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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	26/12/2018 11:31
Date Of Accident	25/12/2018 20:00
Exact Location Of Accident	BEFORE MALAYSIA CUSTOM (WOODLANDS) MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ4146U
Insured/Policyholder	
Name Of Registered Owner	EU WEI JUN
NRIC No	S8277396G
Email Address	TITANERIC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96467687
Alternative Phone No	OFFICE-96467687
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 SEDAN (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	5097086297
Cover Note Number	
Driver	
Name of Driver	FILWELLIN

Name of DriverEU WEI JUNNRIC No\$8277396GDate Of Birth02/11/1982OccupationINDOORDate Of Driving Pass09/12/2015

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96467687

Fax Number

Contact Number OFFICE-96467687

EMail Address TITANERIC@GMAIL.COM

16 UPPER SERANGOON CRESCENT #09-42 Address

Postcode

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

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **HOGANG N.P.C**

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

AS PER POLICE REPORT NO.F/20181226/2012.

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 SLG7316P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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)

Lunderstand, acknowledge, agree and consent that:

- 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 "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
- 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.
- 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: 26/12/2018

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

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

SKETCH PLAN

	/ Johor
SLG-7316P SKZ41464	Custom
(sin	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report No. F/20181226/2012

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 26/12/2018

11.00 am

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

Reporting Centre Personnel's Signature NRIC/FIN No.:

Sketch Plan #2 Pg. 1





1 of 2

Report No. F/20181226/2012

POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made	Vide Report No.			Station Diary No.	
26/12/2018 10:17					
Name Of Informant	Address				
EU WEI JUN	16 UPPI	16 UPPER SERANGOON CRESCENT #09-42			
	SINGAP	SINGAPORE 534028			
ID Type / ID No.	Contact No.				
NRIC NO / S8277396G	Home/O	Home/Office N		Mobile	
			96467687		
Nationality	Email Address				
MALAYSIAN					
Occupation	Sex	Age	Date of Birth	Race	
Engineer	Male .	36	02/11/1982	Chinese	
Institution/School Name	Language				
Date/Time Of Incident	Location	Location Of Incident			
25/12/2018 20:00	Before N	Before Malaysia custom (Woodlands)			
	MALAYS	MALAYSIA			

Brief details.

On 25/12/2018 at about 2000hrs I was driving my vehicle (SKZ4146U) from Johor heading towards Singapore. When I was near to Malaysia custom, the traffic was heavy therefore all vehicle was in slow speed. The vehicle (SLG7316P) behind wanted to change its lane however in the midst of changing, the front of its vehicle collided onto the rear right of my vehicle. After collision the vehicle drove off without stopping.

I wish to state that there is front camera installed in my vehicle and no one was injured prior to the

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 JANSEN KWOK SHU HAO	Gullys
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2018 10:17
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64880999	Classification Of Case:
Authentication Stamp	***************************************
Signature:	N 085
Singapore Police Force	

Sketch Plan #2 Pg. 2





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181226/2012

incident. I am lodging this report for insurance claiming purposes.

Signature Of Officer Recording The Report:

F / Sgt 3 JANSEN KWOK SHU HAO

Signature Of Interpreter:
Not applicable

Date/Time:
26/12/2018 10:17

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sgt 2 CHONG TECK WEI, JEFFREY
Contact No.: 64880999

Authentication Stamp

















