

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	28/08/2018 15:53
Date Of Accident	03/07/2018 00:00
Exact Location Of Accident	ALONG EU TONG STREET TOWARDS HILL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9012Z
Insured/Policyholder	
Name Of Registered Owner	A.R.T OF TRANSPORT & SERVICES
Co Reg No	53326247W
Email Address	ASHTYLER1423@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87777077
Alternative Phone No	OFFICE-87777077

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-2.0 SX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5100785354
Cover Note Number	

Driver

Name of Driver	ASHTON SEE YEOW LIN (XIE YANGLIN)
NRIC No	S8004991I
Date Of Birth	14/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87777077
Fax Number	
Contact Number	OTHERS-87777077
Email Address	ASHTYLER1423@GMAIL.COM

Address	BLK 10B BOON TIONG ROAD #08-535
Postcode	164010
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180827/2187

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	SMA7973L
Vehicle Make/Model/Colour	TOYOTA NOAH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM WAI LEK
NRIC/Passport Number	S7525305B
Contact Number	84844872
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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:

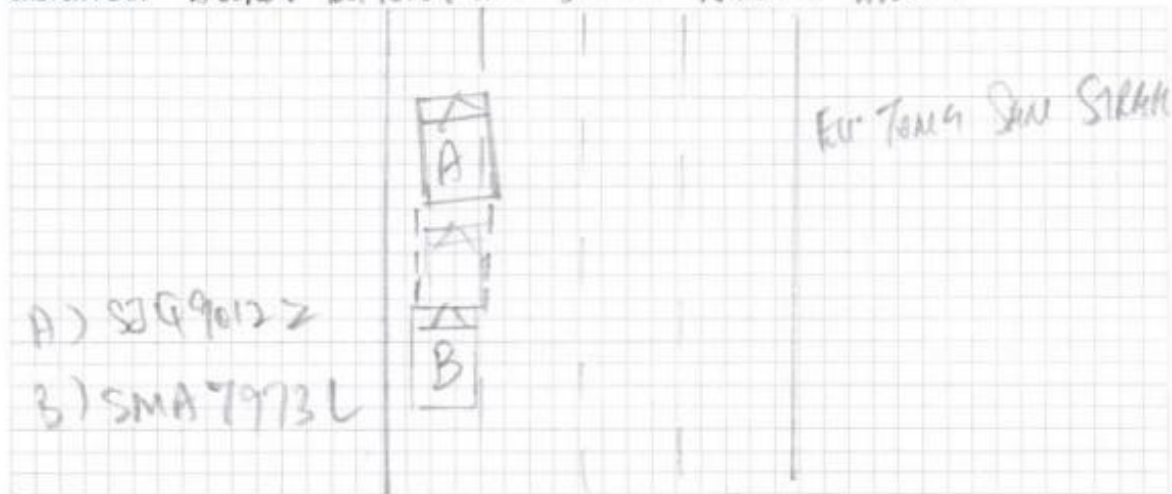
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

ALONG EUNYONG SAN STREET TOWARDS HILL STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/2018087/2187

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.:

GABRIC, Singapore, Va

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180827/2187

1 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180827/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 21:39		Vide Report No.:		Station Diary No.: 52
Informant's Particulars				
Name of Informant: ASHTON SEE YEOW LIN		Address: APT BLK 10B BOON TIONG ROAD #08-535 SINGAPORE 164010		
ID Type / ID No.: NRIC NO / S8004991I		Contact No.: Home/Office: Mobile: 87777077		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 38	Date of Birth: 14/02/1980	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES CONSULTANT		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2018 00:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EU TONG SEN STREET HILL STREET Eu Tong Sen Street towards Hill Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ9012Z	Car				Slightly Damaged	0
SMA7973L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



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T/20180827/2187

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20180827/2187

CONTINUATION OF REPORT

Driver			
Name	ASHTON SEE YEOW LIN	ID No.	S8004991I
Related Vehicle	SJQ9012Z (Car)	Contact No.	87777077
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lam Wai Lek Kelvin	ID No.	S7525305B
Related Vehicle	SMA7973L (Car)	Contact No.	84844872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/07/2018 at about 11.46pm I was driving along Havelock road towards Eu Tong Sen road when I noticed a vehicle - SMA7973L driving in front and it was change from lanes to lanes without signaling. I was trying to over take the vehicle to make my left turn to Eu Tong Seng road and the vehicle sped up upon noticing it and was driving near to my vehicle to prevent me from overtaking and almost caused me to collide into another vehicle.

I honked and signaled the driver to stop at the front to have a talk and I came to a stop at Eu Tong Seng Road, the vehicle - SMA7973L came to a stop behind me however it collided into my rear bumper slightly.

We confronted and the driver admitted that it was wrong of him for driving from lanes to lanes without signaling. We came to a private settlement without any payment and agreed to let the matter go.

I wish to state that I have the in car camera recordings that recorded the incident of the driver of SMA7973L driving along Havelock Road.

However on 12/08/2018 I received a letter from my insurance company - Income. That the said driver was claiming from me regarding the accident as stated above. I am lodging this report as advised by the insurance company and wish for traffic police to look into this matter.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180827/2187

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20180827/2187

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:

E /
Sgt 3 TEO TECK CHUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
27/08/2018 21:39

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

