

## 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	28/01/2019 16:16
Date Of Accident	27/01/2019 16:15
Exact Location Of Accident	JLN INDAH 15/3 TAMAN BUKIT INDAH (JB)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9341Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO CHONG WEI
NRIC No	G3254884P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96129315
Alternative Phone No	OFFICE-96129315

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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	5097014479
Cover Note Number	-

### Driver

Name of Driver	KHOO CHONG WEI
NRIC No	G3254884P
Date Of Birth	16/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96129315
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 134 BEDOK RESERVOIR #03-1225
Postcode	470134
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	COLLISION - HEAD ON COLLISION
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?	
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: : YEONG BAO YI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRK2105
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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.

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

## Accident Sketch Plan

### SKETCH PLAN

A = SJV 9341Y  
B = JRK 2105

Jalan Indah 15/3  
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20190128/2100

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## POLICE REPORT (NP299)

Report No. G/20190128/2100

Police Station Of Origin  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Date/Time Report Made 28/01/2019 15:30	Vide Report No.	Station Diary No. 24
Name Of Informant KHOO CHONG WEI	Address APT BLK 134 BEDOK RESERVOIR #03-1225 SINGAPORE 470134	
ID Type / ID No. FIN NO / G3254884P	Contact No. Home/Office	Mobile 96129315
Nationality MALAYSIAN	Email Address	
Occupation SALES EXECUTIVE	Sex Male	Age 27
Institution/School Name	Date of Birth 16/01/1992	Race Chinese
Date/Time Of Incident 27/01/2019 16:15	Location Of Incident JALAN INDAH 15/3, TAMAN BUKIT INDAH MALAYSIA	

### Brief details.

On 27/1/2019 at about 1615hrs while in Malaysia, travelling in my vehicle, SJV9341Y along JALAN INDAH 15/3, TAMAN BUKIT INDAH, a vehicle JRK2105 from the opposite direction went out of the center divider line and collided onto my vehicle head-on. The driver(Tiffany, hp:+60127278859) and me then went to the local police station in Malaysia to make a police report of the incident. I did not suffer any injuries from the accident however the front right portion of my vehicle causing scratches and dents in the affected area.

Signature Of Officer Recording The Report: G / Sgt 1 SHAUN CHUA YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 15:30
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DELVIN NG HAN WEI Contact No.: 62440000	Classification Of Case:

Authentication Stamp

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POLICE REPORT



SINGAPORE  
POLICE FORCE



G/20190128/2100

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190128/2100

I wish to further state that I was 1 other passenger namely, Yeong Bao Yi (hp: 96380677)  
I am lodging this report for insurance claims.

Signature Of Officer Recording The Report: G / Sgt 1 SHAUN CHUA YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 15:30
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DELVIN NG HAN WEI Contact No.: 62440000	Classification Of Case:
Authentication Stamp	

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Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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