

## 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	25/02/2019 11:28
Date Of Accident	23/02/2019 11:55
Exact Location Of Accident	CLEMENTI AVE 2 TWDS CLEMENTI RD NEAR BLK 331
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8529D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO HAN MENG
NRIC No	S7930630D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97965174
Alternative Phone No	OFFICE-97965174

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (ATTRACTION)
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	5106364260
Cover Note Number	-

### Driver

Name of Driver	HO HAN MENG
NRIC No	S7930630D
Date Of Birth	30/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97965174
Fax Number	
Contact Number	OFFICE-97965174
Email Address	NOEMAIL

Address	BLK 513 WEST COAST RD #04-465
Postcode	120513
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	CHAIN 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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : HENG KAY WEE ALVIN GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
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 TP
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8241C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SKX8358J  
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 HO HAN MENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMF8529D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

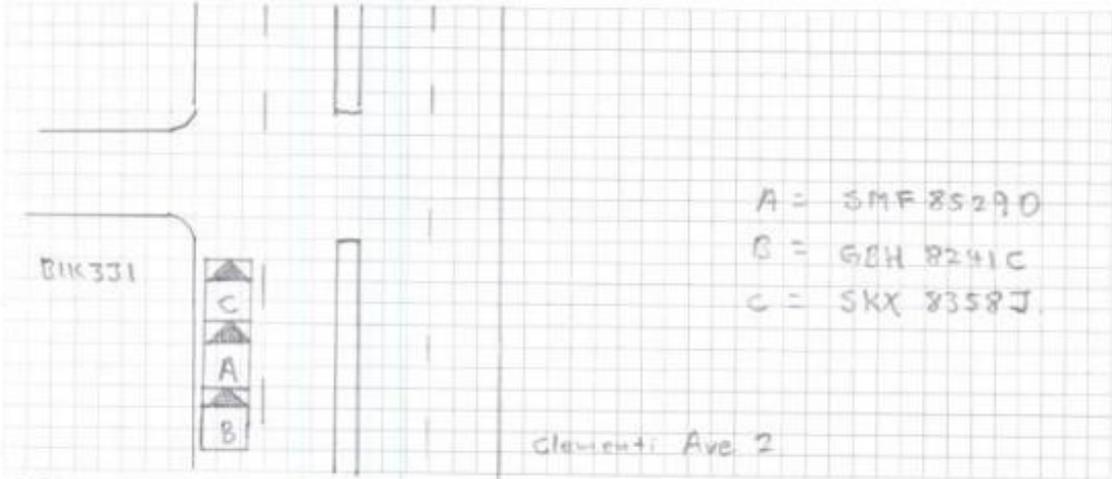
#### DETAILS OF INJURED PERSON 2

Name HENG KAY WEE ALVIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMF8529D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode



Accident Sketch Plan

SKETCH PLAN



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:

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**



T/20190223/2076

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190223/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF8529D	NTUC Income Insurance Co-Operative Limited	5106364260	15/12/2018	14/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO HAN MENG		ID No.	S7930630D
Related Vehicle	SMF8529D (Car)		Contact No.	97965174
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Passenger				
Name	HENG KAY WEE ALVIN		ID No.	S7727446D
Related Vehicle	SMF8529D (Car)		Contact No.	88080526
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/02/2019		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

**Brief Details.**

On 23/02/2019 at about 1150hrs while I was driving SMF8529D on the left of two lanes road along Clementi Ave 2 heading towards Clementi Rd, a white BMW SKX8358J which was ahead of me slowed down as the car ahead is turning left into an open space HDB carpark. I follow suite and slowed down my car as well. While my car and SKX8358J had stopped, due to the vehicles in front turning left, suddenly my car got hit by a vehicle behind car and it resulted my car to move forward and collided my front into the rear of SKX8358J.

The collision caused me to blur for few seconds. I then stepped of my car and called for the police and ambulance. Upon ambulance arrival, my friend was assessed to have laceration on his forehead. Therefore, he was conveyed to National University Hospital. The other drivers and passenger involved was not conveyed.

The vehicle that had collided into my rear is a van GHB8241C. I exchanged particulars with the two drivers and did not gather much facts on how the collision happened. Paramedic had medically assessed

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Report No. T/20190223/2076

**CONTINUATION OF REPORT**

me. I have informed both traffic police officer and paramedic that I will be going to the nearest hospital after I had lodge a traffic accident report.

POLICE REPORT



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POLICE FORCE



T/20190223/2076

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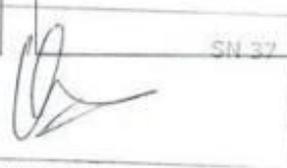
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CONTINUATION OF REPORT

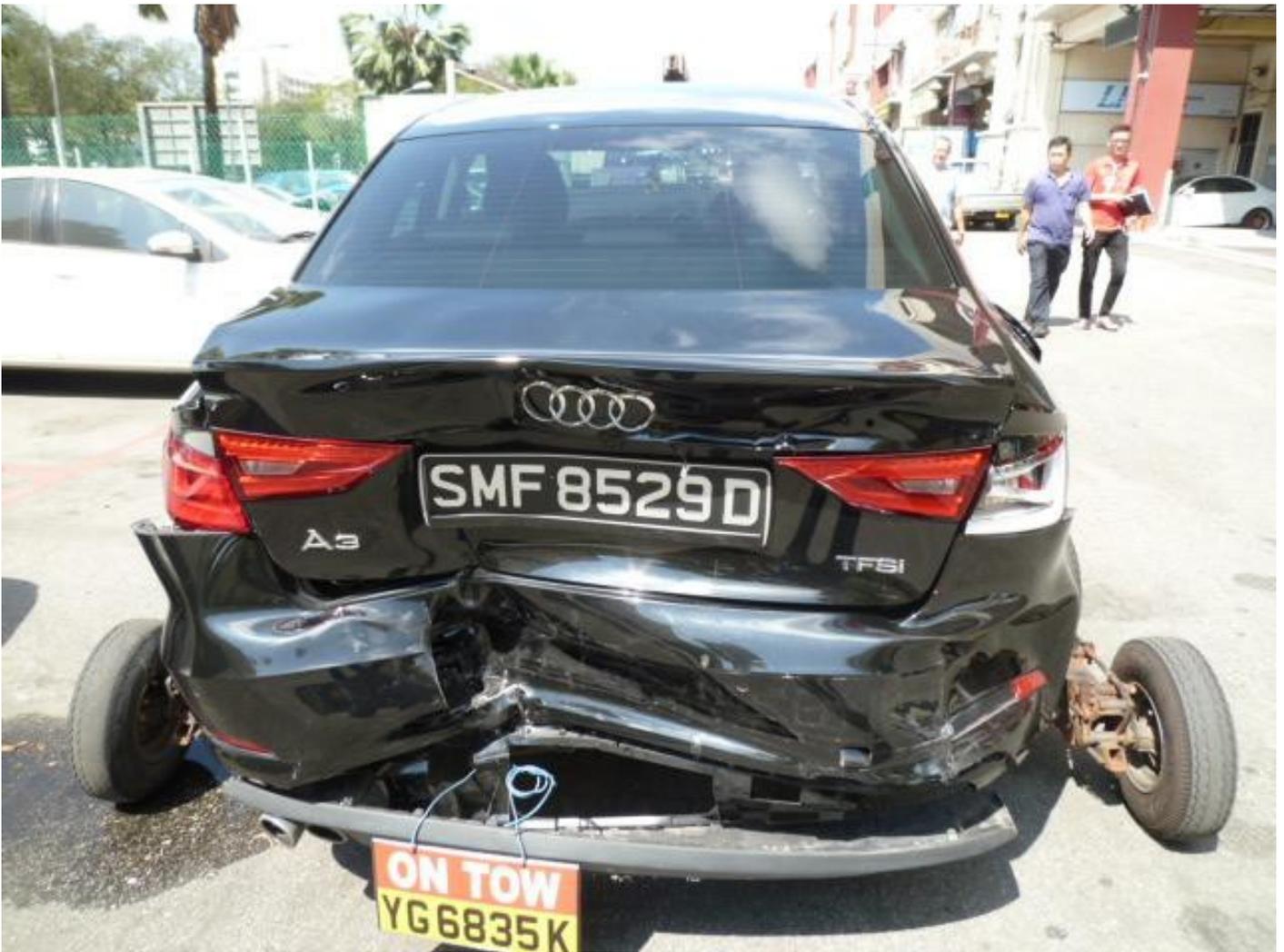
**Sketch Plan**

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: D / Sgt 3 IBNU MUSALLI BIN HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2019 14:06
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp NP168	 SN 37 SIGNATURE

Accident Photo



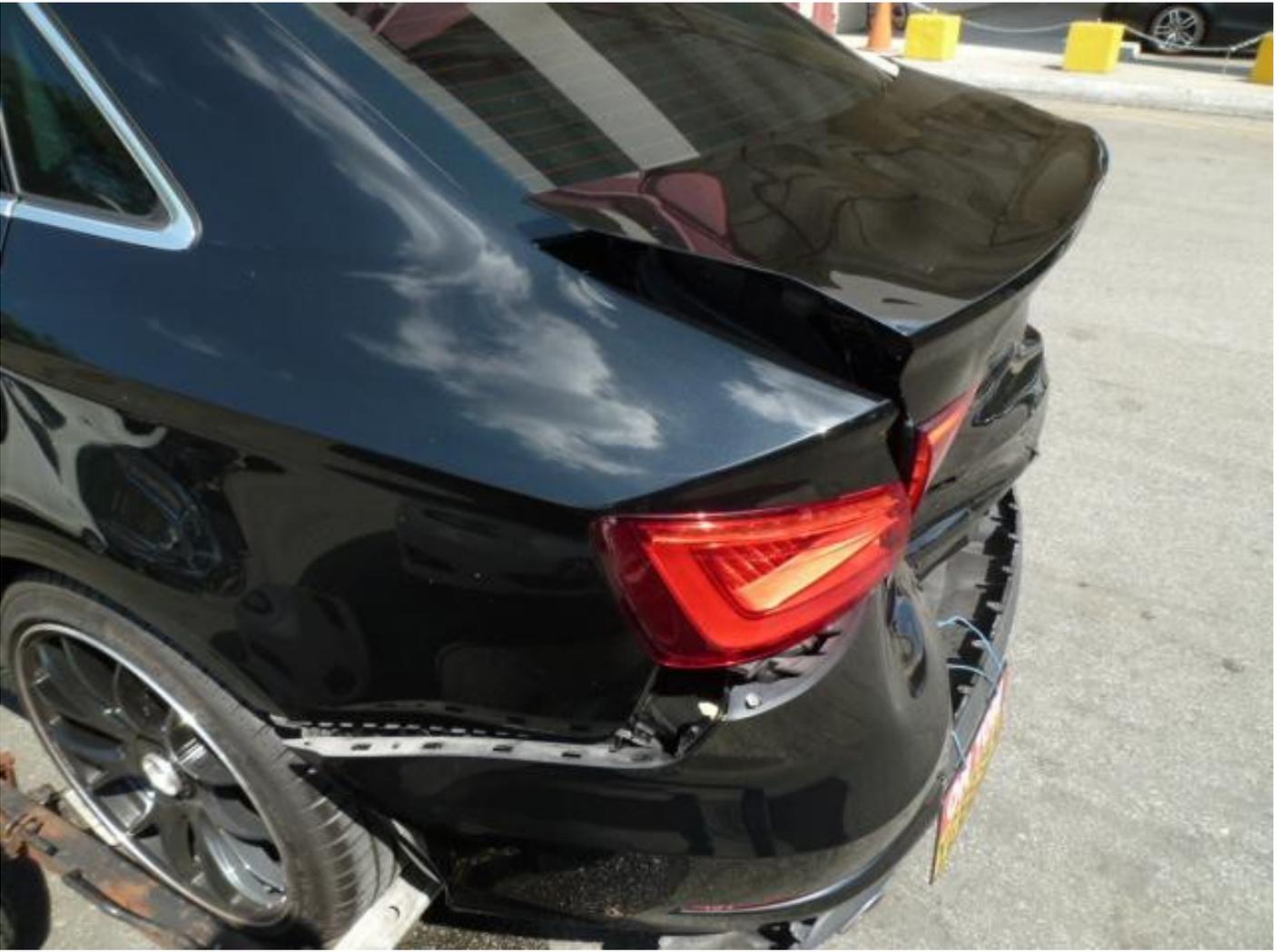
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