

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 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. 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	22/10/2018 10:02
Date Of Accident	20/10/2018 16:20
Exact Location Of Accident	TANJONG KATONG RD NEAR CITY PLAZA TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2430X
Insured/Policyholder	
Name Of Registered Owner	LAI CHOY HONG
NRIC No	S1654912F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91290255
Alternative Phone No	OFFICE-91290255

Vehicle Particulars

Manufacturer	CHEVROLET
Model	SPARK 0.8AT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100923130
Cover Note Number	

Driver

Name of Driver	LEE YONG HENG
NRIC No	S9113280Z
Date Of Birth	23/04/1991
Occupation	INDOOR
Date Of Driving Pass	31/03/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81399642
Fax Number	
Contact Number	OFFICE-81399642
Email Address	NOEMAIL

Address	BLK 34 WHAMPOA WEST #11-41
Postcode	330034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20181020/2116.

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	XE1914X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED NAFIEE BIN ABDUL LATIFF
NRIC/Passport Number	S7716468E
Contact Number	
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.

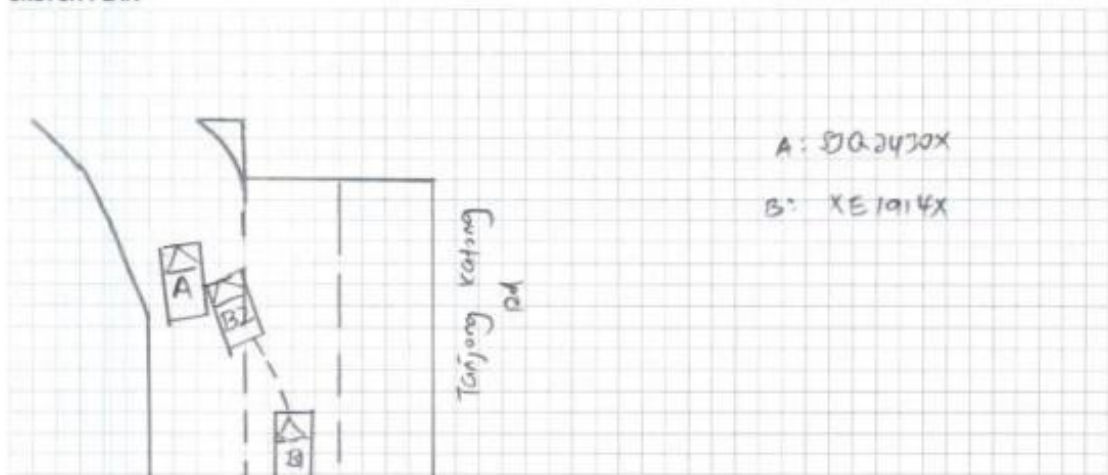
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2018/220/2116.

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.:

QUICK, SIMPLE, EASY, SAFE

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181020/2116

1 of 3

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

Report No. T/20181020/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2018 18:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GAN ZI XUN, VICTOR			Address: 34 CIRCUIT ROAD #02-388 BALAM GARDENS SINGAPORE 370034	
ID Type / ID No.: NRIC NO / S9223517C			Contact No.: Home/Office:	Mobile: 87152978
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 10/07/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: RECRUITMENT CONSULTANT			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

General information of the accident					Type of Location: Straight Road
Type of Accident:	Non-Injury Others		Drink Drive: No	Date/Time of Accident: 20/10/2018 16:20	
Location: TANJONG KATONG ROAD					
ALONG TANJONG KATONG ROAD NEAR CITY PLAZA TAXI STAND					
Weather: Clear		Road Surface: Dry			Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled			Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction					Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ2430X	Car	CHEVROLET	SPARK 0.8AT			0
XE1914X	TRAILER	MAN	TGS 18.360 4X2 BLS			0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20181020/2116

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Report No. T/20181020/2116

CONTINUATION OF REPORT

Driver			
Name	GAN ZI XUN, VICTOR		ID No. S9223517C
Related Vehicle	SJQ2430X (Car)		Contact No. 87152978
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED NAFIEE BIN ABDUL LATIFF		ID No. S7716468E
Related Vehicle	XE1914X (TRAILER)		Contact No. NIL
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 THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS DRIVING ALONG THE SAID LOCATION. THERE WAS 2 LANES. I WAS AT LEFT LANE GOING TO TURN LEFT TO THE SLIP ROAD WHEN SUDDENLY A HEAVY VEHICLE OF (XE1914X) FROM MY RIGHT TRIED TO MAKE A LEFT TURN GOING TO THE SLIP ROAD WITHOUT CHECKING HIS BLINDSPOT AND SIDE SWIPE MY VEHICLE. HE CLAIMED TO ME THAT TO ASK ME TO CLAIMED UNDER HIS INSURANCE, BECAUSE HE ADMITTED THAT HE DIDN'T CHECK HIS BLINDSPOT. THE COMPANY OF THE HEAVY VEHICLE: (PO SAN TRANSPORT PTE LTD). THAT'S ALL.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20181020/2116

3 of 3

Report No. T/20181020/2116

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 HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/10/2018 18:00

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA118/36492 Vehicle Registration No: 5JA2430X
Name (as shown in NRIC) : Lee Yong Hong NRIC/FIN/Passport No : S91132802
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 34 Whampoa West #11-41 Singapore (370034)
Contact (Tel) : _____ Mobile No. : 8139 9641
Email Address : _____
Date of Accident : 20/10/18 Time of Accident : 16:20
Place of Accident : Tanjong Katong Rd near City Plaza Taxi Stand
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend driver particulars

[Signature]
Policyholder / Driver's Signature
Date:

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