

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	02/07/2018 10:03
Date Of Accident	30/06/2018 00:45
Exact Location Of Accident	ALONG TAMPINES AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2410H
Insured/Policyholder	
Name Of Registered Owner	HUA HONG PTE. LTD.
Co Reg No	200900309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66619688

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087272209-01
Cover Note Number	

Driver

Name of Driver	EDMUND CHOO KOK LEONG
NRIC No	S7832695F
Date Of Birth	14/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90228117
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 709 JURONG WEST STREET 71 #11-32
Postcode	640709
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTED VEHICLE
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	2
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG7594X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NURUL AISYAH BINTE AZEMAN
NRIC/Passport Number	S9503145E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NURUL AISYAH BINTE AZEMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG7594X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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:

Yvonne Toh

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



**SINGAPORE
POLICE FORCE**



T/20180630/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180630/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 06:10	Vide Report No.: G/20180630/0018	Station Diary No.: 8
--	-------------------------------------	-------------------------

Informant's Particulars

Name of Informant: EDMUND CHOO KOK LEONG			Address: APT BLK 709 JURONG WEST STREET 71 #11-32 SINGAPORE 640709		
ID Type / ID No.: NRIC NO / S7832695F			Contact No.: Home/Office: Mobile: 90228117		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 14/10/1978	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PROPERTY AGENT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/06/2018 00:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES STREET 45 TAMPINES STREET 34 Along Tampines Street 45 going towards the junction of Tampines street 34				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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 Passenger
FBG7594X	Motorcycle				Slightly Damaged	0
SLZ2410H	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180630/2017

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20180630/2017

CONTINUATION OF REPORT

Brief Details.

On the 30/06/2018 at about 0043hrs. I was driving my vehicle, SLZ2410H, along Tampines Street 45 going towards Tampines Street 34 on the last lane. There was a motorcycle, FBG7594X, with rider namely; "Nurul Aisyah Binte Azmeman, S9503145E" who was riding on the middle lane. While driving, I noticed that the rider signaled wanting to turn left. I also noticed that she was riding too close to my lane as she signaled.

Suddenly, the rider just came into my lane. As I did not have time to react, my front vehicle's bumper collided against the rear of the motorcycle. Due to the collision, the rider fell off her motorcycle. I immediately put my vehicle to a complete stop and went out to make a check. I called for the Police to assist us.

On the same day at about 0110hrs, the ambulance and Traffic Police arrived at scene. The said rider suffered abrasions on both arms and also on the right knee area. The rider was conveyed then conveyed to the hospital by the ambulance. I was then advised to make a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20180630/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20180630/2017

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 2 MUHAMMAD 'AMMAR AMSYAR BIN
RAHMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/06/2018 06:10

Officer In Charge Of Case:

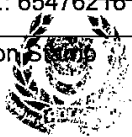
TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168



Signature :

SN 127

Singapore Police Force



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police

AMENDMENT

Name: Edmund Choo Kok Leong	Traffic Accident Report no: T/20180630/2017
Address: Blk 709 Jurong West St 71 #11-32 Singapore 640709	Accident Date / Time: 30/06/2018 @ 0045hrs
NRIC no: S7832695F	Vehicle(s) involved: FBG7594X SLZ2410H
Contact no: 90228117	
Date of Amendment: 01/07/2018	

Dear Sir / Madam

I wish to amend as follows:

Reference to the Traffic report which I lodged on 30 June 2018 (Vide: T/20180630/2017)
I wish to amend the line Road is Dry instead of Wet. I was driving my vehicle, SLZ2410H, along Tampines Avenue 7 instead of along Tampines Street 45 going towards Tampines Street 34 on the last lane.
That's all.


Yours faithfully