

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 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 | 26/01/2018 16:20 |
| Date Of Accident | 26/01/2018 11:40 |
| Exact Location Of Accident | JUNCTION OF CHIN SWEE ROAD AND YORK HILL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | PC2272M |
| Insured/Policyholder | |
| Name Of Registered Owner | THYE HUA KWAN MORAL CHARITIES LIMITED |
| Co Reg No | 201130733N |
| Email Address | JENNIFERKEE@THKMC.ORG.SG |
| Mobile Phone No | (LOCAL) +65-93392115 |
| Alternative Phone No | OFFICE-64736113 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | 5063432856-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | HENG MONG HENG |
| NRIC No | S1665440Z |
| Date Of Birth | 04/05/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/11/1989 |
| Driving Experience | 28 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93392115 |
| Fax Number | |
| Contact Number | OFFICE-64736113 |
| E-Mail Address | JENNIFERKEE@THKMC.ORG.SG |

| | |
|---|---------------------------------------|
| Address | BLK 701 WOODLANDS DRIVE 40 #11-110 |
| Postcode | 730701 |
| 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 |
| Number of vehicles involved in the accident | 2 |
| 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) | 3 |
| Passenger 1 | NAME: : SAID (STAFF) GENDER: : MALE |
| Passenger 2 | NAME: : THIAM PUK YUEN (PASSENGER) GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TELOK BLANGAH NPP |
| Police Station Address | ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180126/2113

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 | FBA7006J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SYED AZEES |

| | |
|-------------------------------------|-----------|
| NRIC/Passport Number | S7198003J |
| Contact Number | 98174191 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Accident Sketch Plan

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)

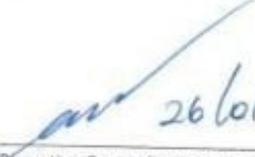
I understand, acknowledge, agree and consent that:

- (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.

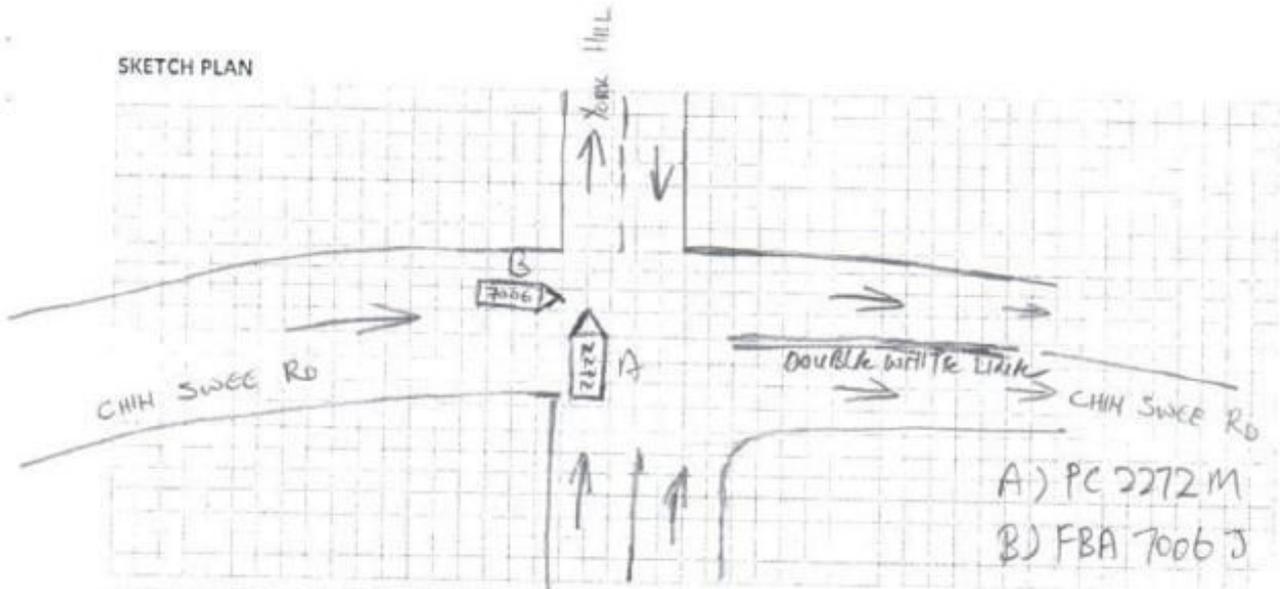


THK CHARITIES LTD
Policyholder's Signature
Date & Time:

 26/1/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/01/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PIS REFER TO POLICE REPORT
7/2018 0126/2113*

DECLARATION

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


 Asean Taka
 MOTOR CHARITIES LTD
 Policyholder's Signature
 Date & Time:

 26/1/2018
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

 26/01/2018
 Reporting Centre Personnel's Signature
 Name: *Roshdi WATARS*
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180126/2113

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20180126/2113

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 26/01/2018 15:11 | Vide Report No.: | Station Diary No.: 10 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: HENG MONG HENG | | Address: APT BLK 701 WOODLANDS DRIVE 40 #11-110 SINGAPORE 730701 | |
| ID Type / ID No.: NRIC NO / S1665440Z | | Contact No.: Home/Office: Mobile: 93392115 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 53 | Date of Birth: 04/05/1964 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: DRIVER | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------|------------------------------------|---|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 26/01/2018 11:40 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 CHIN SWEE ROAD YORK HILL | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBA7006J | Motorcycle | | | | Slightly Damaged | 0 |
| PC2272M | Van | | | | Slightly Damaged | 2 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180126/2113

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Report No. T/20180126/2113

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Name | SYED AZEES KHAN | ID No. | S7198003J |
| Related Vehicle | FBA7006J (Motorcycle) | Contact No. | 98174191 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/01/2018 | Date Discharge | 26/01/2018 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | HENG MONG HENG | ID No. | S1665440Z |
| Related Vehicle | PC2272M (Van) | Contact No. | 93392115 |
| 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.

On 26/01/2018 at around 1140hrs, I was driving my vehicle along Chin Swee Road and had stopped at the stop line with the intention to turn right into York Hill. I made a check for oncoming vehicles coming from the left but did not notice a motorcycle travelling on the left most lane. As I made the right turn, the said motorcycle collided into the left side of my vehicle. After the accident, I came out of my vehicle to assist the rider. After the rider parked his motorcycle at the nearby car park, I assisted to bring him to Alexandra Hospital to get medical assistance. No medical leave was given to the rider for his injuries as they were minor. No one in my vehicle was injured during the accident. I am lodging this report for insurance claim as instructed by the insurance company. I wish to state that there is in-vehicle camera installed in my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



T/20180126/2113

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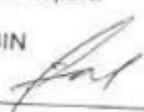
Report No. T/20180126/2113

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: D / Staff Sgt MUHAMMAD FADLEY BIN MASHWARI  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 26/01/2018 15:11 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp NP168  | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

