN ISHAK. I CHECKED FOR ONCOMING VEHICLES FROM BOTH DIRECTIONS AND PROCEEDED TO MAKE A RIGHT TURN. AS I WAS TURNING, SUDDENLY VEHICLE B BEARING REGN NO. SLG5818X OVERTOOK ME FROM BEHIND AND WENT AGAINST THE TRAFFIC FLOW GRAZING AGAINST THE FRONT RIGHT PORTION OF MY VEHICLE. NOBODY WAS REPORTED WITH INJURIES AT THE ACCIDENT SCENE. THAT'S ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5818X
Vehicle Make/Model/Colour	
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

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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:

JOO HAK KEE AUTO PTE LTD
Blk 3007 Ubi Road, 1 #01-406
Singapore 408701
Blk 3014 Ubi Road, 1 #01-324
Singapore 408702

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

SKETCH PLAN

JUNISHAK

LOR MELAYU

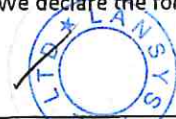
A- GRD1155E
B- SLT5818X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Incident

DECLARATION

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



Policyholder's Signature
Date & Time:

1007 05/01/2018

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

JOO HAK KEE AUTO PTE LTD
Blk 3007 Ubi Road 1 #01-406
Singapore 408701
Blk 3014 Ubi Road 1 #01-324
Singapore 408702

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



SINGAPORE POLICE FORCE



T/20180112/2042

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

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Report No. T/20180112/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2018 11:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KONG YING NGAI			Address: JLN LOKAM #03-16 TAI KENG SHOPPING CENTRE SINGAPORE 537846		
ID Type / ID No.: NRIC NO / S8167748D			Contact No.: Home/Office: Mobile: 84684988		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 28/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: NETWORK INSTALLER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/01/2018 10:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 LORONG MELAYU JALAN ISHAK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1155K	Van				Slightly Damaged	3
SLG5818X	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180112/2042

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

Report No. T/20180112/2042

CONTINUATION OF REPORT

Driver			
Name	KONG YING NGAI	ID No.	S8167748D
Related Vehicle	GBD1155K (Van)	Contact No.	84684988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH XUAN LIN MAD	ID No.	S7426636C
Related Vehicle	SLG5818X (Car)	Contact No.	97595250
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.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING ALONG LORONG MELAYU AND WANTED TO TURN RIGHT INTO JALAN ISHAK AT THE T-JUNCTION. BEFORE MAKING THE TURN, I CHECKED THAT IT WAS CLEAR. I THEN PROCEEDED TO MAKE THE RIGHT TURN. AS I WAS TURNING SLOWLY TO THE RIGHT, THE CAR(SLG5818X) BEHIND ME TRIED TO OVERTAKE ME ON THE OTHER SIDE OF THE ROAD. IT CAUSED THE FRONT RIGHT SIDE OF MY VEHICLE TO HIT THE LEFT SIDE OF THE CAR. HE DROVE TO THE SIDE OF THE ROAD AND STOPPED. HE ASKED ME TO PARK MY VEHICLE. WE BOTH GOT OUT AND CHECKED OUR VEHICLES. WE BOTH JUST DECIDED TO GO INSURANCE AND TOOK DOWN THE PARTICULARS OF EACH OTHER. DURING THAT TIME I DID NOT SEE ANYONE INJURED.

WE HAVE VIDEO FOOTAGE OF THE ACCIDENT.



SINGAPORE POLICE FORCE



T/20180112/2042

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

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Report No. T/20180112/2042

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/01/2018 11:46

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

