

## 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	05/03/2019 17:29
Date Of Accident	02/03/2019 09:45
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH796C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH WEE KEONG (XIE WEIQIANG)
NRIC No	S7904946H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96525392
Alternative Phone No	OFFICE-96525392

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G F-PACKAGE 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	5104663877
Cover Note Number	

### Driver

Name of Driver	SEAH BENG CHYE
NRIC No	S0056823F
Date Of Birth	20/02/1954
Occupation	INDOOR
Date Of Driving Pass	13/06/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96525392
Fax Number	
Contact Number	OFFICE-96525392
Email Address	NOEMAIL

Address	BLK 201 TOA PAYOH NORTH #12-1063
Postcode	310201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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: : LEE GEOK HUAY GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190305/2121.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8276Z
Vehicle Make/Model/Colour	TOYOTA CAMRY
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 SEAH BENG CHYE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLH796C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LEE GEOK HUAY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLH796C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## 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.
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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. 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:

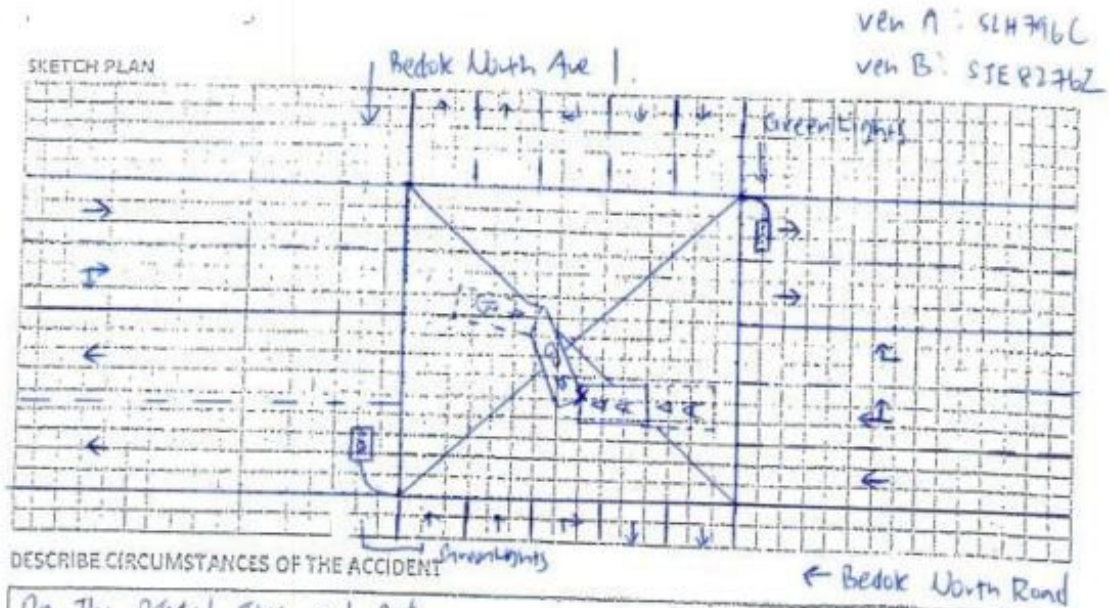
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

# Accident Sketch Plan



On The Stated Time and Date,

I was Driving My car Veh A : (SLH796C) along Bedok North Road.

It was Green Light while I was crossing the cross Junction of Bedok North Rd and Bedok North Ave 1. Suddenly, a car (Veh B : SJE8276Z) ~~from~~ from the opposite Traffic Turned right abruptly wanting to turn onto Bedok North Ave 1. The Turn was too abrupt, causing me to collide head-on into the Front left of Veh B. I wish to state that I had ensured it was green light before crossing the cross Junction.

## 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:  
NIC/PPN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190305/2121

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190305/2121

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 16:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SEAH WEE KEONG		Address: APT BLK 201 TOA PAYOH NORTH #12-1063 TOA PAYOH SPRING SINGAPORE 310201	
ID Type / ID No.: NRIC NO / S7904946H		Contact No.: Home/Office: Mobile: 96525392	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 16/02/1979	Type of Informant: ON BEHALF OF THE DRIVER
Race: Chinese		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2019 09:00	Type of Location: Straight Road
Location: BEDOK NORTH ROAD ALONG BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH796C	Car	HONDA	FIT 1.3G F-PACKAGE A			0

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190305/2121

2 of 3

Report No. T/20190305/2121

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

### CONTINUATION OF REPORT

#### Brief Details.

On the above mentioned date time and location,

I am lodging this report on behalf of my father, SEAH BENG CHYE, S0056823F, who was driving SLH796C at the time of accident.

My father is unable to lodge a report now as he is recovering from his injury.

He informed me that he was travelling straight at the junction of Bedok North Road and Bedok North Avenue 1 from left lane. he confirmed that traffic light was green for him. Suddenly he felt an impact on his right side. He was then conveyed to Changi General Hospital. I provided in-car footage of the accident from the other car driver to IO Khairil. That's all.

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Police Report



SINGAPORE  
POLICE FORCE



T/20190305/2121

\*Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

3 of 3

Report No. T/20190305/2121

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2019 16:02
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	 SINGAPORE POLICE FORCE
Authentication Stamp NP168	

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# Police Report



T/20190305/2124

1 of 2

Report No. T/20190305/2124

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190305/2121  
Report Number T/20190305/2124  
Vide Report Number  
Date/Time of Report Made 05/03/2019 16:17  
Place Report Lodged Traffic Police  
Type of Informant ON BEHALF OF THE DRIVER  
Name of Informant SEAH WEE KEONG  
ID Type / ID No. NRIC NO / S7904946H  
Home/Office  
Mobile 96525392  
Email  
Type of Accident Injury / Attended by Police  
Drink Drive No  
Anyone conveyed by ambulance Yes  
Date/Time of Accident 02/03/2019 09:00



Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH796C	Car	HONDA	FIT 1.3G F-PACKAGE A	Silver		1

### Brief Facts.

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# Police Report



T/20190305/2124

2 of 2

Report No. T/20190305/2124

## Continuation of CSF For NP168

### 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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /

Classification of Case 1) INJURY / ATTENDED BY POLICE

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Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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