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	07/03/2019 17:07
Date Of Accident	06/03/2019 22:45
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU2183Z
Insured/Policyholder	
Name Of Registered Owner	WONG KIM HWA
NRIC No	S9236828I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81393774
Alternative Phone No	OFFICE-81393774
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
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	5093184158-01
Cover Note Number	
Driver	
Name of Driver	WONG HUI SEE

Name of Driver WONG HUI SER
NRIC No S9619220G
Date Of Birth 05/06/1996
Occupation OUTDOOR
Date Of Driving Pass 24/04/2017

Driving Experience 1 YEAR AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87992620

Fax Number

Contact Number OFFICE-87992620

EMail Address NOEMAIL

Address BLK 12 MERPATI ROAD

#03-129

Postcode 370012

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

0 (0)

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
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

g own venicle) 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

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? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190307/2100.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP8732S

Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEAH CHYE HUAT

NRIC/Passport Number S1655719F

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Tro. of Fabourger (morading Briver)					
	DETAILS OF INJURED PERSON 1				
Name	WONG HUI SEE				
Approximate Age					
Injuries Sustain	BODY				
Injured person in which vehicle?	SGU2183Z				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					
Postcode					

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 regard being made available aloressid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t understand, acknowledge, agree and consent that:

- (x) 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 Monstary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (f) processing, handling and for 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
 - (y) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) ell 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
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party sorvice providers or agents including their lawyers/inw firms), which may be liked outside of Singapora, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of froud detection, investigation and management in present and all future dains.
- (e) the information so collected under (a) 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.

Policyhaleons Signitura

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Roporting Centre Paras nel's Signature

Name

NRIC/FIN Na.1

Accident Sketch Plan

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ECLARATION	
We declare the foregoing p	particulars are true in every fespect.
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offeyholding Signature	Orivor's Signature Reporting Centra Personnel's Signature
Date & Timer	(If driver is not the policyholder) Name:
	Date & Time-

Police Report





1 of 3

Report No. T/20190307/2100

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 07/03/2019 16:28 Informant's Particulars Address: Name of Informant: APT BLK 12 MERPATI ROAD #03-129 SINGAPORE 370012 WONG HUI SEE Contact No.: ID Type / ID No.: Mobile: 87992620 Home/Office: NRIC NO / S9619220G Nationality: Email: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: 22 05/06/1996 Driver Female Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Class: 3A Date of Expiry: SELF EMPLOYED

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/03/2019 22:25	Type of Location Straight Road	
Location: Along Road 1 ANG MO KIC Along Ang M Weather:	AVENUE 5	Road Surface:		Road Speed Limit:	
Clear Dry		Dry			
		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: No Traffic	
One Way		Transfer anglist and			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGU2183Z	Car				Seriously Damaged	0
SLP8732S	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

2 of 3 Report No. T/20190307/2100

Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver	VIEW TO SELECT			4065		A STATE OF THE STA	
Name	WONG HUI SEE				ID No. \$96192200		
Related Vehicle	SGU2183Z (Car)		Contact No.		87992620		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL		
Date Treatment	Treatment NIL			Date Discharge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL				
Driver					100		
Name	Cheah Chye Huat			ID No.		S1655719F	
Related Vehicle	SLP8732S (Car)			Contact No.		94797141	
Hospital/Clinic	NIL			Class of Driving Licence & . Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disci	narge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On the 06/03/2019 at about 10:25pm, I was driving my vehicle(SGU2183Z) from Ang Mo Kio and intended to head towards Kallang Bahru. At the traffic light junction along Ang Mo Kio Ave 5 near Nanyang Polytechnic, I made "U-Turn" and spotted one vehicle(SLP8732S) that was turning left from a filter lane. I saw that the said driver was using his hand phone and meddling with the "Grab" application, I intended to sound my horn to alert him, however it was already too late as the other vehicle had collided onto the front left hand side of my vehicle. We both then stopped our vehicles slightly further ahead and managed to exchange particulars. The other driver claimed that he did not spot my vehicle when he was making a left turn. When I further questioned him about him using his hand phone, he did not answer me and just apologized. I wish to state that I have in car CCTV inside my vehicle that had captured the entire incident. The accident caused some dents and scratches at the part directly above my front left tire. The rim of my left side tire is also dented. The other vehicle suffered some minor scratches at the bottom right side of the front bumper. Nobody was injured in the accident.

Police Report





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999 3 of 3 Report No. T/20190307/2100

CONTINUATION OF REPORT

Sketch Plan

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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: G / Sgt 2 CHONG YUN CHANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time/ 07/03/2019 16:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





























