#### 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 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.

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	25/03/2019 11:53
Date Of Accident	23/03/2019 16:10
Exact Location Of Accident	GARDEN BY THE BAY TWDS ROUNDABOUT EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF9591C
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5097296239-01
Cover Note Number	
Driver	
Name of Driver	WONG SOON KIAT

NRIC No S7306566F Date Of Birth 31/01/1973 Occupation **OUTDOOR Date Of Driving Pass** 02/05/1997

**Driving Experience** 21 YEARS AND 10 MONTHS

Gender MALE

Mobile Number +65-93380380

Fax Number

Contact Number

**EMail Address** SOONKIAT12@GMAIL.COM Address BLK 169 STIRLING ROAD

#07-1165

Postcode 140169

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

-

NO

2

NO

NO

5

**General Information of the Accident** 

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

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)

Passenger 1 NAME: : MARK

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

GENDER: : MALE

Passenger 4 NAME: : UNKOWN(NOT SURE OF THE GENDER)

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

I WAS EXITING GARDEN BY THE BAY ROUNDABOUT EXIT ON THE RIGHT LANE OF A2-LANES RD.WHEN I SAW VEH(B)BEARING REG NO PC7272E FROM MY LEFT LANE ENCROACHED INTO MY LANE I STOP MY VEH BUT VEH B KEEP ON MOVING HIS VEH AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

**Details of Witness 1** 

Name MARK
Phone Number 93370194

#### **Email Address**

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number PC7272E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS
Name of Driver ALAN

NRIC/Passport Number

Contact Number 83689699

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN	TWOS ROL	INDABOU	TEXIT	
A-SLF95 B-PC727	910			*
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	1	†	
Pls repr d	6 Ale St	futement.		
DECLARATION				
We declare the foregoing particula	irs are true in every respec	t.	- fym >	she ha
olicyholder's Signature	Driver's Signature (If driver is not the political Date & Time: 25/3	cyholder) 3/19	Reporting Centre Person Name: NRIC/FIN No.:	

#### **Individual Statement**

#### LKK Paya Ubi

From: soonkiat wong <soonkiat12@gmail.com>

Sent: Friday, 29 March 2019 3:14 PM

To: rspu@lkkauto.com

Subject: SLF9591C

Attachments: 20190329\_133824.jpg; 20190329\_133926.jpg

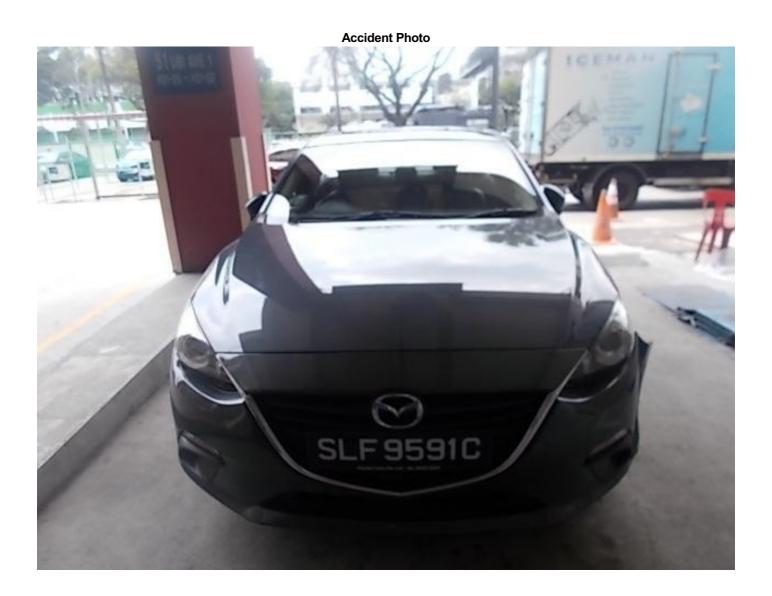
#### Dear sir / mdm.

Hereby attached some of the photo taken after the accident and some photo taken when i went back to accident site to look for cctv to help in the case.

In the photo taken after the accident, when u enlarged the photo, u can see all debris is drop inside half of my lane, which clearly show that i am all along inside my lane and i have shift my car left most into the left side and also have stop my car which my customer can witness that , and after stopping but the bus still swift and knock into my car.

After the accident i return back to the site and look for further evident to support my case, i found couple of cctv near the accident site but i am not able to get to it.

Thanks and regards, Wong soon kiat



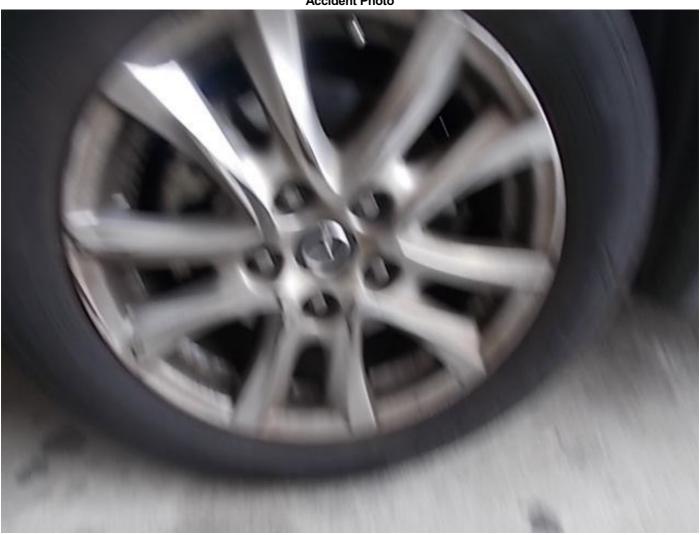










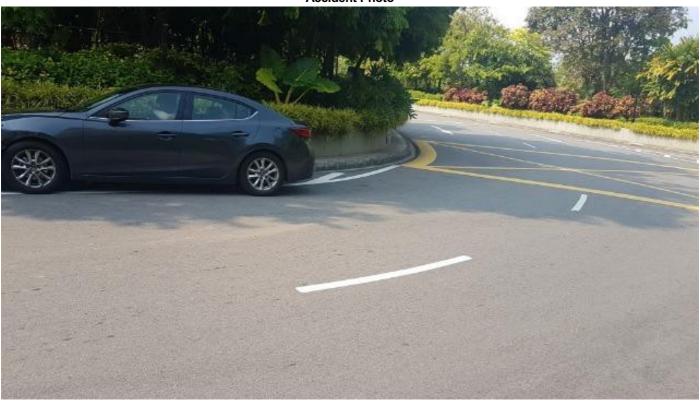








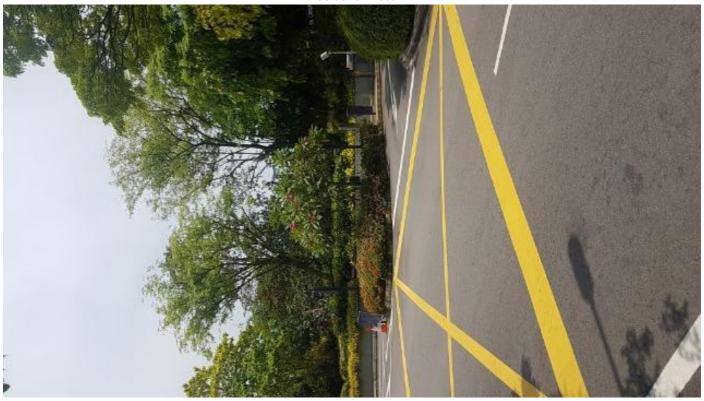












#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Naffles: Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

			ADDEND	UM			
1	PARTICULARS OF PER	RSON MAKING THE A	MENDMENT	'S:			
	Original Report No :	m~A1190585	95	Vehicle Registration No:	54495916		
	Name(as shownin NRIC) :	WONE SOOM	RME	NRIC/FIN/Passport No:	57204566F		
	*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address :	BLK 169 571	RLING R	OAD #07-1165	Singapore(		
	Contact (Tel)			Mobile No.: 933803	80		
	Email Address :						
	Date of Accident :	23/03/19		Time of Accident :/	6:10		
				Y TWAS ROUNDAR			
	Insurance Company:	NTUL					
	I have made a report make the following a		ned accident	t and would like to include ac	dditional information o		
	make the following a	on the above mention mendments:		esta participa de la companya de la	dditional information or		
	make the following a	on the above mention mendments:		esta participa de la companya de la	dditional information or		
	make the following a	on the above mention mendments:		esta participa de la companya de la	dditional information or		
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2	make the following a	on the above mention mendments:		6	dditional information or		
ږ	ADD IN	on the above mention mendments:		6	103/19		