

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	23/07/2018 15:38
Date Of Accident	22/07/2018 17:40
Exact Location Of Accident	T-JUNC BETWEEN 162-164 KALLANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8316U
Insured/Policyholder	
Name Of Registered Owner	LEONG JIAN RONG KEVIN
NRIC No	S9305683C
Email Address	KEVINNASH93@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85112300
Alternative Phone No	OTHERS-85112300

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100432465
Cover Note Number	

Driver

Name of Driver	LEONG JIAN RONG KEVIN
NRIC No	S9305683C
Date Of Birth	15/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85112300
Fax Number	
Contact Number	OTHERS-85112300
Email Address	KEVINNASH93@HOTMAIL.COM

Address	BLK 189 BISHAN ST 13 #12-433
Postcode	570189
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180723/2103 DUE TO THE IMPACT MY VEH PUSHED TO THE LEFT.

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	SFW613P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KOK LEONG
NRIC/Passport Number	S6923531Z
Contact Number	98272882
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEONG JIAN RONG KEVIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJN8316U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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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.

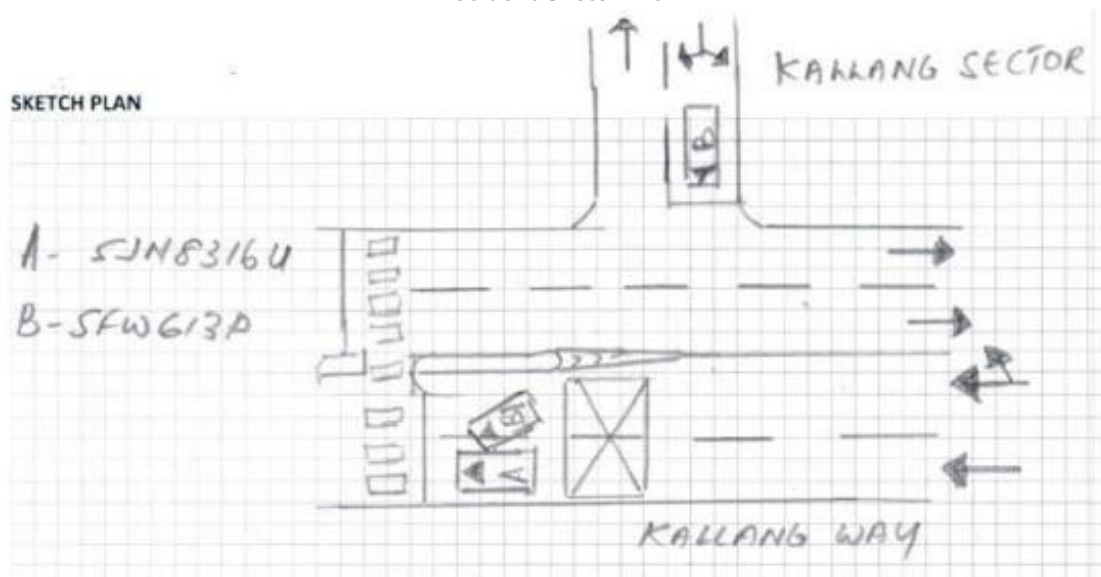

Policyholder's Signature
Date & Time: 23/7/18

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

 23/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180723/2103

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 23/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement



**SINGAPORE
POLICE FORCE**



T/20180723/2103

2 of 3

Report No. T/20180723/2103

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN8316U	NTUC Income Insurance Co-Operative Limited	5100432465	04/05/2018	26/02/2019

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON KALLANG WAY ON THE LEFT LANE OF THE 2-LANE 2-WAY ROAD GOING STRAIGHT. I WAS GOING STRAIGHT AND WHEN I REACHED THE T-JUNCTION, A CAR THAT CAME FROM THE OTHER ROAD DID NOT STOP AT THE STOPLINE AND TURNED RIGHT AND COLLIDING ONTO THE RIGHT SIDE OF MY CAR. NO POLICE OR AMBULANCE. THE NEXT DAY I WENT TO MOUNT ALVERNIA HOSPITAL AND RECEIVED 4-DAYS MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



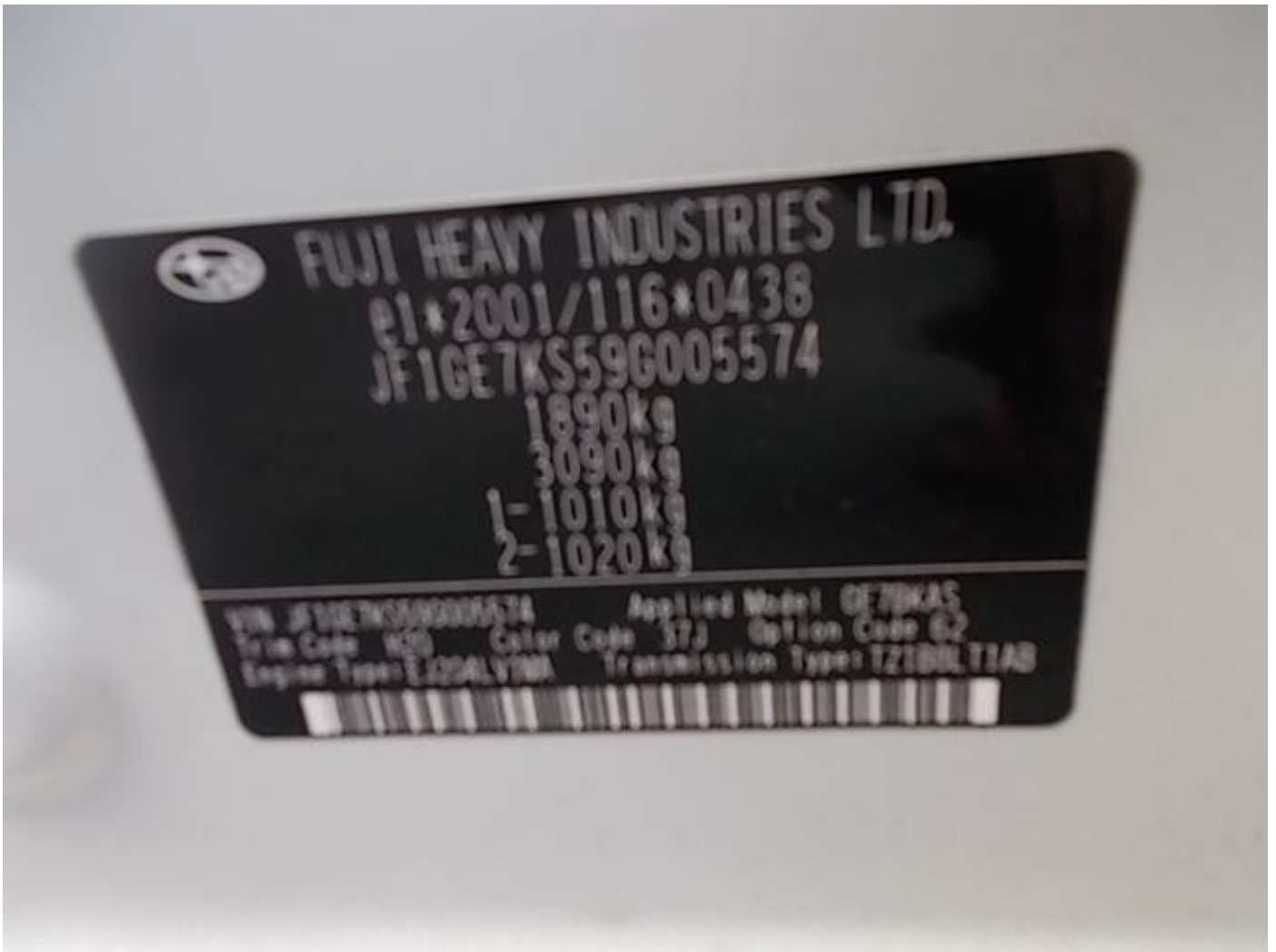
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180723/2103

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No. T/20180723/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 15:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: LEONG JIAN RONG KEVIN		Address: 189 BISHAN ST 13 #12-433 HDB-BISHAN SINGAPORE 570189		
ID Type / ID No.: NRIC NO / S9305683C		Contact No.: Home/Office: Mobile: 85112300		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 15/02/1993	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2018 17:40	Type of Location:
Location: Along Road 1 KALLANG WAY T-JUNCTION BETWEEN 162-164A KALLANG WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFW613P	Car					0
SJN8316U	Car	SUBARU	IMPREZA 4DR 2.0R-S AWD 4AT ABS	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20180723/2103

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180723/2103

CONTINUATION OF REPORT

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180723/2103

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Report No. T/20180723/2103

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/07/2018 15:18

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP108

Signature: