

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	23/03/2018 16:48
Date Of Accident	23/03/2018 14:30
Exact Location Of Accident	BT.BATOK WEST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2489J
Insured/Policyholder	
Name Of Registered Owner	GOH YEW SIONG
NRIC No	S0220743E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96473600
Alternative Phone No	OTHERS-96473600

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E GRADE 1.5 A/T
Exact Purpose for which vehicle was being used at time of accident	TUITION USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075100485-02
Cover Note Number	23/10/17-22/10/18

Driver

Name of Driver	JENJIRA POONVASIN
NRIC No	S9474797Z
Date Of Birth	28/03/1994
Occupation	INDOOR
Date Of Driving Pass	23/03/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96473600
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	31 KIM KEAT LANE #03-06
Postcode	328882
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : GOH YEW SIONG
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HONG KAH NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER POLICE REPORT ATTACH

Attachment(s)

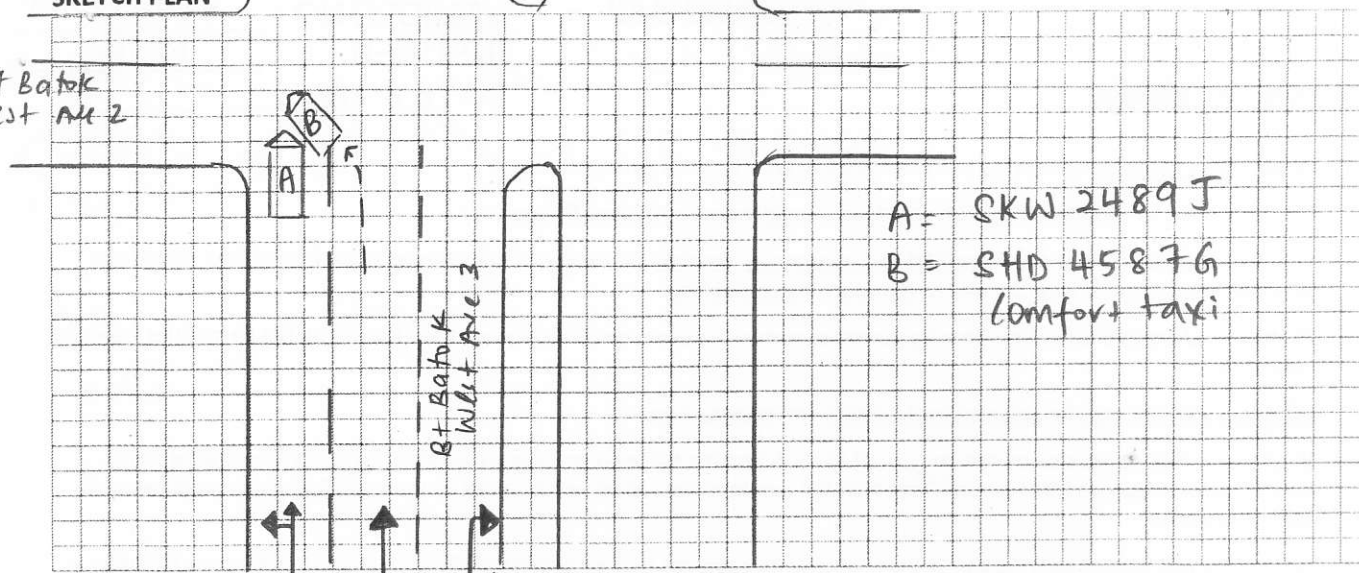
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4587G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

Bt Batak
West Ave 2



A = SKW 2489J
B = SHD 45876
Comfort taxi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report attached

* Accident has been captured on my in car camera.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: *Breda*

NRIC/FIN No.:

23-3-18

M7/0987523

SKETCH PLAN

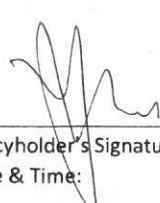
VEHICLE NO.: SKW 2489J
INSURER : NTMC
DATE & TIME: 23-3-18
230pm

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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:

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


Reporting Centre Personnel's Signature
Name: Bfeida
NRIC/FIN No.: CY5

23-3-18



SINGAPORE POLICE FORCE



T/20180323/2192

1 of 3

Report No. T/20180323/2192

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2018 20:29	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: JENJIRA POONVASIN		Address: 31 KIM KEAT LANE #03-06 SINGAPORE 328882	
ID Type / ID No.: NRIC NO / S9474797Z		Contact No.: Home/Office: Mobile: 97997783	
Nationality: THAI		Email:	
Sex: Female	Age: 23	Date of Birth: 28/03/1994	Type of Informant: Driver
Race: Thai		Language:	Institution / School Name: SIM
Occupation: Student		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/03/2018 14:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK WEST AVENUE 3 BUKIT BATOK WEST AVENUE 2 Junction of Bukit Batok West Avenue 3 and Bukit Batok West Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SHD4587G	Car				Slightly Damaged	0
SKW2489J	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



SINGAPORE POLICE FORCE



T/20180323/2192

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Report No. T/20180323/2192

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Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Driver		ID No.		S9474797Z	
Name	JENJIRA POONVASIN			Contact No.	97997783
Related Vehicle	SKW2489J (Car)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 26/02/2020
Hospital/Clinic	NIL				
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Passenger					
Name	GOH YEW SIONG			ID No.	S0220743E
Related Vehicle	SKW2489J (Car)			Contact No.	96473600
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 23/02/2018 at about 1430hrs, I was driver of vehicle V1) SKW2489G taking driving lessons from my instructor A2) Goh Yew Siong. A2 was seated in the front passenger seat. I was driving V1 along Bukit Batok West Ave 3 towards Bukit Batok Central. I was driving on lane 3 of the 3 lane road and V1 came to stop at the junction of Bukit Batok West Ave 3 and Bukit Batok West Ave 2. V1 was the first car at lane 3. Next to V1 (on the right, in the middle lane) was V2) SHD4587G. The middle lane was a 'Only Straight Ahead' lane. When the traffic light became green in our favour, I pressed on the accelerator and V1 moved forward slowly when suddenly, V2 swerved left in front of V1 and a scratch noise could be heard coming from the front of V1. A2 told me to move forward so as to prevent causing a congestion. We made one attempt to search for V2 however to no avail. Neither of us is injured. The damages on V1 are a smashed/crumpled front right bumper, a portion of the right bumper coming off and the front number plate outwards. There was also blue paint transferred on the front right headlamp.



**SINGAPORE
POLICE FORCE**



T/20180323/2192

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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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:

J/
Sgt 3 MUHAMMAD NURSYAZWAN BIN RASIDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / HRT /
Sr Staff Sgt ESTHER CHONG SN 116
Contact No: 65476368

Authentication Stamp

16B
Singapore Police Force

Signature Of Informant:

Date/Time:

23/03/2018 20:29

Classification Of Case: