

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	05/06/2018 17:49
Date Of Accident	03/06/2018 14:35
Exact Location Of Accident	ALONG ROAD 1 ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9545R
Insured/Policyholder	
Name Of Registered Owner	SOH KEE HOCK
NRIC No	S1482218F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97486908
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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	5082236810-01
Cover Note Number	

Driver

Name of Driver	SOH KEE HOCK
NRIC No	S1482218F
Date Of Birth	16/05/1961
Occupation	INDOOR
Date Of Driving Pass	23/01/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97486908
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	NOEMAIL

Address	APT BLK 580 PASIR RIS STREET 53 #10-03
Postcode	510580
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	SIDE SWIPE
Weather Conditions	SUNNY
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?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW1328K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SOH KEE HOCK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJE9545R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 companies.
5. **Any false reporting may be referred to the Police for investigation.**
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:

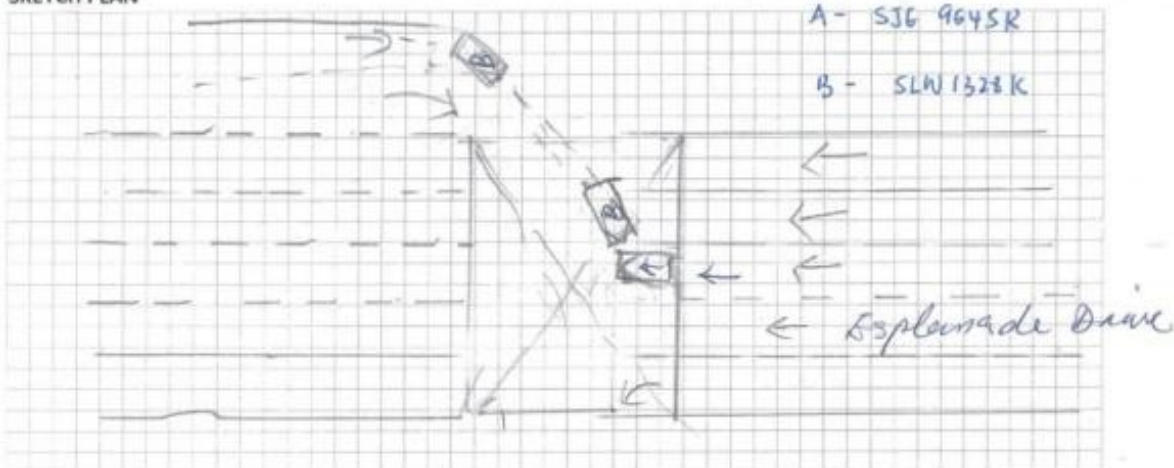
Driver's Signature
(If driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575843
Tel: 6453 2465 Fax: 6453 7944
(Claims Section)

Police report



**SINGAPORE
POLICE FORCE**



T/20180604/2016

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4
Report No. T/20180604/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 09:18	Vide Report No.: A/20180603/0117	Station Diary No.: 30
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Informant's Particulars

Name of Informant: SOH KEE HOCK			Address: APT BLK 580 PASIR RIS STREET 53 #10-03 SINGAPORE 510580	
ID Type / ID No.: NRIC NO / S1482218F			Contact No.: Home/Office: Mobile: 97486908	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 16/05/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/06/2018 14:35	Type of Location: X-Junction
Location: Along Road 1 ESPLANE DRIVE				
X-JUNCTION OF ESPLANE DRIVE AND STANFORD ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SJE9545R	Car	HONDA	VEZEL 1.5X CVT	Silver		0
SLW1328K	Car	BMW		White		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE9545R	NTUC Income Insurance Co-Operative Limited	5082236810-01	28/07/2017	27/07/2018

Police report



**SINGAPORE
POLICE FORCE**



T/20180604/2016

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20180604/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH KEE HOCK	ID No.	S1482218F
Related Vehicle	SJE9545R (Car)	Contact No.	97486908
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 03/06/2018 at bout 1435hrs, I was driving my vehicle (Silver Honda Vezel bearing license plate number SJE9545R) on 2nd lane from the left along Esplanade Drive towards Nicoll Highway. I had stopped behind a vehicle on the said lane at the cross junction of Esplanade Drive and Stanford Road as the traffic light was red. When the traffic light turned green, the vehicle in front of me turned left although the lane is for going straight only. When the extreme left lane was finally cleared of vehicles, the vehicle in front of me turned onto the lane and turned left. I then proceeded to drive forwards as the traffic light was still green. Just after my vehicle passed the stop-line, a BMW (White BW bearing license plate number SLW1328K) collided into the front right side of my vehicle. Due to the collision, the both airbags of my vehicle were deployed. I also felt ringing in my ears, groggy and pain at my neck area. I then alighted from my vehicle. Shortly after, a Police vehicle approached somewhere from Suntec area. The BMW driver then called for ambulance as I noticed that his son looked unwell.

When the ambulance arrived, the paramedics did a check on me and asked if I wanted to be conveyed to hospital. I agreed to be conveyed for a checkup as I heard ringing in my ears and felt unwell. During the accident, I had informed my daughter and she proceeded to scene. When I was conveyed to Singapore General Hospital by ambulance, the traffic Police had already arrived. I had asked the Police officers for the BMW driver's particulars but they did not provide it to me. I was not aware that I had to request the particulars from the driver himself as the Police were not at liberty to disclose the driver's particulars to me. As such, I do not have the particulars of the BMW driver.

After I was conveyed to Singapore General Hospital, a CT scan was performed on me and the doctor informed for me to go back for a follow-up. I was also given 5 days MC. My daughter then informed me that the SD card of my in-car camera was seized by Traffic Police. My vehicle was also towed away by Traffic Police. My daughter further informed that the BMW driver had arranged for his vehicle to be towed away, but his passengers and himself were not conveyed to hospital.

An acknowledgement slip for the seizure of my in-car camera SD card was given to my daughter. It also stated that the investigation officer for my case is IO Rizwan and his contact number is 65476185.

Police report



**SINGAPORE
POLICE FORCE**



T/20180604/2016

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3 of 4

Report No. T/20180604/2016

CONTINUATION OF REPORT

Police report



SINGAPORE
POLICE FORCE



T/20180604/2016

4 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180604/2016

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:

G /
Sgt 2 CHAN XIANG DA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/06/2018 09:18

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

SINGAPORE
Authentication Stamp
NP108

SIGNATURE



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5082236810-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJE9545R**
 Chassis Number : RU11118046
 2. Name of Policyholder : **SOH KEE HOCK**
 3. Effective Date of Insurance : **28 Jul 2017**
 4. Expiry Date of Insurance : **27 Jul 2018**
 5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
 6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- This Policy does not cover**
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH CDE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SOH KEE HOCK
NAMED DRIVER (1)	: SOH YIN NAH ADELIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PHILLIP SECURITIES PTE LTD (00000582300)
 Date of Issue : 08 Jul 2017 12:23 hrs
 Reprint : 08 Jul 2017 12:23 hrs

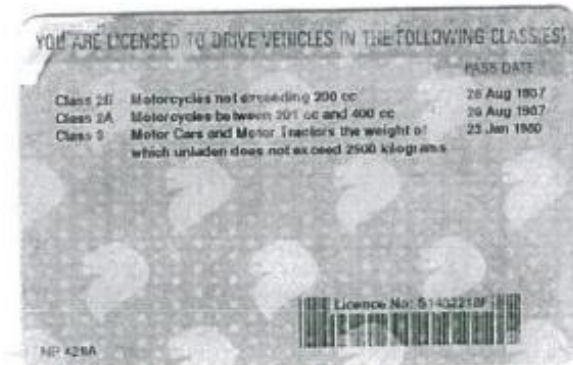
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

NRIC & Driving license



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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