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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/02/2018 17:42
Date Of Accident	11/02/2018 22:30
Exact Location Of Accident	JUNC OF ADMIRALTY STREET AND SEMBAWANG DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN4192X
Insured/Policyholder	
Name Of Registered Owner	INVEST WELLNESS & SERVICES PTE. LTD.
Co Reg No	201434387Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83240018
Alternative Phone No	OFFICE-83240018
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5085925234-01
Cover Note Number	
Driver	
Name of Driver	SEET ENG CHUAN (XUE YONGCHUAN)
NIDIO N.	00040504B

NRIC No S8313504B
Date Of Birth 03/05/1983
Occupation OUTDOOR
Date Of Driving Pass 13/11/2003

Driving Experience 14 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83240018

Fax Number

Contact Number OTHERS-83240018

EMail Address NOEMAIL

BLK 207 SERANGOON CENTRAL Address

#07-204

Postcode 550207

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident 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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES 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)

Passenger 1

NAME: : DOUGLAS

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name 50 SERANGOON AVE 2

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180212/2018

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: **REVERT** Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLQ4484D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver CHAN KOK HONG, ADAM (ZENG GUOFENG)

NRIC/Passport Number S8623817I 90687860 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEET ENG CHUAN (XUE YONGCHUAN)

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SGN4192X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode . _ _

NO

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 parties.
- 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")
- 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

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.:

12/2/2018

Sketch Plan #2

ETCH PLAN			
	_ Sembawang Driv	e -	
	3	->	
4	(Page	<-	
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4			
	24		1- GBN4192X
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	Admirates		12 - 3LG(4484)
ESCRIBE CIRCUMSTANCE	The state of the s		
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DECLARATION			
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, c	/ Juny		1 - 12/2/2018
Policyholde & Carature	Driver's \$ignature	Repor	rting Centre Personbel's Signature

Sketch Plan #3





2 of 3 Report No. T/20180212/2018

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Tel No: 1800-4880999

Brief Details.

On the 11/02/2018 at around 2230hrs, I was driving my vehicle bearing registration no. SGN4192X with a passenger on board. I was driving on the first lane along Sembawang Drive and upon reaching the T junction of both Sembawang Drive and Admiralty street, the traffic light was in my favor.

While I was approaching the junction, the car later establishes to be SLQ4484D from the opposite direction make a right turn towards Admiralty street. Upon seeing that, I tried to brake to avoid collision but it was too late.

My front portion of the car collided onto the left portion of the said car. I then manage to get out of my vehicle and my passenger complained that he was not feeling well. I then called for the ambulance.

Subsequently, traffic police and ambulance were at scene. My passenger and the other party's passenger were conveyed to hospital.

The traffic police took my statement and I was allowed to leave. Both vehicles were towed away.

Thus, I am lodging this report as advised by the traffic police.

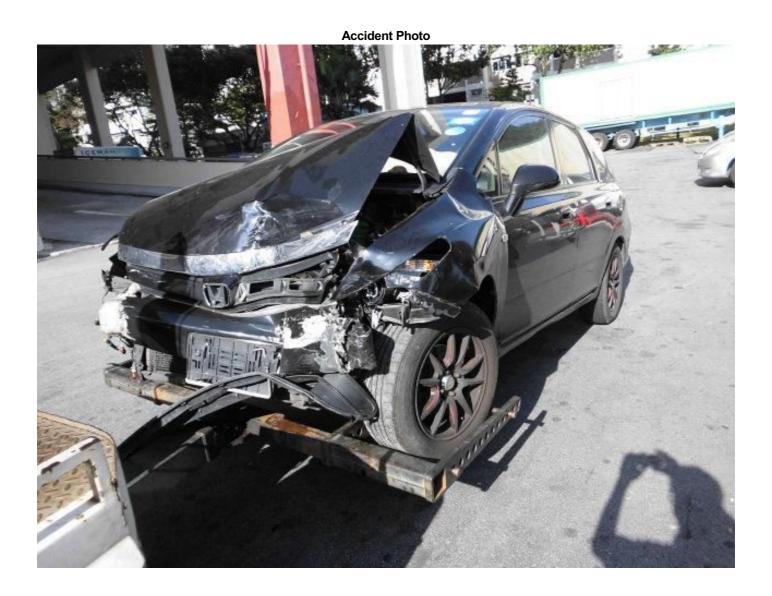
Accident Photo

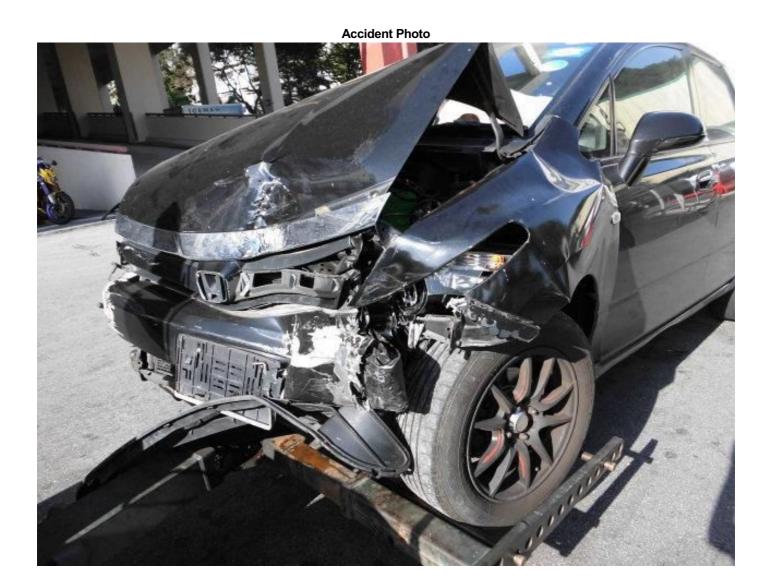


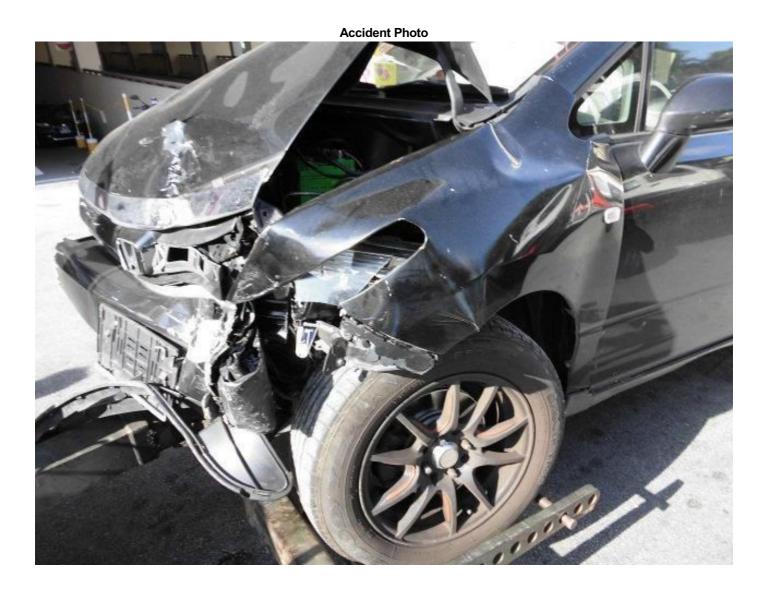
Accident Photo











Accident Photo



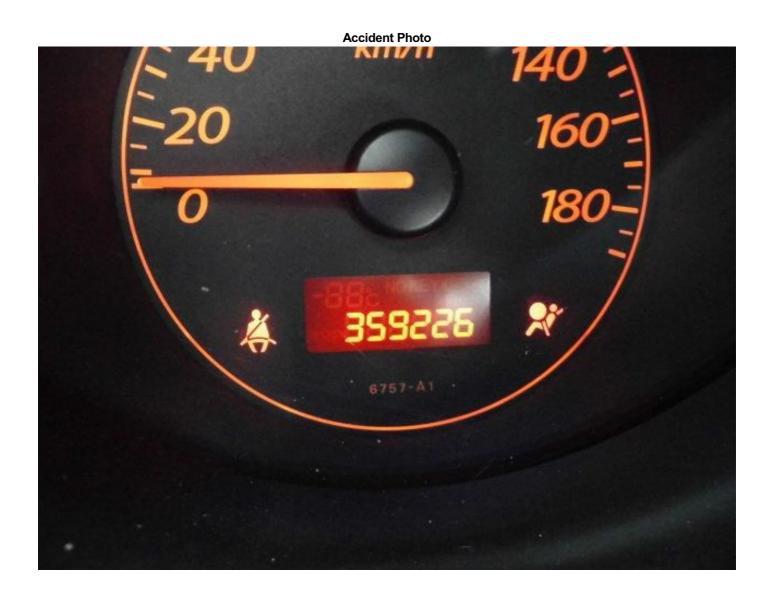












Police Report



Tel No: 1800-4880999



1 of 3

Report No. T/20180212/2018

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: E/20180211/0207 12/02/2018 02:51 Informant's Particulars Address: APT BLK 207 SERANGOON CENTRAL #07-204 SINGAPORE Name of Informant: SEET ENG CHUAN 550207 Contact No.: ID Type / ID No.: Mobile: 83240018 Home/Office: NRIC NO / S8313504B Email: Nationality SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex Driver 03/05/1983 34 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 GRAB DRIVER

Type of Accident:	Allended by Folioc		Date/Time of Accident: 11/02/2018 22:30	Type of Location T-Junction	
Location: Along Road 1 ADMIRALTY SEMBAWAN T Junction of	STREET	mbawang Drive Ne	ar to Landmark 8 Adm	iralty Street Road Speed Limit:	
Weather:		Road Surface: Dry		MARKET CONTROL OF THE	
Traffic Flow: Traf		Traffic Control: Traffic Light - We	orking	Traffic Volume: Moderate	
D -1 Carriag	e vvay	1.4		Anyone conveyed by	

Details of Ve	ehicle Invo	Ived	less rest	To-les	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	Color	Condition	1
SGN4192X						
SLQ4484D	Car					1

Police Report





Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Report No. T/20180212/2018

2 of 3

Tel No: 1800-4880999

00-4000999

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Police Report





3 of 3

Report No. T/20180212/2018

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

556129 Tel No: 1800-4880999 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 F F / Sgt 2 TANG CHUEN BOON	Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 12/02/2018 02:51
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436		Classification Of Case; 154
Authentication Stamp	Singapor	e Police Force