#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	03/02/2018 10:53
Date Of Accident	02/02/2018 23:35
Exact Location Of Accident	TRAFFIC JUNC OF HOUGANG AVE 10 & HOUGANG AVE 8
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6734Z
Insured/Policyholder	
Name Of Registered Owner	CHEW LAP MENG
NRIC No	S1106866I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98376594
Alternative Phone No	OFFICE-98376594
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Гуре Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097769291
Cover Note Number	-
Driver	
Name of Driver	CHEW JUN YANG MARCUS
NRIC No	S8739832C
Date Of Birth	06/12/1987
Occupation	INDOOR
Date Of Driving Pass	20/08/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE

**NOEMAIL** 

Address BLK 416 HOUGANG AVE 10 #05-1302

Postcode 530416

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

neurones Company of Drivaria Our Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

NO

YES

YES

NO

NO

1

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT.

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 INJURED PERSON 1** 

Name PEDESTRIAN

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 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 earlier.
- 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:
  - 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:
  - 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.:

#### **Accident Sketch Plan**

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SKETCH PLAN				
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DESCRIBE CIRCUMSTANCE	S OF THE ACCID	ENT		
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ECLARATION		F		1
/We declare the foregoing part	ticulars are true in	every respect.		/ /
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	(m	J.		Money
Policyholder's Signature	Driver's Si	gnature		Reporting Centre Personnel's Signature
Date & Time:	(If driver)	s not the policyholde	er)	Name:
	Date & Tir	me:		NRIC/FIN No.:

GEREVIC SRENCHFORFORM, VX.

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### POLICE REPORT





1 of 3

Report No. T/20180203/2012

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

#### REPORT OF A TRAFFIC ACCIDENT

Deta/Time Bened Made:		Vide Report No.:	Station Diary No.:	
Date/Time Report Made: 03/02/2018 01:00		F/20180202/0325	9	
Informa	nt's Partici	ulars		
Name of Informant: CHEW JUN YANG, MARCUS		Address: APT BLK 416 HOUGANG AVENUE 10 #05-1302 SINGAPOR 530416		
ID Type / ID No.: NRIC NO / S8739832C		Contact No.: Home/Office:	Mobile: 92225235	
National	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 06/12/1987	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name	
Occupation: ENTERPRENEUR		Driving Licence Informa Class: 3	ation: Date of Expiry:	

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 02/02/2018 23:35	Type of Location X-Junction	
Location: Junction of R HOUGANG A HOUGANG A Traffic Junction	VENUE 8				
Weather: Clear		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume:	
Type of Collis	sion: de Against - Pedestrian			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	ived		-		Toronto Control Control
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP6734Z	Car					0

#### POLICE REPORT





2 of 3

Report No. T/20180203/2012

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

#### Brief Details.

On 02/02/2018 at about 2325hrs, I was driving my Grey Audi vehicle bearing registration number SJP6734Z along Hougang Avenue 10 on the most right lane and nothing was amiss. On the same day at about 2330hrs, upon reaching a traffic junction of Hougang Avenue 8, I make a stopped as I wanted to make a right turn. I then make a check to ensure that the opposite oncoming vehicle were cleared. Soon as the traffic light was indicating green, I then turned right into Hougang Avenue 8. To my amiss, there was a Chinese couple in their early 40's was crossing the road and I soon my vehicle collided into them as I did not able to stop on time.

I then quickly proceed to make a check on them and noticed that the female subject were injured. Soon, an ambulance came as I believed that a passer-by had activated them. Not long after, the female subject were conveyed and the male subject were seen to suffer several minor injuries.

TP were also at scene (Vide: F/20180202/0325) and I was the requested to proceed down to TP HQ on the 5th Feb 2018. Once the subject were conveyed I then left scene. I wish to state that my front windscreen were cracked but however still able to move off.

This is the first time such incident happened. There is no in-built CCTV installed in my vehicle and I am not sure if there is any CCTV at the said location.

As such I am lodging this report for Traffic Police assistance.

#### POLICE REPORT





3 of 3

Report No. T/20180203/2012

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

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: F / Sgt 2 SYED NAFIS BIN SYED HUSSAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2018 01:00
Officer in Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476904	Classification Of Case:
Authentication Stamp	























