

## 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	23/10/2018 19:12
Date Of Accident	22/10/2018 23:00
Exact Location Of Accident	ALONG HOUGANG ST 91 IN FRONT OF BLK 976
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4544D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SP
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099728592
Cover Note Number	

### Driver

Name of Driver	JAVIER HO JING YANG
NRIC No	S9813851Z
Date Of Birth	28/04/1998
Occupation	INDOOR
Date Of Driving Pass	02/05/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82656836
Fax Number	
Contact Number	OFFICE-82656836
Email Address	NOEMAIL

Address	BLK 673 HOUGANG AVENUE 8 #04-655
Postcode	530673
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 - MAJOR/MINOR RD
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?	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)	4
Passenger 1	NAME: : CHAN QIU WEN GENDER: : FEMALE
Passenger 2	NAME: : FRANCES OW GENDER: : FEMALE
Passenger 3	NAME: : KERWIN CHENG JIE SHENG GENDER: : MALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181023/7011.

#### 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	GBH7761A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME:       :
	GENDER:     :

#### DETAILS OF INJURED PERSON 1

Name	JAVIER HO JING YANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN4544D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CHAN QIU WEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN4544D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	FRANCES OW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN4544D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	KERWIN CHENG JIE SHENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN4544D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



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

Vehicle A: SJN4544D

Vehicle B: DBH7761A

[BLK 976]



Hanging sign

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

### 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.:

Scanned by CamScanner

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181023/7011

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

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Report No. T/20181023/7011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 16:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JAVIER HO JING YANG			Address: APT BLK 673 HOUGANG AVENUE 8 #04-655 SINGAPORE 530673		
ID Type / ID No.: NRIC NO / S9813851Z			Contact No.: Home/Office: Mobile: 93800494		
Nationality: SINGAPORE CITIZEN			Email: jhjy98@icloud.com		
Sex: Male	Age: 20	Date of Birth: 28/04/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2018 23:00	Type of Location: T-Junction
Location:  HOUGANG STREET 91				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7761A	Van				Slightly Damaged	2
SJN4544D	Car	MAZDA	3		Slightly Damaged	4

## Details of Person Involved

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181023/7011

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

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Report No. T/20181023/7011

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	JAVIER HO JING YANG	ID No.	S9813851Z
Related Vehicle	SJN4544D (Car)	Contact No.	93800494
Hospital/Clinic	YSL BEDOK CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	CHAN QIU WEN	ID No.	S9920839B
Related Vehicle	SJN4544D (Car)	Contact No.	93250270
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	Slight
<b>Passenger</b>			
Name	FRANCES OW	ID No.	S9921326D
Related Vehicle	SJN4544D (Car)	Contact No.	93269883
Hospital/Clinic	YSL BEDOK CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	KERWIN CHENG JIE SHENG	ID No.	S9831953J
Related Vehicle	SJN4544D (Car)	Contact No.	91682185
Hospital/Clinic	YSL BEDOK CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181023/7011

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Tel No: 65470000

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Report No. T/20181023/7011

### CONTINUATION OF REPORT

#### Brief Details.

ON 22/10/2018, AT ABOUT 11:01PM, I WAS DRIVING MY VEHICLE - SJN4544D, ALONG HOUGANG STREET 91, WITH 3 OF MY FRIENDS. APPROACHING THE ENTRANCE TO BLOCK 976, SUDDENLY VEHICLE NUMBER - GBH7761A, TURNED OUT AND COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION.

ME & MY PASSENGERS THE FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT YSL BEDOK CLINIC & SURGERY AND WERE ALL GIVEN 3 DAYS MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181023/7011

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

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Report No. T/20181023/7011

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65472076

Authentication Stamp  
NP168

#### Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
23/10/2018 16:28

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

