#### 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 <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

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	ACCIDENT STATEMENT
Date Of Report	30/08/2018 13:38
Date Of Accident	29/08/2018 11:45
Exact Location Of Accident	ALEXANDRA RD TWDS ALEXANDRA VILLAGE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW8996Y
Insured/Policyholder	
Name Of Registered Owner	SIM HUI KENG
Work Permit No	S1109945I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97502260
Alternative Phone No	OFFICE-97502260
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5101372539
Cover Note Number	
Driver	
Name of Driver	SIM HUI KENG

Name of Driver

SIM HUI KENG
Work Permit No
S1109945I

Date Of Birth
02/03/1955

Occupation
Outdoor
Date Of Driving Pass
11/10/1976

Driving Experience 41 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97502260

Fax Number

Contact Number OFFICE-97502260

EMail Address NOEMAIL

Address 37 LORONG M TELOK KURAU

#01-02

Postcode 425316

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

OVVINE

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? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

NO

NO

NO

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4428999 - **FAX NO**: 62447678

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20180829/2156.

Attachment(s)

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

#### Accident Sketch Plan

SKETCH FLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and powere as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- Consent under the Personal Deta Protection Act (PDPA)

l 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:
  - 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")
- 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

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

Name: NRIC/FIN No.:

Reporting Centre Personners Signature

GIARNAC SketchPtmForm\_V3

#### **Accident Sketch Plan**

RECHEAL		
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	1
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DECLARATION	the large are true in every respect.	
DECLARATION  //We declare the foregoing pa	rticulars are true in every respect.	
(We declare the foregoing pa	rticulars are true in every respect.	_
DECLARATION  We declare the foregoing pa	Single Land	
I/We declare the foregoing pa	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personne's Signature Name:	

GIARMC SketchPlanForm\_V3

#### Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 1 of 3 Report No. T/20180829/2158

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 19:48			Vide Report No.:	Station Diary No.: 80		
Informan	t's Partic	ulars				
Name of Informant: SIM HUI KENG			Address: 37 LORONG M TELOK KURAU #01-02 SINGAPORE 425316			
ID Type / ID No.: NRIC NO / S1109945I			Contact No.: Home/Office:	Mobile: 97502260		
Nationality: SINGAPORE CITIZEN		Email;				
Sex: Age: Date of Birth: Female 63 02/03/1955		Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:		
Occupation: PART TIME DRIVER			Driving Licence Information: Class: Date of Expiry:			

	mation of the Accider		Deta/Flore of	Time of Locations	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/08/2018 11:45	Type of Location: Car Park	
Location: Along Road 1 ALEXANDRA Turning into		ark			
Weather: Clear		R	Road Speed Limit:		
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Light	
One Way					

Details of Vo	ehicle Invo	Ived				TO A LINE WHEN THE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKW8996Y	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	White	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKW8996Y	NTUC Income Insurance Co-Operative Limited	5101372539	01/07/2018	30/06/2019	

#### **Police Report**



T/20180829/2156

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Report No. T/20180829/2156

2 of 3

Tel No: 1800-4428999

CONTINUATION OF REPORT

#### Brief Details.

I am the above mentioned person and I am the registered vehicle owner of white Mazda 3 (VRN: SKW8996Y).

On 29/08/2018 at about 1145hrs, I was driving my car along Alexandra Road turning left into Alexandria Village Carpark. As I was turning left, I was at a very slow speed due to the narrow lanes. Suddenly I felt an impact coming from the front left side of my car. An e-scooter ridden by a male Caucasian aged about 18 years old had collided with the front left of my car. The boy subsequently fell off his e-scooter and onto the road. I immediately exited my vehicle and attended to the said boy. The boy stood up on his own. I asked the boy twice if he was okay. The boy said that he did not have any injuries however seemed more concerned with the damages to his e-scooter. As there were no injuries at the time, I told the boy to meet me at the Alexandria Village Carpark so as to not obstruct traffic further. The boy then said that he would follow me into the carpark.

After driving in, I parked my car and looked for the boy however he was nowhere to be found. I waited for about 10 minutes however the boy did not show up. As such, I left for work at AIA building.

On 1700hrs, I returned to my car and discovered that there was a Police note informing me that I was involved in an accident with an e-scooter rider. The investigation officer assigned to my case is IO Raziz (Tel: 6547 6200). I was then advised to lodge a Police report by IO Raziz. The incident number for the accident is D/20180829/0062.

#### Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20180829/2156

CONTINUATION OF REPORT

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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: G / Sgt 3 MUHAMMAD YOUSUF AKMAL BIN MAHMOOD SHAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2018 19:48
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



































