

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 | 02/05/2019 14:36 |
| Date Of Accident | 30/04/2019 13:40 |
| Exact Location Of Accident | UPP CROSS ST OUTSIDE CHINATOWN POINT CARPARK EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLS3655Z |
| Insured/Policyholder | |
| Name Of Registered Owner | THE SERVICE COMPANY |
| Co Reg No | 53347076E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82236867 |
| Alternative Phone No | OFFICE-82236867 |

Vehicle Particulars

| | |
|--|-------------------------------|
| Manufacturer | KIA |
| Model | CARENS 1.7 DCT DIESEL 5DR FWD |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5094389620-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | AU BENG YEW (OU BINGYAO) |
| NRIC No | S7336229F |
| Date Of Birth | 18/10/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/07/2015 |
| Driving Experience | 3 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82236867 |
| Fax Number | |
| Contact Number | OFFICE-82236867 |
| E-Mail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 26 TELOK BLANGAH CRESCENT #05-89 |
| Postcode | 090026 |
| 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 | - - - |

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? | 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? | NO |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TELOK BLANGAH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2729999 - FAX NO: 63772526 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190501/2039.

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 OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMG7262Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ALAN |
| NRIC/Passport Number | |
| Contact Number | 90119548 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

AU BENG YEW (OU BINGYAO)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS3655Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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**.
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. 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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190501/2034.

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:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190501/2039

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20190501/2039

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|--|------------------|--|--------------------------|------------------------------|
| Date/Time Report Made: 01/05/2019 13:00 | | Vide Report No.: | | Station Diary No.: 11 | |
| Informant's Particulars | | | | | |
| Name of Informant: AU BENG YEW | | | Address: APT BLK 26 TELOK BLANGAH CRESCENT #05-89 SINGAPORE 090026 | | |
| ID Type / ID No.: NRIC NO / S7336229F | | | Contact No.: | | |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | | Mobile: 82236867 |
| Sex: Male | | | Age: 45 | | Date of Birth: 18/10/1973 |
| Race: Chinese | | | Type of Informant: Driver | | Language: English |
| Occupation: PRIVATE DRIVER | | | Driving Licence Information: Class: 3A | | Institution / School Name: |
| | | | Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/04/2019 13:40 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER CROSS STREET Outside Chinatown Point Carpark exit | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SLS3655Z | Car | | | | Slightly Damaged | 0 |
| SMG7262Z | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190501/2039

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20190501/2039

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------------------|------------------|---|
| Name | AU BENG YEW | | ID No. S7336229F |
| Related Vehicle | SLS3655Z (Car) | | Contact No. 82236867 |
| Hospital/Clinic | PREMIER HEALTHCARE CLINIC & SURGERY | | Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL |
| Date Treatment | 30/04/2019 | Date Discharge | 30/04/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | ALAN | | ID No. NIL |
| Related Vehicle | SMG7262Z (Car) | | Contact No. 90119548 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury NIL |

Brief Details.

On 30/04/2019 at about 1340hrs, I was driving along Upper Cross Street. I was driving along Lane 3 out of the 5 lane road. While I was driving just past the yellow box for the Chinatown Point Carpark Entrance/Exit, Suddenly I felt a impact on my right side blind spot and I realize that another vehicle had hit onto my vehicle. I realize that a BMW bearing SMG7262Z had hit onto my front right tire portion with his front left portion of his vehicle. Both of us get out of our vehicle, took some photos and the other party just told me to claim through insurance. He then gave me his name and contact number and subsequently just drove off without apologies or explaining to me why he had hit onto my vehicle whereby I am only driving straight within my lane 3.

I then went to the nearest carpark to rest. On the same day at about 1830hrs, I went to see a doctor as I felt pain on my neck and shoulder area and the doctor gave me 4 days MC. I wish to state that I have In-Built Camera facing the front road and I will try to figure out how to save the video to assist on this case. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20190501/2039

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20190501/2039

CONTINUATION OF REPORT

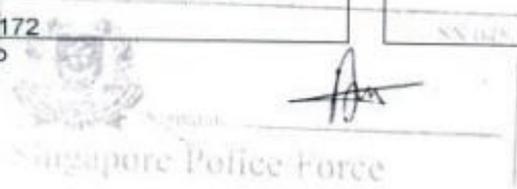
Sketch Plan

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: D / Sgt 2 TAN HWA TIONG | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 01/05/2019 13:00 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172 | Classification Of Case: |

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

