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.

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	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
D	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 (LOCAL) +65-93380380

Fax Number
Contact Number

EMail Address SOONKIAT12@GMAIL.COM

BLK 169 STIRLING ROAD Address

#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

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

YES 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)

Passenger 1

NAME: : MARK

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : MALE

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

YES

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

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?

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

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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- 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:

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

Reporting Centre Personnel's Signature

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





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20190404/2035

1 of 4

Report No. T/20190404/2035

	ne Report M 19 10:21	fade:	Vide Report No.:	Station Diary No.
Informa	nt's Particu	ulars		
	Informant: SOON KIAT		Address: APT BLK 169 STIRLING ROA SINGAPORE 140169	AD #07-1165 STIRLING VIEW
Contract to the contract of th	/ ID No.: D / S730656	66F	Contact No.: Home/Office:	Mobile: 93380380
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 46	Date of Birth: 31/01/1973	Type of Informant: Driver	
Race: Chinese	0		Language:	Institution / School Name:
Occupat OTHER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:			Type of Locatio Roundabout	
	RDENS DRIVE			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	ion:	1		Anyone conveyed by ambulance:

Details of V	ehicle involved			THE REAL PROPERTY.		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7272E	Bus/Coach/Mi nibus				Slightly Damaged	0
SLF9591C	Car				Slightly Damaged	4

Details of Person Involved	(中国的)(19)。
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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Report No. T/20190404/2035

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

CONTINUATION OF REPORT

Driver	A CONTRACTOR OF THE PARTY OF TH		STATE OF THE PARTY		410	型 (10 mm) (10 mm)
Name	WONG SOON KIAT	Г		ID No	+	S7306566F
Related Vehicle	NIL			Conta	ct No.	93380380
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Name	ONG BENG HUI			ID No		S8517489D
Related Vehicle	NIL			Conta	ct No.	83689699
Hospital/Clinic	NIL		70	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	-	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS EXITING GARDENS BY THE BAY ROUNDABOUT ON THE RIGHT LANE OF A TWO LANE ROAD.AS I WAS GOING, I SAW A VEH BEARING NO PC7272E FROM MY LEFT LANE ENCROACHED INTO MY LANE. I STOPPED MY VEHICLE TO AVOID COLLISION.BUT YET THE COACH WAS KEEP ON MOVING TOWARDS MY CAR AND HIT ONTO THE FRONT LEFT SIDE PORTION OF MY CAR.

AFTER THE HIT, I APPROACHED THE DRIVER. NO ONE SUSTAINED INJURY AND BOTH THE VEHICLES WERE SLIGHTLY DAMAGED.

WE DISCUSSED TO SETTLE THE ISSUE PRIVATELY AND EXCHANGED OUR CONTACT DETAILS TO SETTLE THROUGH PHONE...

WE LEFT THE SCENE AFTER THE ACCIDENT.

AFTER A FEW DAYS, I WAS INFORMED BY MY RENTAL COMPANY THAT THE COACH DRIVER LODGED A POLICE REPORT AND HE TWISTED THE STORY AND REPORTED THAT, I COLLIDED ON HIS VEHICLE.

I WAS TRAVELLING WITH A FAMILY OF 4 IN MY CAR AND THE HUSBAND AND WIFE WAS WILLING TO BE THE WITNESS OF THE ACCIDENT.

NAME: MARK

CONTACT NO: 93370194



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20190404/2035

3 of 4

Report No. T/20190404/2035

CONTINUATION OF REPORT

THATS ALL





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20190404/2035

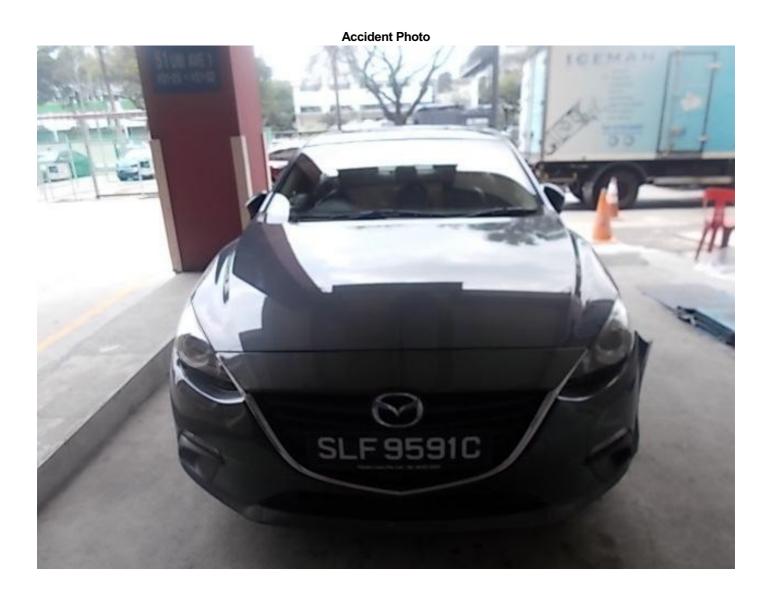
CONTINUATION OF REPORT

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.

TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 10:21
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE Signature:



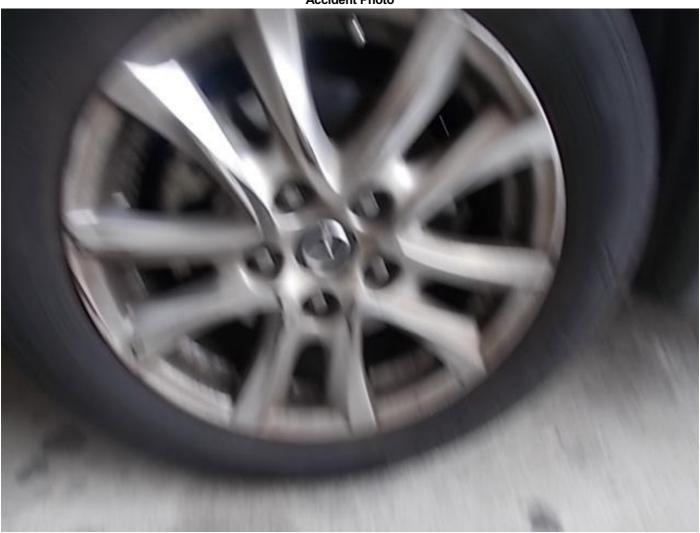










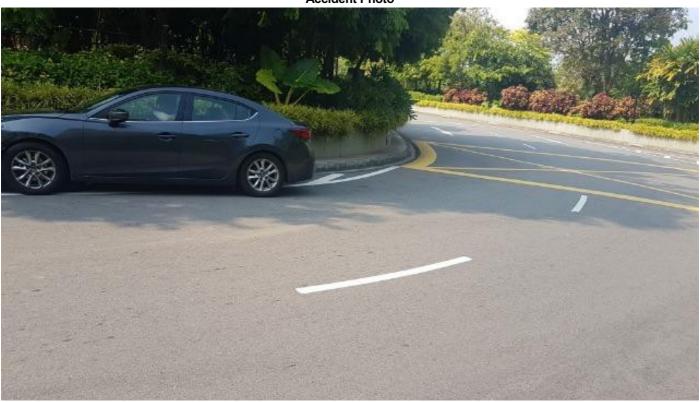








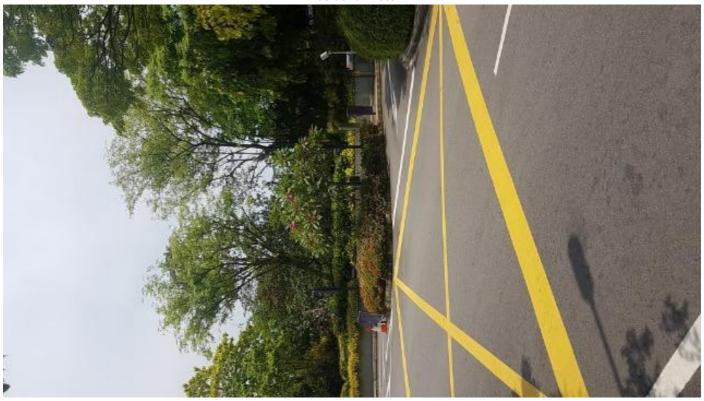












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00

UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

		ADDEN	DUM
4)	PARTICULARS OF PER	SONMAKINGTHEAMENDMEN	VTS:
	Original Report No :	m~A119058595	Vehicle Registration No: SEF 9591C
	Name(as shownin NRIC) :	WONE SOON KINT	NRIC/FIN/Passport No :
	(*Vehicle Driver / Veh	nicle Owner) (*) Please delete as	appropriate /40/
	Address :	BLK 169 STIRLING	ROAD #07-1165
	Contact (Tel) :		Mobile No.:93380380
	Email Address :		
	Date of Accident :	23/03/19	Time of Accident :
	Place of Accident :	GARSEN BY THE B	AY TWAS ROUNDABOUT EXIT
	Insurance Company:	NTUL	
	ADD IN	AHOTO AT SCE	vē
	ADD IN	CTATEMENT	
	-		
	133 A		0
	*	2	Sym 27/03/19

Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665300206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM					
(A)	(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:					
	Original Report No : MMA 119 0 38 595- 01 Vehicle	Registrati	on No:	SLF	95910	
	Name(as shown in NRIC): Voule2 Cars NRIC/FI	IN/Passpo	rt No :			
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate					
	Address :			_Singap	oore()
	Contact (Tel) :Mobile	No.:	9144 92	65.		
	Email Address :					
	Date of Accident : 23 / 3 / 19Time of	f Accident	16	:10		
	Place of Accident : Garden by the Bay +	wols	Rounda	bout	Exit	
	Insurance Company: NTUC					
	I have made a report on the above mentioned accident and would make the following amendments: Amend Add In Police Repo					