

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	12/03/2018 10:35
Date Of Accident	09/03/2018 14:30
Exact Location Of Accident	JUNCTION OF CLEMENTI AVE 5 & BLK 345 & BLK 346
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7353P
Insured/Policyholder	
Name Of Registered Owner	KEE NGIAN PENG
NRIC No	S1540940A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91459410
Alternative Phone No	OTHERS-91459410

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	SENDING SCHOOL GIRL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	0083526394-14
Cover Note Number	

Driver

Name of Driver	KEE NGIAN PENG
NRIC No	S1540940A
Date Of Birth	29/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91459410
Fax Number	
Contact Number	OTHERS-91459410
EEmail Address	NOEMAIL

Address	BLK 415 CHOA CHU KANG AVENUE 4 #03-348
Postcode	680415
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	COLLIDED INTO BICYCLIST
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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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/20180309/2143

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT IN WORKING ORDER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

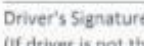
IMPORTANT NOTICE

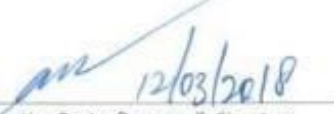
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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.

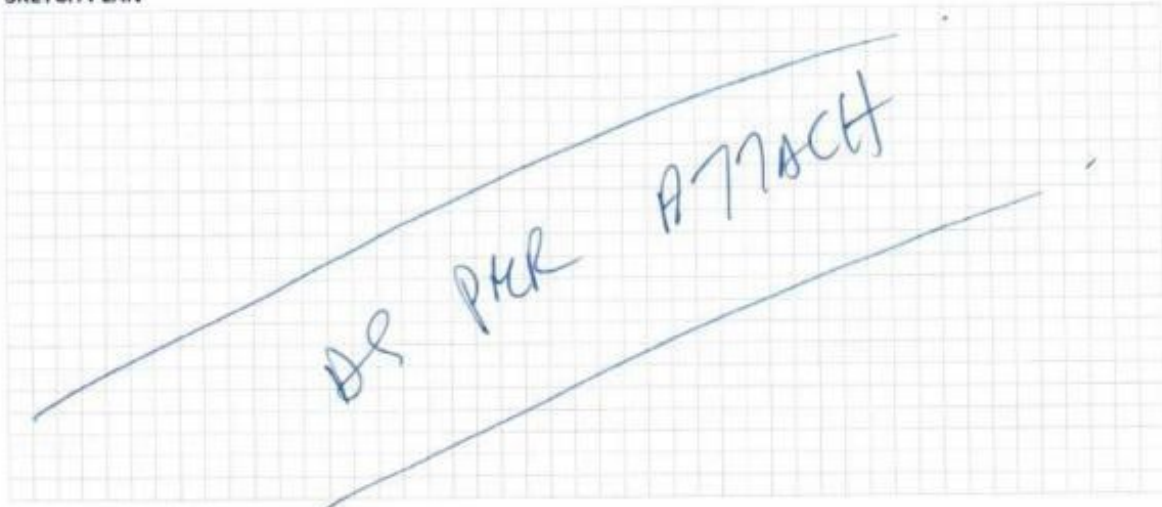

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
7/20180309/2143

DECLARATION

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



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.:

APPROACH INTERVIEW



9-3-2018

[Signature]

Paul Roberts

9/3/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180309/2143

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180309/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2018 17:54		Vide Report No.:		Station Diary No.: 100	
Informant's Particulars					
Name of Informant: KEE NGIAN PENG			Address: APT BLK 415 CHOA CHU KANG AVENUE 4 #03-348 SINGAPORE 680415		
ID Type / ID No.: NRIC NO / S1540940A			Contact No.: Home/Office:		Mobile: 91459410
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 29/10/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 09/03/2018 14:30	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 5				
Junction of Clementi Avenue 5 and Blocks 345 and 346				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7353P	Van	NISSAN	URVAN 3.0 M	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7353P	NTUC Income Insurance Co-Operative Limited	0083526394-14	07/02/2018	06/02/2019

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180309/2143

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180309/2143

CONTINUATION OF REPORT

Brief Details.

On 09/03/2018 at about 1430hrs, I was driving my vehicle (CB7353P) along Clementi Avenue 5. I was headed for the carpark between Blk 345 Clementi Ave 5 and Blk 346 Clementi Ave 5.

I made a right turn from Clementi Ave 5 into the carpark.

However right after I made the turn, at the junction between Clementi Ave 5 and Blocks 345 and 346, I was driving towards the carpark when a cyclist suddenly rode in front of me.

As it was too sudden, I did not see him and thus could not stop in time and collided onto him.

I wish to state that there was a van parked on the right side and the cyclist appeared from behind the van, which was also the reason why I could not see him.

I alighted and made a check on him, several other passer-by also came over to assist. Together we pushed his bicycle to the pavement and rendered assistance to him.

I requested to call for ambulance assistance and also offered to bring him to the hospital however he declined. I also requested to contact his family members however he declined as well.

The cyclist was a male Malay in his 70s. From what I saw, he suffered some scratches on his left palm area. He was wearing a long sleeve shirt and long pants thus I could not see if he had other injuries.

He kept on informing that he was fine and told me to resume my duty. As such, we did not exchange particulars as well.

He stood up and packed his items. I made a check on him again and he informed that he was fine.

Thus I left the location.

As a result of the collision, my vehicle suffered a dent at the front.

I have an in-car camera installed at the front however it is not in working order.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180309/2143

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20180309/2143

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 /
Sgt 2 TING WEI YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/03/2018 17:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 200418033742 Vehicle Registration No: CB 7353P

Name (as shown in NRIC) : KAR ALI BIN PENG NRIC/FIN/Passport No : 91540940A

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 91459410

Email Address : _____

Date of Accident : 09/03/2018 * Time of Accident : 14:30

Place of Accident : JUNCTION OF CLEMENTI AVE 5 & BLK 345 & BLK 346

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE TO REPORTER ONLY FROM T/P.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KAR ALI BIN PENG
NRIC/FIN No.: 91540940A
Date: 18/03/2018