

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	27/02/2018 16:44
Date Of Accident	25/02/2018 16:30
Exact Location Of Accident	ALONG NEIL ROAD TOWARDS CANTONMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU8826A
Insured/Policyholder	
Name Of Registered Owner	HO WENG KONG
NRIC No	S0139153D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98470208
Alternative Phone No	OTHERS-98470208

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5065307141-03
Cover Note Number	

Driver

Name of Driver	HO WENG KONG
NRIC No	S0139153D
Date Of Birth	28/07/1953
Occupation	INDOOR
Date Of Driving Pass	10/08/1976
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98470208
Fax Number	
Contact Number	OTHERS-98470208
Email Address	NOEMAIL

Address	BLK 85 TELOK BLANGAH HEIGHTS #23-383
Postcode	100085
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180226/2030 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SCJ8388R
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS TEO
NRIC/Passport Number	
Contact Number	91912077
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name HO WENG KONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FU8826A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

Policyholder's Signature

Date & Time: 27/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

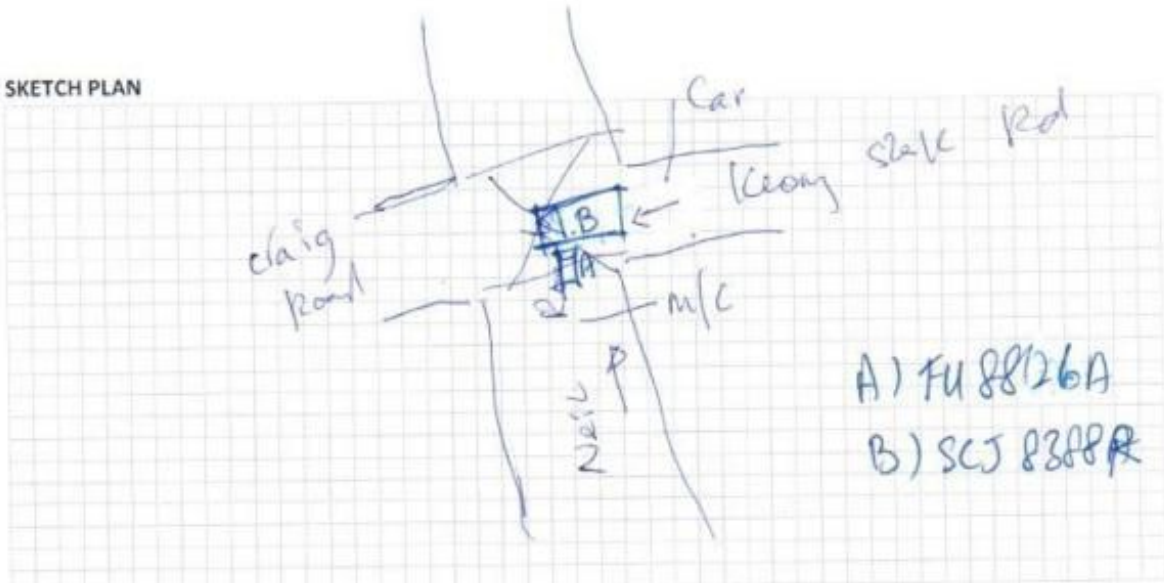
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid area: "P/S Referral to Police Report 1/20180226/2030"

DECLARATION

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

Policyholder's Signature

Date & Time: 27/02/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Handwritten signature and date: 27/02/2018, Ref 21 W/1000

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180226/2030

1 of 3

Report No. T/20180226/2030

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 11:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HO WENG KONG			Address: APT BLK 85 TELOK BLANGAH HEIGHTS #23-383 HDB TELOK BLANGAH SINGAPORE 100085		
ID Type / ID No.: NRIC NO / S0139153D			Contact No.: Home/Office: Mobile: 98470208		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 28/07/1953	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OFFICE JOB			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: 25/02/2018 16:30	Type of Location: X-Junction
Location: NEIL ROAD ALONG NEIL ROAD TOWARDS THE CANTONMENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU8826A	Motorcycle	HONDA	PHANTOM2 00	Black		0
SCJ8388R		MERCEDES BENZ	S320 L	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU8826A	NTUC Income Insurance Co-Operative Limited	5065307141-03	14/05/2017	13/05/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180226/2030

2 of 3

Report No. T/20180226/2030

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING ALONG NIEL ROAD TOWARDS CANTONMENT, WHEN I WAS NEARING THE
CROSS JUNCTION. TRAFFIC NOT CONTROLLED BY TRAFFIC LIGHT. A CAR OF (SCJ8388R)
SHOW UP INTO THE YELLOW BOX AND BY THE TIME I CAN'T BRAKE IN TIME AND CRASHED
INTO THE LEFT SIDE NEAR THE WHEEL AREA. WE EXCHANGE PARTICULAR, AND I WAS
CONVEYED BY AMBULANCE.

NAME: MRS TEO

CONTACT NUMBER: 97912077

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180226/2030

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

3 of 3

Report No. T/20180226/2030

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 HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2018 11:03

Officer In Charge Of Case:
TP / GIT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

