

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 | 10/09/2018 11:04 |
| Date Of Accident | 07/09/2018 18:30 |
| Exact Location Of Accident | PIE TWDS TUAS BEFORE EXIT 16 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SJN1343L |
| Insured/Policyholder | |
| Name Of Registered Owner | H & H CAR RENTAL & LEASING |
| Co Reg No | 53331980C |
| Email Address | ALBERTHAR@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-85189966 |
| Alternative Phone No | OFFICE-85189966 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HYUNDAI |
| Model | HD AVANTE 1.6 A |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5078818993-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HAR TIONG CHYE |
| NRIC No | S1693998F |
| Date Of Birth | 07/05/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/06/2009 |
| Driving Experience | 9 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85189966 |
| Fax Number | |
| Contact Number | OTHERS-85189966 |
| Email Address | ALBERTHAR@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 58 COMMONWEALTH DRIVE #02-89 |
| Postcode | 141058 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 | DRIZZLING |
| Road Surface | WET |

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? | 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 | ALEXANDRA NPP |
| Police Station Address | ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TOT HE POLICE REPORT : T/20180907/2139

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 | AKC6796 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


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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.

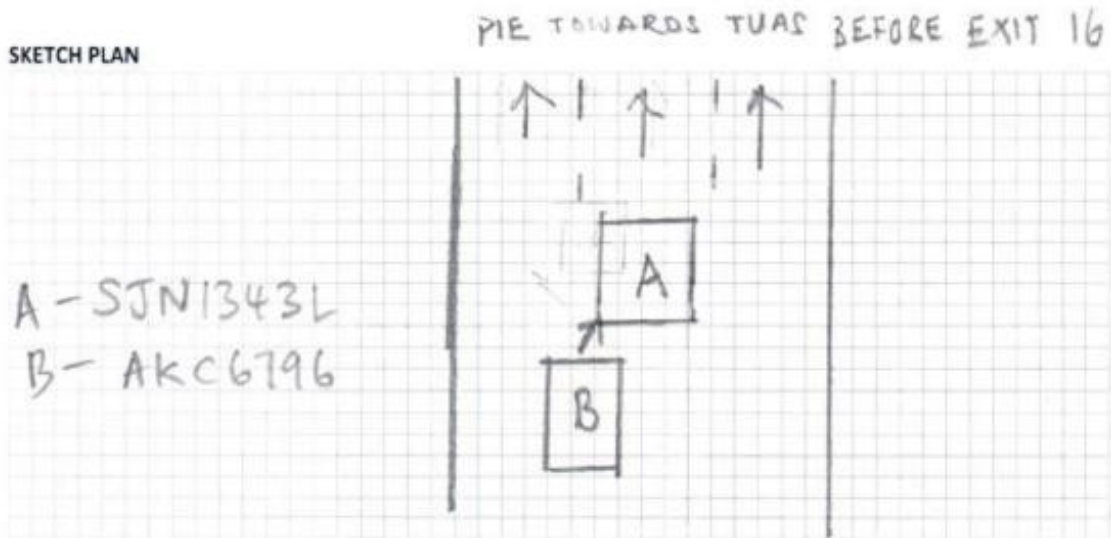
X 
Policyholder's Signature
Date & Time:


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

 10/9/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180907/2139

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180907/2139

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

2 of 3

Report No. T/20180907/2139

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|--|
| Rider | | | |
| Name | EDDY MORGAN | | ID No. NIL |
| Related Vehicle | AKC6796 (Motorcycle) | | Contact No. 87406105 |
| 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 |
| Driver | | | |
| Name | HAR TIONG CHYE | | ID No. S1693998F |
| Related Vehicle | SJN1343L (Car) | | Contact No. 85189966 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury NIL |

Brief Details.

On 07/09/2018 at about 1829hrs, I was travelling along PIE heading towards Tuas in my vehicle SJN1343L. Just before exit 16 (Lor Toa Payoh 6), I was at the first lane at the extreme lane, I signalled my intention to filter left and I checked my rear mirror before doing so. After I have affirmed that it was safe for me to filter, I then proceeded to filter lane and my whole vehicle was already on the 2nd lane and subsequently I heard a "Bang" sound.

I then saw through my rear mirror that a motorist bearing registration number AKC6796 has knocked onto the rear left side of my vehicle. I wish to state that he was speeding from the 3rd lane into the 2nd lane, hence knocked onto my vehicle. I proceeded to stop my car at the road shoulder and rendered assistance to him. I then called Traffic Police and was instructed to wait for them. However, the said rider refused to give me his particulars and he left prior to TP's arrival as he claimed that he was feeling dizzy.

I observed that he had a small abrasion on his right feet. TP arrived and I was instructed by them to lodge a police report. I wish to state that I do not have in-car-camera. I wish to state that I only have his name and contact number. He is namely Eddy Morgan, HP: 87406105.

Sketch Plan #4



NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 63 INCOME/6788 1777 • Fax: 6338 1500
Email: csquery@income.com.sg • Website: www.income.com.sg
an NTUC Social Enterprise

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.
If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **7149**

| | | | |
|--|-------------------------------------|--|-------------|
| Policy Number | | Vehicle Number | |
| Cover Type <input type="checkbox"/> Prestige <input type="checkbox"/> Drivo Premium <input type="checkbox"/> Comprehensive <input type="checkbox"/> Prestige Third Party Fire & Theft <input type="checkbox"/> Drivo Classic <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Prestige Third Party <input type="checkbox"/> Comprehensive (PWP) <input type="checkbox"/> Third Party | | | |
| No Claim Discount (NCD) | | Excess (Subject to Prevailing GST) | |
| % | | Standard Excess \$ | |
| NCD Protector <input type="radio"/> Yes <input type="radio"/> No (1 accident within the period of insurance) | | Unnamed Excess \$ | |
| | | Additional Excess \$ | |
| | | Third Party Excess \$ | |
| Transport Allowance <input type="radio"/> Yes <input type="radio"/> No (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance) | | | |
| Excess Waiver <input type="radio"/> Yes <input type="radio"/> No (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance) | | | |
| Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident | | | |
| Items to note: | | | |
| <input checked="" type="checkbox"/> Driver of Vehicle must make report personally. <input checked="" type="checkbox"/> Bring Vehicle & Vehicle Key to Reporting Centre. <input checked="" type="checkbox"/> Bring Driver's NRIC, Driving Licence, Insurance Cert. <input type="checkbox"/> Bring a Copy of Policyholder's NRIC (Front & Back). <input type="checkbox"/> Bring Company's Stamp. <input type="checkbox"/> Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves: <ul style="list-style-type: none"> ➤ Damage to government property ➤ Foreign vehicle ➤ Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more ➤ Pedestrian / Cyclist ➤ Hit-and-run ➤ Fatality | | | |
| <input checked="" type="checkbox"/> Your NCD will be affected if you fail to report the accident within the stipulated time. <input checked="" type="checkbox"/> Submit video recording from your in-car camera if available. | | | |
| Authorised Driver/Person's Name | | For video recording up to 10MB, you may | |
| | | ➤ email to motorvideo@income.com.sg. | |
| NRIC/ID no. | Relationship to Policyholder | For video recording more than 10MB, you may | |
| | | ➤ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report. | |
| Contact no. | Signature | | |
| For Official Use | | | |
| Issued by | Staff Code | Date (dd/mm/yyyy) | Time |

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



Accident Photo



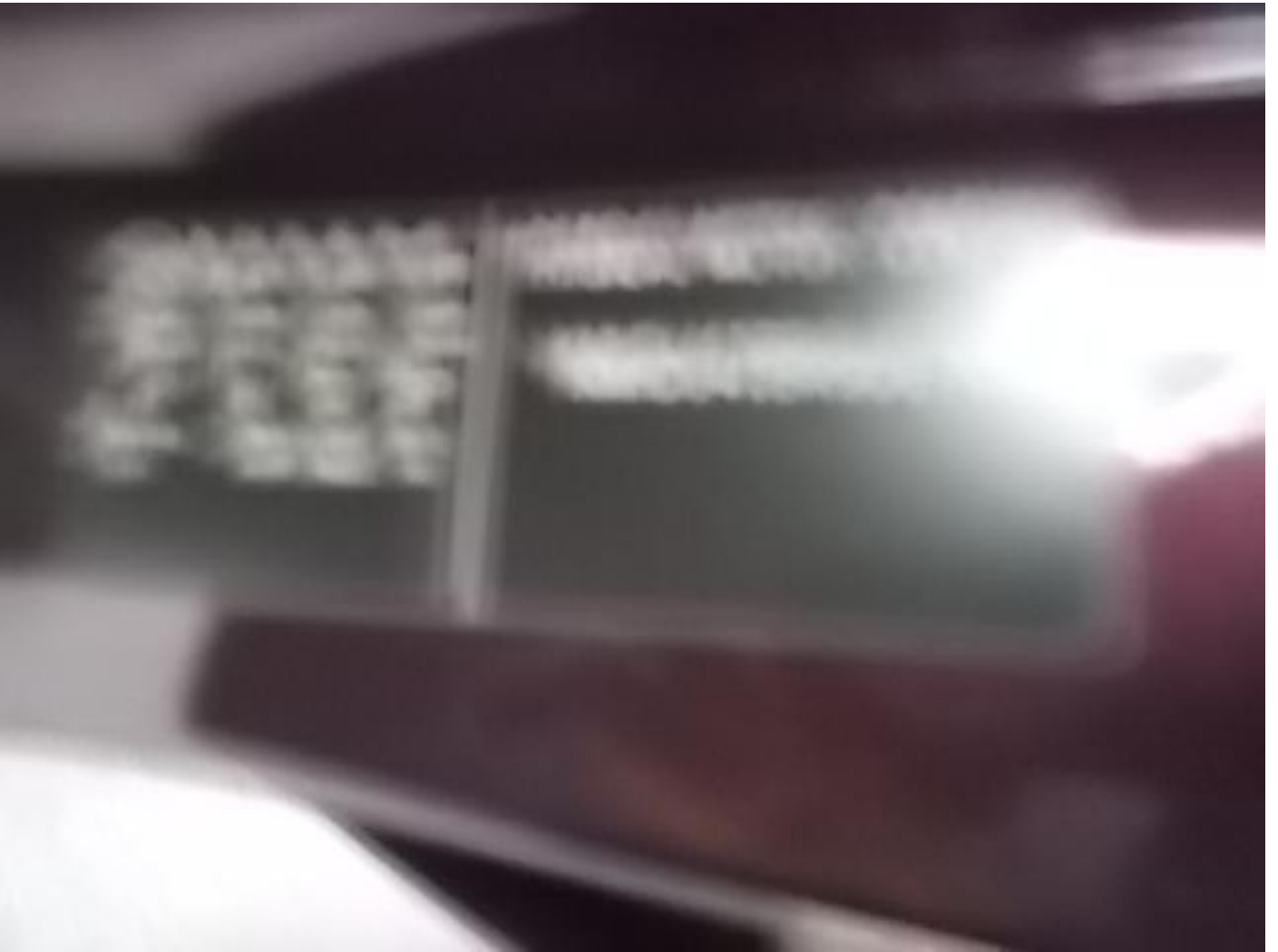
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2139

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3

Report No. T/20180907/2139

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 07/09/2018 21:05 | Vide Report No.: E/20180907/0165 | Station Diary No.: 37 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: HAR TIONG CHYE | | | Address: APT BLK 56 COMMONWEALTH DRIVE #02-89 SINGAPORE 141056 | |
| ID Type / ID No.: NRIC NO / S1693998F | | | Contact No.: Home/Office: Mobile: 85189966 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 53 | Date of Birth: 07/05/1965 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: ESTATE MANAGER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|-------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 07/09/2018 18:30 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Tuas, before Exit 16 | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
| AKC6796 | Motorcycle | | | | Slightly Damaged | 0 |
| SJN1343L | Car | | | | Slightly Damaged | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2139

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
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Tel No: 1800-4739999

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Report No. T/20180907/2139

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| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | HAR TIONG CHYE | | ID No. S1693998F |
| Related Vehicle | SJN1343L (Car) | | Contact No. 85189966 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL |
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2139

3 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180907/2139

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:

D /

Sgt 2 DYLAN CHIA CHOON KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/09/2018 21:05

Classification Of Case: