

## 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	21/01/2019 10:26
Date Of Accident	19/01/2019 19:30
Exact Location Of Accident	ALONG SMITH STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBK8989M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KOK
NRIC No	S2507301J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83387689
Alternative Phone No	OFFICE-62215438

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING WIFE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5015315951-12
Cover Note Number	

### Driver

Name of Driver	LEE KOK
NRIC No	S2507301J
Date Of Birth	14/11/1945
Occupation	INDOOR
Date Of Driving Pass	08/03/1973
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83387689
Fax Number	
Contact Number	OFFICE-62215438
Email Address	NOEMAIL

Address	BLK 122 KIM TIAN ROAD #22-76
Postcode	160122
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	COLLIDED INTO PEDESTRIAN
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	1
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 128 KIM TIAN ROAD #01-123/ 125 , <b>POSTCODE:</b> 160128 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2739999 - <b>FAX NO:</b> 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190120/2023

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 21.01.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

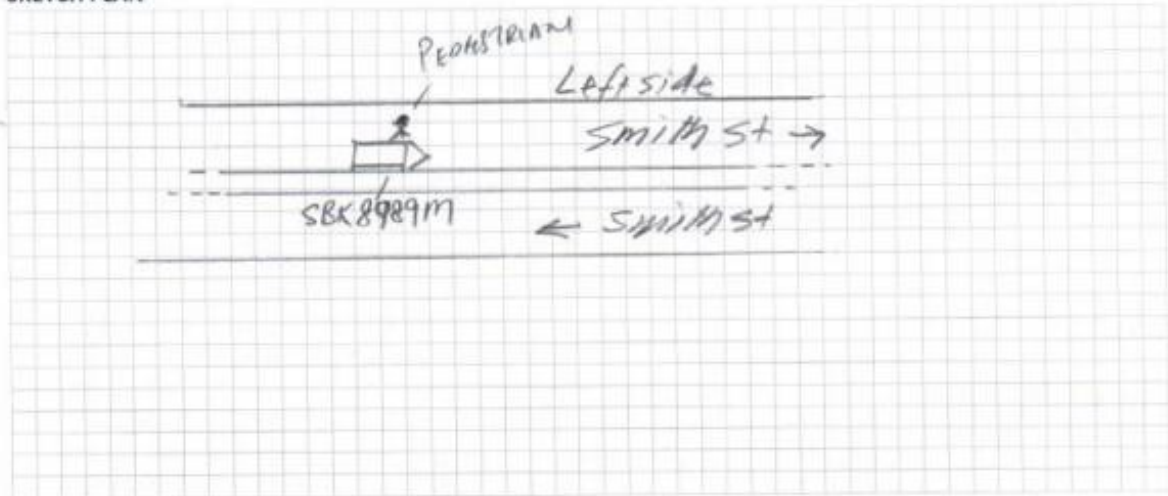
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

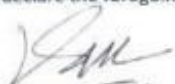


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PLS REFER TO POLICE REPORT  
A/20190120/2023~~

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 21.01.19

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

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20190120/2023

1 of 2

POLICE REPORT (NP299)

Report No. A/20190120/2023

Police Station Of Origin  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Date/Time Report Made 20/01/2019 12:21		Vide Report No.		Station Diary No. 5	
Name Of Informant LEE KOK		Address APT BLK 122 KIM TIAN ROAD #22-76 SINGAPORE 160122			
ID Type / ID No. NRIC NO / S2507301J		Contact No. Home/Office 62215438		Mobile 83387689	
Nationality MALAYSIAN		Email Address			
Occupation SALES		Sex Male	Age 73	Date of Birth 14/11/1945	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 19/01/2019 19:30		Location Of Incident SMITH STREET SINGAPORE			

**Brief details.**

On 19/01/2019 at about 1930hrs, I drove my car SBK8989M along Smith St. There were many people occupying the left side of the road due to the Chinese New Year event there. As such, I drove closer to the right side of the road at a dead slow speed and used my horn lightly and regularly to signal to the pedestrians that there was a car incoming. Suddenly a man came up the side of my car and used his right hand to hit the left side of my car. I do not recognize the man and when I looked at him, I saw that he was holding onto a shoe. I stopped my car immediately and spoke to the man through the front passenger window. As a sign of courtesy, I apologies

Signature Of Officer Recording The Report: A / Sgt 2 PANG LIN TONG	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2019 12:21
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp MOHAMED SHARIFF AHMED MUNSHI Contact No.: 62240000	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE  
POLICE FORCE



A/20190120/2023


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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190120/2023

to the man and asked if there was any problem. The man did not say anything and walked away. As there were cars behind of my at the time, I moved forward and made a U-turn back into Smith St. When I returned back to the incident location, I could not find the man anymore. I also made a check on my car and found that there was no damages to my car. I am making this report as I am worried the man might be injured.

Signature Of Officer Recording The Report: A / Sgt 2 PANG LIN TONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2019 12:21
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp MOHAMED SHARIFF AHMED MUNSHI Contact No.: 62240000	Classification Of Case:
Authentication Stamp	

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

