

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	15/04/2019 12:41
Date Of Accident	13/04/2019 10:50
Exact Location Of Accident	CTE AFTER EXIT ORCHARD TOWARDS BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8326T
Insured/Policyholder	
Name Of Registered Owner	M.Y COMMERCIAL LEASING PTE. LTD.
Co Reg No	201807799C
Email Address	DIDITANKY94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81853055
Alternative Phone No	OFFICE-91853232

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099660960-01
Cover Note Number	

Driver

Name of Driver	NORSAZUANDY BIN ROSLI
NRIC No	S9400987A
Date Of Birth	17/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81853055
Fax Number	
Contact Number	OTHERS-91853232
Email Address	DIDITANKY94@GMAIL.COM

Address	BLK 501 WOODLANDS DRIVE #02-52
Postcode	730501
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

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	2
Was any body injured in the Accident?	NO
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)	4
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE
Passenger 3	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT F/20190414/7024

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	SH7251D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	TAXI
Name of Driver	NG BOON CHONG
NRIC/Passport Number	S1013031Z
Contact Number	93699491
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.
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)

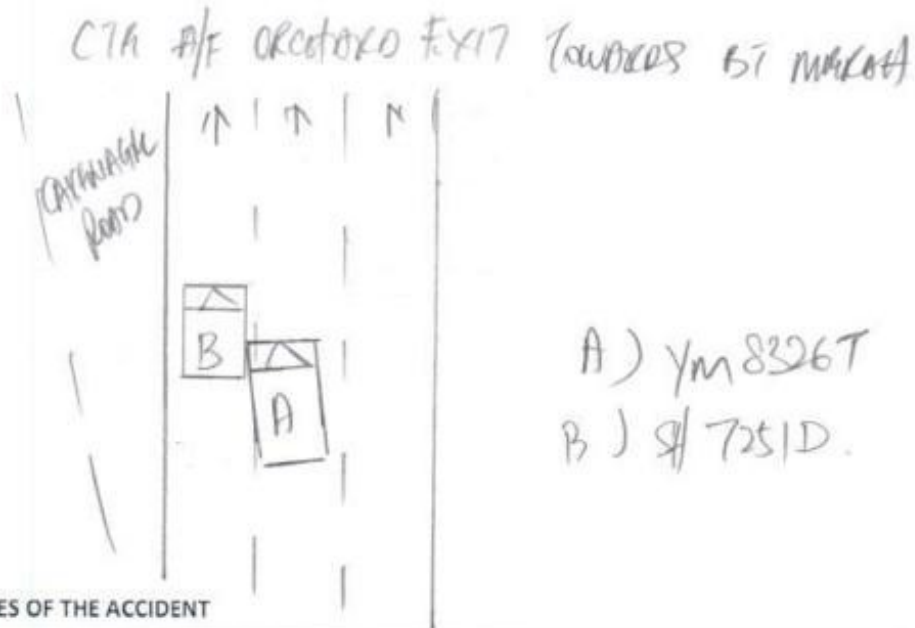
Date & Time: 15/04/2019
1250pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Firstly, I was driving company vehicle plate number Ym 8326T on the 2nd lane of CTE. I was going to change my lane from 2nd lane to the 3rd lane before entering the 2nd tunnel. During change of lane, I've checked my blindspot on my left mirror and it was cleared. So I decided to move to the 3rd lane.

Out of a sudden, I heard a loud bang. In just a few seconds, I've notice that I accidentally bang into a comfort delgro taxi's plate number SH 7251D. The driver of that taxi was Mr BOON CHENG S10130312. He was just a relieved driver of the taxi.

After that accident happened, we both stopped our vehicles at the road shoulders and ~~change~~ exchange particulars.

POLICE REPORT F/20190414/7024

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:

15/04/2019
1300 hrs

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

08/05/2019
Rep L. VONHAB

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190414/7024

1 of 2

POLICE REPORT (NP299)

Report No. F/20190414/7024

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 14/04/2019 16:12	Vide Report No.	Station Diary No.
Name Of Informant NORSAZUANDY BIN ROSLI	Address APT BLK 501 WOODLANDS DRIVE 14 #02-52 SINGAPORE 730501	
ID Type / ID No. NRIC NO / S9400987A	Contact No. Home/Office:	Mobile: 81853055
Nationality SINGAPORE CITIZEN	Email Address diditanky94@gmail.com	
Occupation Lorry driver	Sex Male	Age 25
Institution/School Name	Language English	Date of Birth 17/01/1994
Date/Time Of Incident 13/04/2019 10:50 - 13/04/2019 11:20	Race Malay	
	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

Firstly, I was driving company vehicle plate number YM8326T on the 2nd lane of CTE. I was going to change my lane to the 3rd lane before entering the 2nd tunnel. During changing lanes, I've checked my blindspot on my left and it was cleared, so I decided to swerve to the 3rd lane.

Out of a sudden, I heard a loud bang. In just a few seconds, I've notice that I accidentally bang into a comfort delgo taxi plate number SH7251D. The driver of that taxi was NG BOON CHONG, NRIC S1013031Z. He was just a relieved driver of the taxi plate number SH7251D.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 16:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT



SINGAPORE
POLICE FORCE

POLICE REPORT (NP299)

CONTINUATION OF REPORT



F/20190414/7024

2 of 2

Report No. F/20190414/7024

After what had happened, we both stopped our vehicle and decided to exchange particulars.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/04/2019 16:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



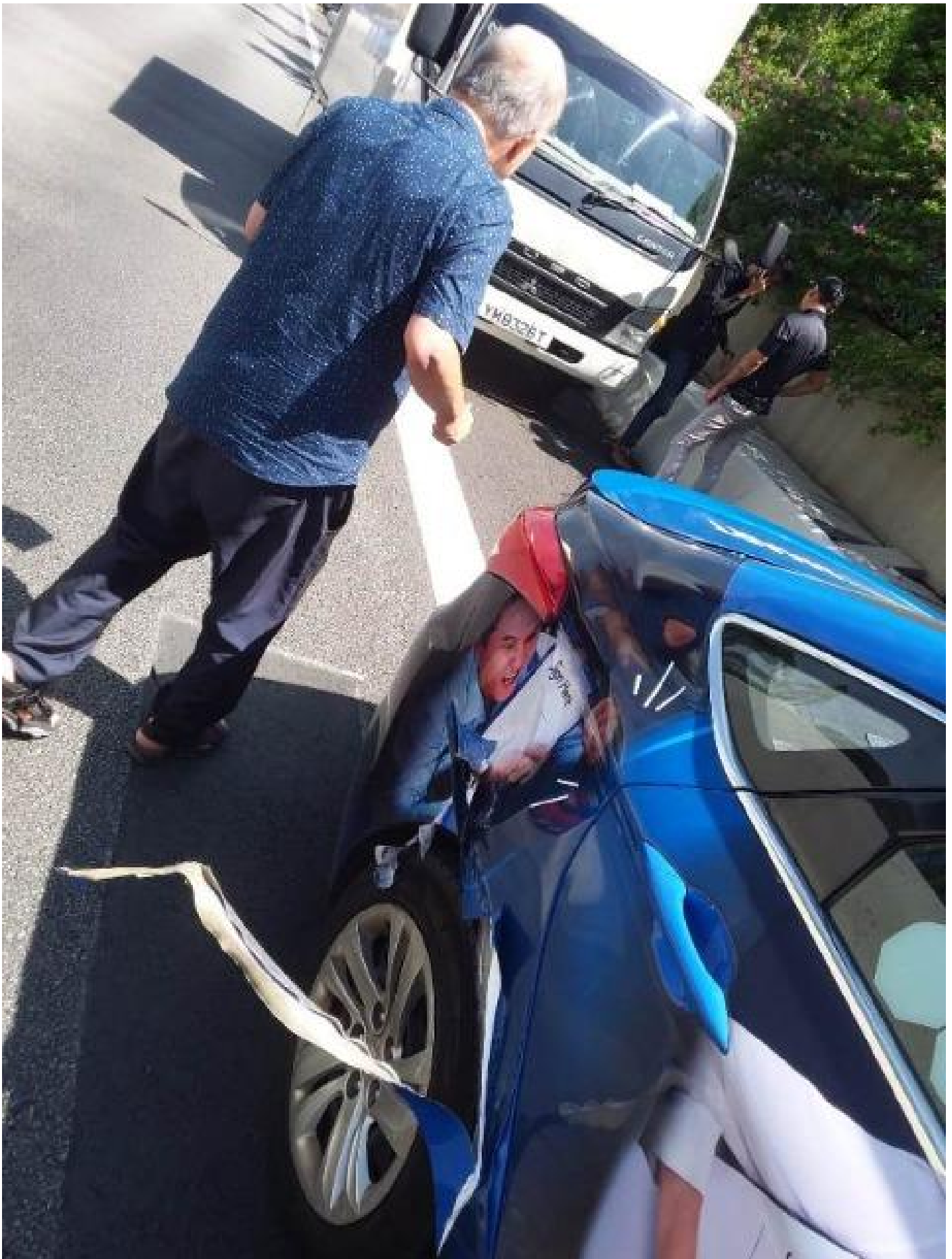
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



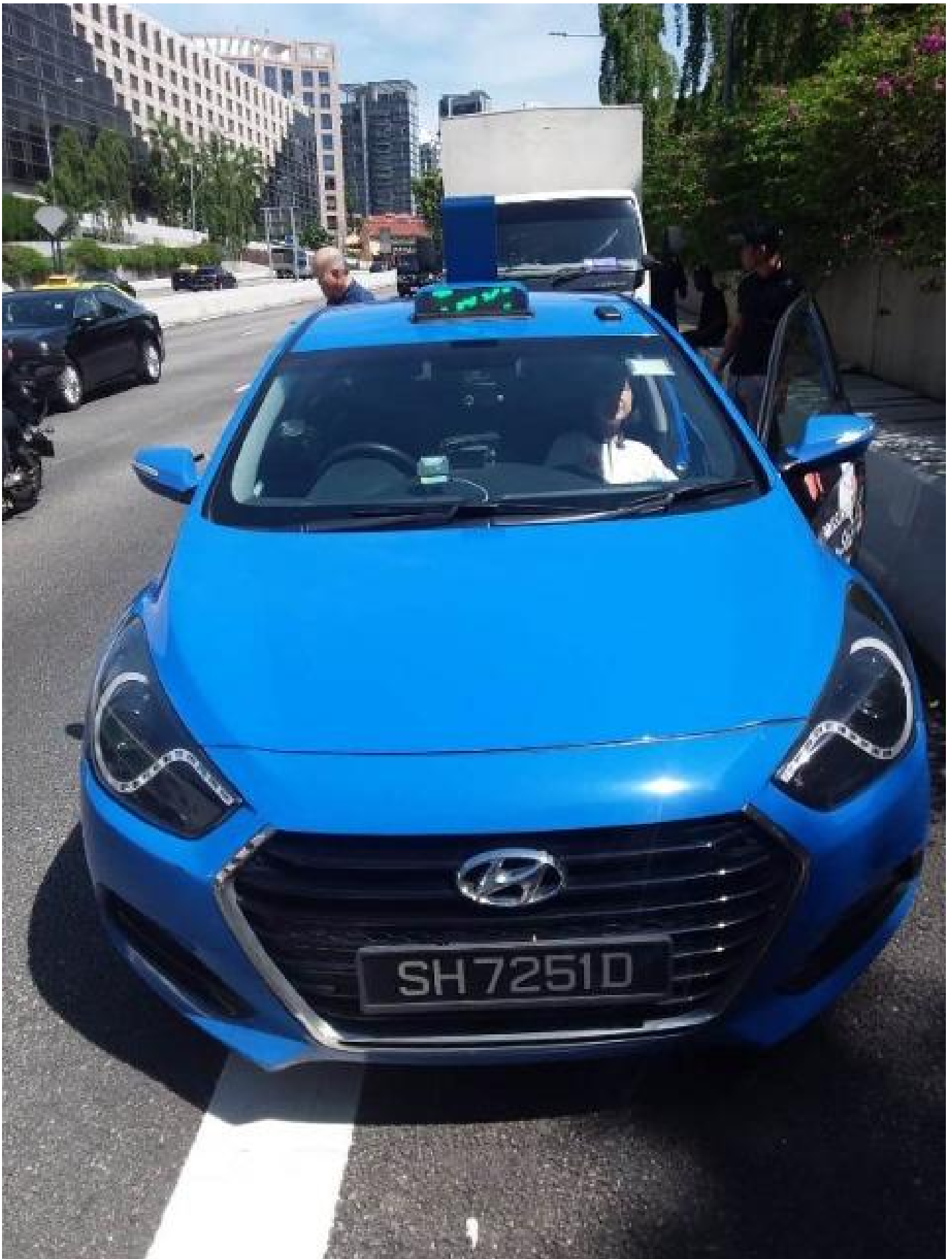
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

