#### 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/11/2018 15:32
Date Of Accident	09/11/2018 22:30
Exact Location Of Accident	JUNC BISHAN ST 14 & BISHAN PL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG1258A
Insured/Policyholder	
Name Of Registered Owner	ONG LAY TIN
NRIC No	S6802144H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90282226
Alternative Phone No	OFFICE-90282226
Vehicle Particulars	
Manufacturer	BMW
Model	535I A
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	5096815258
Cover Note Number	
Driver	
Name of Driver	YEO KUN SIONG (YANG KUNXIANG)
NRIC No	S9135869G

NRIC No S9135869G
Date Of Birth 03/10/1991
Occupation OUTDOOR
Date Of Driving Pass 22/11/2012

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90282226

Fax Number

Contact Number OFFICE-90282226

EMail Address NOEMAIL

Address 89 YISHUN STREET 81

#11-10

Postcode 768449

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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?

YES

Foreign Vehicle Registration Number

JHF612 (COMMERCIAL VEHICLE)

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) 1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

**SINGAPORE** 

Police Station Contact **TEL NO**: 1800-4849999 - **FAX NO**: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20181110/2002.

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 JHF612

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ABDUL ZARIQ BIN ABDUL HALIM

NRIC/Passport Number A38812857 Contact Number 96782603

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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.
- 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.
- 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)
  - (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
- (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 Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person elfs Signature

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN			
ž.		Billion 81	
Bishon St		A: JKG1288 B: JHF612	,
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
pelor to police	report - 1/20/8/11/0/2002.		
DECLARATION			- 1
DECLARATION  I/We declare the foregoing part	iculars 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.:	1

# Police Report

	SINGAP	FORCE		i		T/20161110	2002
Ang Mo K 51 Ang M 569784 Tel No: 1	800-4849999	9 SINGAPORE				Report No.	T/20181110/20
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NRICA	NO / S913586	9G	Home/Office:		Mobile:	90060975	
Nation	PORE CITIZE	EN	Email:				
Sex Male	Age:	Date of Birth: 03/10/1991	Type of Informani Driver	S SERVE			
Race	SOLIPANE.	OST TOT 1891	Language:	STATE OF THE PARTY	Institution	n / School N	Name:
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ce Station Of Origin: ig Mo Kio North N.P.C I Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999



2 d 3

Report No. 7/20181110/2002

CONTINUATION OF REPORT

Brief Details.

On the 09/11/2018 at about 2230hrs, I was driving my car bearing registration plate number of SKG1258A along Bishan St 14 near to Junction 8.

I had filtered to the right most lane and there was a lorry bearing registration plate number of JHF612 travelling on the lane on my left. I was moving forward slowly and I saw that the lorry had signaled right but I did not expect it to make a right turn as the lane he was on was a straight only lane.

Suddenly, the lorry made a right turn and I applied my emergency brakes and my car nearly came to a stop but the lorry could not brake in time and it hit onto the left side area of my car. We both immediately went out of our vehicles to make a check on the damages. There are scratches and dents on the front left lender of my car and my car's left side mirror had broke off. The lorry's bottom right area had scratches and dents. No one was hurt in the accident. I called for the police thereafter. Subsequently, the traffic collections and advised me to lodged a police report. The lorry driver's contact number is 96782603.

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# Police Report

SINGAPORE	100161110000
POLICE FORCE	145
to Bitation Of Origin:  Ju Mo Kio North N P C  1 Ang Mo Kio Avenue 9 SINGAPORE  1607/84  Tel No. 1800-4840999	CONTINUATION OF REPORT
Sketch Plan Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your the cartificate with you now, please fax a copy	vehicle's Insurance Certificate to this report. If you don't have by to 65474885 stating the report number as reference.
the certificate with you now, please fax a cop	by 10 65474665 starting the Topote Transaction
IMPORTANT: Please attach a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with you now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your the certificate with your now, please fax a copy of your now	by 10 65474665 starting the Toport Transaction
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Signature Of Officer Recording The Report.  F / Sgt 2 YEO JUN BIN  Signature Of Interpreter.	Signature Of Informant:  Date/Time: 10/11/2018 00:08

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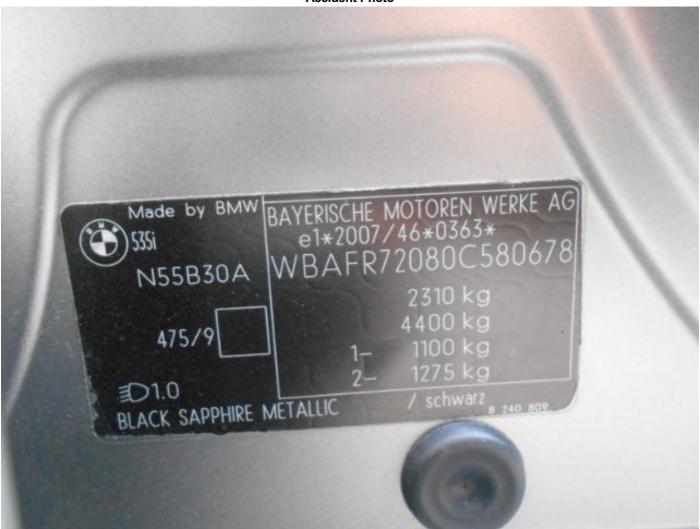


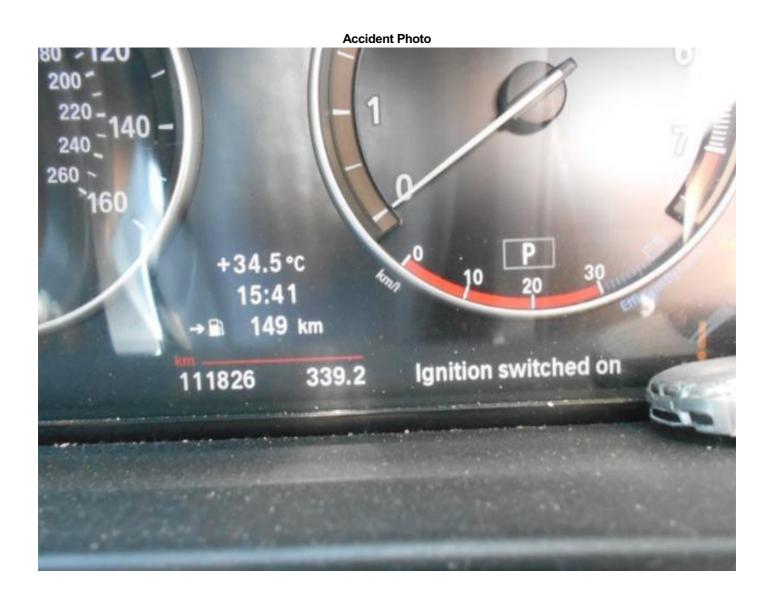












#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224-0010 Fax (65) 6224-0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / 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
4)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MUA 118 145679 Vehicle Registration No: JKG 11584
	Name (as shown in NRIC): Yes Kun dang Cynng Kun xi ng C/FIN/Passport No : 591358696
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : 59 45hm Hret 87 \$11-10 Singapore(76844
	Contact (Tel) : Mobile No.: 900 60975
	Email Address :
	Date of Accident : 9 118 Time of Accident : 27 13 3
	Place of Accident : Inc When 4 14 & Bishon Pl
	InsuranceCompany: MICC
	Policyholder / Driver's Signature Date:  Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date: