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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	12/06/2018 13:31
Date Of Accident	12/06/2018 01:30
Exact Location Of Accident	HOUGANG AVE 07 & TAMPINES ROAD JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ1399Y
Insured/Policyholder	
Name Of Registered Owner	KOH HWEE KENG
NRIC No	S9745276H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92330091
Alternative Phone No	OTHERS-92330091
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 (A)
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5092856011
Cover Note Number	
Driver	

Name of Driver KOH HWEE KENG NRIC No S9745276H Date Of Birth 20/12/1997 Occupation **INDOOR Date Of Driving Pass** 27/09/2016 **Driving Experience** 1 YEAR AND 8 MONTHS Gender MALE Mobile Number (LOCAL) +65-92330091 Fax Number

Contact Number OTHERS-92330091

EMail Address NOEMAIL Address BLK 197B #05-103 BOON LAY DRIVE

Postcode 642197

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 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?

Was any other material or property damaged? YES

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

NO 1

Number of Passengers (Including Driver)

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Details of Police Action

Circumstances of Accident

REFER BELOW STATEMENT/SKETCH PLAN

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 SLS569J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE TECK SONG

NRIC/Passport Number

Contact Number 81278478

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH HWEE KENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJJ1399Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

BLK 197B #05-103 BOON LAY DRIVE Address

642197 Postcode

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

1 2 JUN 2018

Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4

Singapore 415933 Reporting Centre Personnel's Signature

Name: Fax: 67492305 NRIC/EIN Nackb@singnet.com.sg

GIARMC SketchPlanEorni V3

Date & Time:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect 2 JUN 2018

Policyholder's Signature Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature (If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4 Singapore 415933

Reporting Centre Personnel's Signature Name: Fax: 6/49/2305 NRIC/FIN No.:





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20180612/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2018 17:39			Vide Report No.:	Station Diary No.: 135		
Informa	nt's Particu	ulars	CHECK TO SEE THE LAST	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA		
	Informant: VEE KENG		Address: APT BLK 197B BOON LAY DRIVE #05-103 SINGAPORE 642197			
ID Type / ID No.: NRIC NO / S9745276H			Contact No.: Home/Office:	Mobile: 92330091		
National SINGAP	ity: ORE CITIZ	EN	Email:	el marie el communa you de l		
Sex: Male	Age: 20	Date of Birth: 20/12/1997	Type of Informant: Driver			
Race: Chinese		Del Marros	Language:	Institution / School Name:		
Occupation: Driver			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Injury Drink Date/Time of			
Location: Along Road 1 HOUGANG A TAMPINES R	VENUE 7	Road Surface:	A CONTRACTOR OF THE PARTY OF TH	Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control: Traffic Light - Working		Traffic Volume:	
Two Way Type of Collis	ion: ing Vehicles - Head On	The second second		Anyone conveyed by ambulance:	

Details of V	P AND DESCRIPTION OF THE PARTY	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	LASS STATE OF THE PARTY OF THE	FIT 1.3G A	Black	Seriously	0
SJJ1399Y	Car	HONDA	FII 1.30 A	Diack	Damaged	
			MAZDA5	White	Seriously	0
SLS569J	Car	MAZDA	WAGON 2.0 AT EU6		Damaged	

Details of Vehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No. Insurance Company	Insulance ivo	LIIOCUTO	





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20180612/2132

CONTINUATION OF REPORT

Details of V	ehicle Insurance	CONTRACTOR OF THE PERSON NAMED IN		
Vehicle No.	Insurance Company	Insurance No	Effective	Te la Di
	NTUC Income Insurance Co-Operative	E002050044		Expiry Date
	Limited	5092856011	25/07/2017	01/09/2018
	Limited			0,1100

No. of Pedestria	ns Injured: NIL		Use of P	'edestria	n Cross	sing: NA
Name	VOLUME					
	KOH HWEE KENG			ID No).	S9745276H
Related Vehicle	SJJ1399Y (Car)		Conta	act No.	92330091	
Hospital/Clinic	ospital/Clinic NG TENG FONG GENERAL HOSPITAL		OSDITAL	01		
		- TENAL III	OSFITAL	Class Drivin Licena	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	12/06/2018			Expiry Date		
	led Medical Leave	104	Date Dis	charge	12/06	/2018
and a grain	oo medical Leave	04	Degree o	of Injury	Slight	

Brief Details.

On 12/06/2018 at about 0130hrs, I was driving my vehicle; SJJ1399Y along Hougang Avenue 7 towards Tampines Road. When approaching the X-Junction, the traffic light was still ongoing for my direction thus I proceed and subsequently, a vehicle; SLS569J collided onto my vehicle. Hence, I alighted from my vehicle and check for damages on both vehicle, my vehicle sustained quite serious damages and exchanged particulars of the driver. Both ambulance and traffic police was at scene however, I rejected to be conveyed by ambulance.





Report No. T/20180612/2132

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

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 J / Sgt 1 TOH SENG SZE	ng The Report:
Signature Of Interpreter: Not applicable	IV.
Officer In Charge Of Case: TP / GIT /	
Staff Sgt MOHAMED SUFIA Contact No.: 65476367	N BIN SUDIN
Authentication Stamp	SN 126

Singapore Police Force

Signature Of Informant:	
with	
Date/Time: 12/06/2018 17:39	
Classification Of Case:	



MEDICAL CERTIFICATE (Ref:42089596)

ORIGINAL

NAME: KOH HWEE KENG

NRIC: S9745276H

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty from 12/6/2018 to 15/6/2018 inclusive

The certificate is not yalld for absence from court attendance,

The above named attended for Examination/Treatment from 12/06/2018 03:38 to 12/06/2018 05:19.

12/06/2018 Date Dr. Mohd Ikhwan Azmi MUSTAPA (19252Z)

Location: NTFGH EMERGENCY





















