SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number
EMail Address

- 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	09/06/2018 09:19
Date Of Accident	08/06/2018 08:55
Exact Location Of Accident	NAPIER RD TWDS GRANGE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN7561J
Insured/Policyholder	
Name Of Registered Owner	MIRAKURU PTE. LTD.
Co Reg No	201425768C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98558087
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	OTW 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084095755-01
Cover Note Number	-
Driver	
Name of Driver	BENEDICT PHUA KIAT LING(BENEDICT PAN JIELONG)
NRIC No	S7623184B
Date Of Birth	07/08/1976
Occupation	INDOOR
Date Of Driving Pass	09/07/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
AA 171 A1 1	(1.0041.) 105.00550007

(LOCAL) +65-98558087

NOEMAIL

BLK 35 TELOK BLANGAH RISE #03-281 Address

Postcode

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address

COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

S2264CD Vehicle Registration Number

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

DETAILS OF INJURED PERSON 1

Name BENEDICT PHUA KIAT LING(BENEDICT PAN JIELONG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BACK N NECK

SJN7561J

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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- 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 (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")
- (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:
 - 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.:

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CLARATION				
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e de langue foregoing pa	rticulars are true in every re	espect.		Transf.
e de landthe foregoing pa	rticulars are true in every re	espect.		find
e declarater foregoing pa	rticulars are true in every re Driver's Signature (If driver is not the	× -	Reporting C	Centre Personnel's Signature

GIARMIC Sketchellinegrou, V3





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Central Police Divisional HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20180608/7007

Date/Time Report Made 08/06/2018 11:20	Vide Re	port No.		Station Diary No
Name Of Informant	Address	1		
BENEDICT PHUA KIAT LING	APT BLK 35 TELOK BLANGAH RISE #03-281 SINGAPORE 090035			
ID Type / ID No. NRIC NO / S7623184B	Contact No. Home/Office: Mobile:			
Notice of the	98558087			
Nationality SINGAPORE CITIZEN	Email Address ben.phua76@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
IT business process consultant/business analyst	Male	41	07/08/1976	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/06/2018 08:50 - 08/06/2018 09:10	Location Of Incident 6A NIL 8 NAPIER SINGAPORE 258499			
Brief details.				

I (SJN7561J)was driving along Napier road towards grange road. There was a vehicle (S2264CD)turning into Napier road on the right bang onto the right side of my car, we exchange contact and driver told me he will pay for the repair

Subjects Involved Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2018 11:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180608/7007

Person Name	BENEDICT PHUA KIAT LING		
ID Type	NRIC NO	ID No	S7623184B
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	IT business process consultant/business analyst	Address Type	
Address	APT BLK 35 TELOK BLANGAH RISE #03-281 SINGAPORE 090035	Mobile No	98558087
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2018 11:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	























