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	15/02/2019 16:53
Date Of Accident	14/02/2019 13:45
Exact Location Of Accident	CHANCERY LANE > THOMSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG8637G
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	LAM.HONG.SHENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86120257
Alternative Phone No	OFFICE-86120257
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104798553
Cover Note Number	
Driver	

Name of Driver LAM HONG SHENG NRIC No S9510568H

Date Of Birth 28/03/1995
Occupation OUTDOOR
Date Of Driving Pass 30/10/2018

Driving Experience 0 YEAR AND 3 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86120257

Fax Number

Contact Number OTHERS-86120257

EMail Address LAM.HONG.SHENG@HOTMAIL.COM

BLK 172C EDGEDALE PLAINS Address

#15-466

Postcode 823172

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

3

1

General Information of the Accident

CHAIN COLLISION Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

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

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190215/2009

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV795G

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JKR6449

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)

DETAILS OF INJURED PERSON 1

Name LAM HONG SHENG

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLG8637G
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
- 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 insurers) 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:
 - 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' Jawyers/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:
 - 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

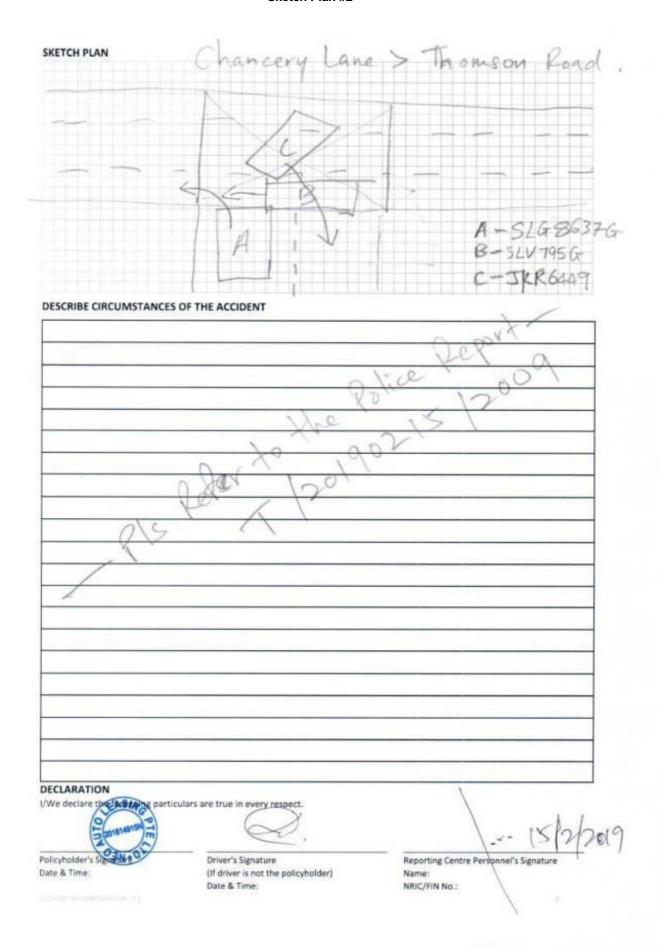
for complying with requirements under any regulations, laws or court orders.

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signatur

Sketch Plan #2



Sketch Plan #3



T/20190215/2009

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 3 Report No. T/20190215/2009

CONTINUATION OF REPORT

Details of Perso	n Involved	Margaret Co.		ATE COLOR	nestile.	
Any Pedestrian Ir	rvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		SIMPLE III		Minuse.		
Name	LAM HONG SHENG			ID No.	8.	S9510568H
Related Vehicle	SLG8637G (Car)			Conta	ct No.	86120257
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days gran	ted Medical Leave	Degree of	Injury	NIL		

Brief Details.

On 15/02/2019 at 1345hrs, I was driving my vehicle bearing registration number SLG8637G along Chancery Lane. I had entered the slip road wanting to make a left turn into Thomson Road. As there was traffic, I stopped my vehicle to give way. I then witnessed the vehicle bearing registration number JKR6449 hitting the vehicle bearing registration SLV759G. The result of the impact caused the vehicle bearing registration number SLV795G to hit on my vehicle's portion. I then waited for traffic police and ambulance to arrive. I also witnessed some of the passengers from the Malaysian car being conveyed to hospital. The traffic police officer took down my statement and asked me to lodge a traffic accident report. My vehicle was equipped with an in-car camera and I had passed the SD card to the traffic police officer.

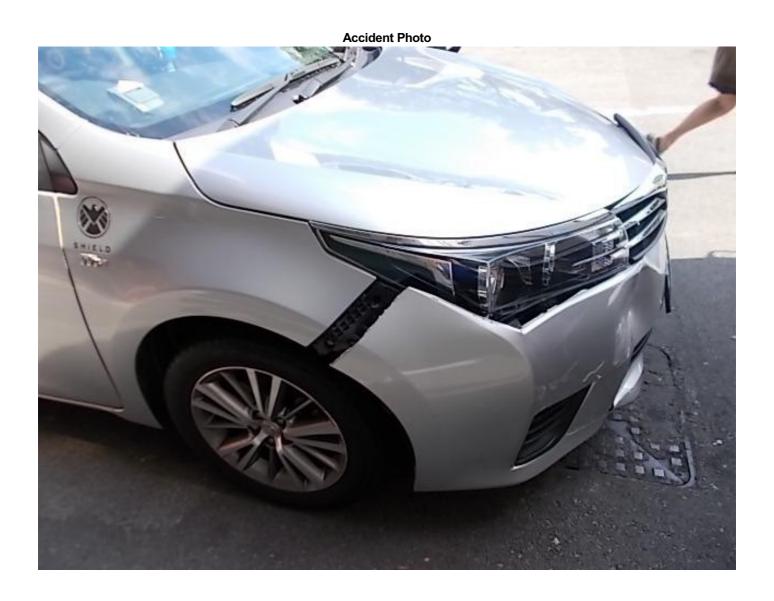








































Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20190215/2009

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 03:04	Made:	Vide Report No.: E/20190214/0100	Station Diary No.	
Informa	nt's Partic	ulars		THE WALL DO NOT THE OWNER.	
	Informant: NG SHEN		Address: APT BLK 172C EDGEDALE 823172	PLAINS #15-466 SINGAPORE	
D Type / ID No.: NRIC NO / S9510568H			Contact No.: Home/Office:	Mobile: 86120257	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 23	Date of Birth: 28/03/1995	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,3A	Date of Expiry:	

Type of Accident:	Injury Attended by Police				
CHANCERY THOMSON R		2			
Weather: Road Surface: Dry				Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
	Type of Collision: Between Moving Vehicles - Head On				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JKR6449	Car					0
SLG8637G	Car				Slightly Damaged	0
SLV795G	Car				Damaged	0

Police Report



T/20190215/2009

2 of 3

Report No. T/20190215/2009

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Anu Dadantsian Is	waluad: No					
Any Pedestrian Ir No. of Pedestrian			Use of Peo	destrian	Cross	ing: NA
Driver	is injured. NIL		Use of Fed	Jestria	01055	ing. ten
				10.11		COEAGEGGII
Name	LAM HONG SHENG			ID No	ě.	S9510568H
Related Vehicle	SLG8637G (Car)			Conta	ct No.	86120257
Hospital/Clinic	lospital/Clinic NIL			Class		Class: 3,3A Date of Expiry: NIL
				Licens	ce & Date	
Date Treatment	NIL Dat			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 15/02/2019 at 1345hrs, I was driving my vehicle bearing registration number SLG8637G along Chancery Lane. I had entered the slip road wanting to make a left turn into Thomson Road. As there was traffic, I stopped my vehicle to give way. I then witnessed the vehicle bearing registration number JKR6449 hitting the vehicle bearing registration SLV759G. The result of the impact caused the vehicle bearing registration number SLV795G to hit on my vehicle's portion. I then waited for traffic police and ambulance to arrive. I also witnessed some of the passengers from the Malaysian car being conveyed to hospital. The traffic police officer took down my statement and asked me to lodge a traffic accident report. My vehicle was equipped with an in-car camera and I had passed the SD card to the traffic police officer.

Police Report





Police Station Of Origin; Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20190215/2009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD AKHTAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/02/2019 03:04
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168 Singapore Police Force	