#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number
Contact Number

**EMail Address** 

- 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	05/03/2019 10:56
Date Of Accident	04/03/2019 08:40
Exact Location Of Accident	SLIP RD ALONG SLE TWDS CTE AFTER LENTOR AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU9794S
Insured/Policyholder	
Name Of Registered Owner	ANG PIN HAO, EUGENE (HONG BINHAO)
NRIC No	S8614651G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94237970
Alternative Phone No	OFFICE-94237970
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L 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	5084344913-01
Cover Note Number	-
Driver	
Name of Driver	ANG PIN HAO, EUGENE (HONG BINHAO)
NRIC No	S8614651G
Date Of Birth	27/05/1986
Occupation	INDOOR
Date Of Driving Pass	22/05/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94237970
Face Manuals and	

OFFICE-94237970

**NOEMAIL** 

BLK 261B PUNGGOL WAY #13-335 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

2

NO

NO

YES

**General Information of the Accident** 

Type Of Accident **COLLISION - HEAD TO REAR** 

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JSL3597 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? 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.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

JSL3597 Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Page 2 of 24

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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:

4/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

KETCH PLAN	
7 9	
	9 A     A = SKU 77745
	08 A = SKU 97945
	B= 351 3597
	Stry And along SLE AWAS CT
SCRIBE CIRCUMSTANCES	
Please	Refor to Police Report
CLARATION e declare the foregoing partie	culars are true in every respect.
cyholder's Sighature e & Time: 4/3   19	Driver's Signature (If driver is not the policyholder) Date & Time:  Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

1 of 4 Report No. T/20190304/2020

Tel No: 1800-4849999

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 04/03/2019 09:52		Made:	Vide Report No.:	Station Diary No.: 27		
Informa	nt's Partic	ulars		CONTRACTOR OF STREET		
	f Informant: N HAO, EU		Address: APT BLK 261B PUNGGOL WAY #13-335 SINGAPORE 822261			
ID Type / ID No.: NRIC NO / S8614651G			Contact No.: Home/Office: Mobile: 94237970			
Nationality: SINGAPORE CITIZEN		ĽEN	Email:			
Sex: Male	Age: 32	Date of Birth: 27/05/1986	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PROPERTY INVESTMENT MANAGER		STMENT	Driving Licence Information Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/03/2019 08:40	Type of Location Straight Road	
Location: Along Road 1 SELETAR EX Slip road alon Weather:	PRESSWAY g SLE towards CTE, a			Road Speed Limit:	
Clear Dry				The speed Limit	
One Way		Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSL3597	Motorcycle			Silver		0
SKU9794S	Car	HONDA	STREAM 1.8L A	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU9794S	NTUC Income Insurance Co-Operative Limited	5084344913-01	19/12/2017	18/06/2019





lice Station Of Origin: ng Mo Kio North N.P.C 31 Ang Mo Kio Avenue 9 SINGAPORE

2 of 4 Report No. T/20190304/2020

569784 Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Pers Any Pedestrian	Involved: No		HIRESON .		HEADERS OF
No. of Pedestria	ins Injured: NIL	Hen of De	4-41	-	
Rider		Use of Pe	destria	an Cros	sing: NA
Name	Sasisegaran A L Terpudi		ID N	0.	NIL
Related Vehicle	JSL3597 (Motorcycle)		Contact No.		81558224
Hospital/Clinic	NIL			s of ng nce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment				y Date	
No. of Days gran	ited Medical Leave NIL	Date Disc	narge	NIL	
Driver	IVIL	Degree of	Injury	NIL	
Name	ANG PIN HAO, EUGENE		ID No		S8614651G
Related Vehicle	SKU9794S (Car)			ct No.	94237970
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
to, of Days grant	ed Medical Leave NIL	Degree of I	niun/	NIL	

#### Brief Details.

On 04/03/2019 at about 0840hrs, I was driving my car, a grey Honda Stream, Vehicle No. SKU9794S, along the slip road of SLE towards CTE, after Lentor Avenue.

As there was traffic congestion, I slowed down and stopped and my car was stationary. Subsequently, I felt and impact coming from the left rear of my car.

I exited my car and saw a silver Motorcycle, Vehicle No. JSL3597, had collided front side on to the rear left of my car. Due to the collision, the rider had fell down from his motorcycle and he was bleeding on his

I asked him if he was fine and if he needed ambulance and he declined.

I exchanged particulars with the rider, Sasisegaran A L Terpudi, Malaysian NRIC: 951010016529, HP: 81558224. Afterward we made our way to Ang Mo Kio North NPC to lodge a traffic accident report.

Due to the collision, my car's rear left bumper was dented, and rear lights was cracked

I have an in-car camera. I am lodging this report for my own record and insurance purposes.





ilice Station Of Origin: ng Mo Kio North N.P.C 31 Ang Mo Kio Avenue 9 SINGAPORE 569784

3 of 4 Report No. T/20190304/2020

Tel No: 1800-4849999

CONTINUATION OF REPORT





Ing Mo Kio North N.P.C Ing Mo Kio North N.P.C Ing Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

4 of 4 Report No. T/20190304/2020

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 /	Signature Of Informant:
Sgt 2 IZWAN BIN SANI	
Signature Of Interpreter:	Date/Time:
Not applicable	04/03/2019 09:52
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	
Contact No.: 65476204	28
Authentication Stamp	





























